

# MPS NEWS

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Deadline for articles is the 15th of the month preceding publication. Please email [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

MPS News Design & Layout  
Meagan Floyd

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

**President's Column**

## Update on Social Justice Initiatives and Leadership Opportunities

Over the past several months, we have continued to see the effects of structural racism in our society. More Black Americans have lost their lives at the hands of police and we have continued to see two different justice systems for White and minority populations. Deaths from COVID-19 are disproportionately higher among the minority populations with Black Americans dying at a rate of approximately 2.4 times that of the White population. This disproportionate death rate is likely because of discrimination affecting housing, rates of incarceration, education, income, healthcare access, and minority communities being disproportionately represented in "essential occupations." Just as the effects of this coronavirus pandemic will have lasting impact on the mental health of our citizens, so will the violence and racial trauma. (See [Witnessing Modern America: Violence and Racial Trauma](#).)

In June, the MPS drafted a [statement](#) condemning all forms of racism, violence, and police brutality. We also tasked our Community Psychiatry and Diversity Coalition to take the lead on developing specific plans and actions that we can take as an organization to create meaningful solutions for change. The coalition produced a document containing several recommendations to combat racism and promote inclusion that the MPS should consider. The MPS Council voted unanimously to have each committee of the MPS use the document as a guide to develop both short-term and long-term actions to integrate social justice into all our activities. [See [page 3](#).] On September 30, the Executive

Committee met with the chairs of our committees to discuss this endeavor. We are indebted to the Community Psychiatry and Diversity Coalition for their continued work in this area. As always, we also encourage input from all our members on this and all other issues.

The work that the Community Psychiatry and Diversity Coalition have done in the area of social justice is an example of what can be done when our members come together to work on a problem facing psychiatry and society. I encourage all members to become more active members of our society by joining our committees or serving in leadership roles. If there are ways that the MPS can better serve our community and our members, please get involved and help us to do so. The Nominations and Elections Committee is currently seeking [recommendations and self-nominations](#) to serve on the MPS Council. If you are interested in becoming a Council member, please contact Heidi at [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

I am reminded of the quote attributed to Lily Tomlin, "I always wondered why somebody doesn't do something about that. Then I realized I was somebody."

Mark J. Ehrenreich, M.D.

## 2020-2021 MPS Membership Directory

The MPS directory will arrive by mail this month. The annual directory consistently ranks as one of the most valued MPS member benefits. Enjoy!

## MPS Leadership Opportunities

The MPS Nominations & Elections Committee invites recommendations and self-nominations for a two-year term on the [MPS Council](#) (board of directors equivalent) from any member in good standing. Council meets seven times per year and terms begin with the June 2021 meeting. A contested election will be held in March.

This year, the Council, Executive Committee and Community Psychiatry & Diversity Coalition have established an organization-wide priority of addressing social justice issues and structural racism. Members who are committed to these issues are specifically encouraged to consider running for Council.

Serving in MPS leadership allows you to be a resource for information, education, networking, and advocacy. MPS Council members set and execute strategic priorities for the organization and help pave the way for improving psychiatric practice in Maryland.

Please submit your name and a brief statement of interest **by October 11** to [heidi@mdpsych.org](mailto:heidi@mdpsych.org) to be considered for this year.

## 2021 MPS Dues Notices

The MPS will send 2021 dues invoices by email and regular mail this month. There is no change in rates! Dues remain the same as last year. Please pay MPS dues to MPS and APA dues to APA.

To pay your MPS dues:

- Mail your check made payable to "MPS" to 1101 St Paul Street, Ste 305, Baltimore, MD 21202 **-OR-**
- Pay online using a debit or credit card or Paypal account at [this link](#) or via your MPS [member account](#).

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

## Virtual Career and Practice Night for Psychiatrists!

**October 27th @ 7 PM**

**Meet employers | Practice resources  
Networking | Door prizes**

[Register Here](#)

## MPS Virtual Annual Meeting October 8 - Register Now!

Despite challenges and uncertainty that have persisted throughout much of 2020, MPS is pleased to hold a virtual Annual Meeting **FREE for members** on October 8<sup>th</sup>. We are excited to gather members virtually to celebrate the many achievements of the FY20 year, and to officially turn the gavel over to Mark Ehrenreich, M.D., FY21 MPS President. Virginia Ashley, M.D. is President-Elect and Jessica Merkel-Keller, M.D., is Secretary-Treasurer.

**Participants are eligible for door prizes!**

[\*\*MORE INFO AND REGISTER HERE\*\*](#)

### **Agenda**

7:00 p.m.	Welcome Guests <i>Marsden McGuire, M.D.</i>
7:05 p.m.	MPS Annual Report: 2019
7:10 p.m.	2020 Maryland Foundation for Psychiatry Anti-Stigma Advocacy Award
7:15 p.m.	MPS Best Paper Award Winners MPS Poster Competition Winners
7:20 p.m.	2020 Lifetime of Service Award <i>Presented to Jesse Hellman, M.D.</i>
7:30 p.m.	Recognition of: -Distinguished Fellows -Fellows -Lifers -Outgoing Presidential Remarks
7:40 p.m.	2020 MPS President's Remarks <i>Mark Ehrenreich, M.D.</i> -Prize drawings for ECP Member -Prize drawings for RFM -Dues Credit drawings
7:45-8:30p.m.	MPS Member Meet & Greet

## September 8 Council Highlights

Dr. McGuire called for a moment of silence for past MPS President and Lifetime of Service awardee Jonas Rappeport, M.D. Remembrances were shared, including Dr. Rappeport's founding role in AAPL and the forensic psychiatry subspecialty.

### **Support for MPS Strategic Priorities**

Drs. Lacap and Flaherty reported on using a survey to engage non-members, recommending that MPS send a less expensive online survey to be distributed via social media, email and the MPS website, with an incentive to respond. MPS can use responses to guide periodic communications with non-members that are tailored to their identified needs. A specific response for WPS members was suggested. Council approved the amended survey unanimously. Dr. Flaherty noted that depending on the results, we may revisit a paper mailing to a select group and/or other options for engagement.

### **Executive Committee Report**

- Dr. Ehrenreich said that the WPS President requested to send a non-Maryland licensed WPS representative to the MPS Legislative Committee. The consensus was that it is inappropriate for someone who does not practice in the state to have a role in deciding advocacy on Maryland matters. This situation underscores the structural flaw with WPS members in 3 state jurisdictions and its negative impact on the voice of psychiatry in Maryland.
- Recent MPS advocacy includes a [letter to the Maryland Dept of Ed](#) regarding edits to the Recovery Plan for Education, [telehealth recommendations](#) and a social media toolkit for Medicaid coverage, and a [letter to Maryland's Congressional Delegation](#) urging funding for community behavioral health providers and continued flexibility for telehealth and medication for opioid use disorders.
- He reviewed the 2020 [member survey results](#), noting several important areas of input.

### **Secretary-Treasurer's Report**

- Dr. Merkel-Keller reviewed the second quarter financial results ending June 30. Compared with budget to date, a few income categories fall short, and the overall net loss is \$3K worse than budget. Compared with last year at this time, income is \$14K lower but expenses are \$25K less and the net loss is \$11K better than last year. There has been a \$41K decrease in cash since January 1. Council voted unanimously to accept the report.
- She then presented the proposed 2021 operating budget, noting the difficulty of projecting for next year while we do not know when the pandemic will end. Although an increase of up to 4.9% could be approved by Council based on inflation, the Executive Committee is recommending no change in dues. Events are being planned for in person, although changes will occur as needed. Income decreases based on recent experience combine to a \$7K reduction from the 2020

total. As a result, expense budgets are mostly unchanged and a \$25K deficit is proposed compared with \$21K in 2020. Council voted unanimously in favor.

- Dr. Addison suggested adding a line on dues invoices to ask members to pay extra toward a dues relief fund for retaining members who may have reduced income as a result of the virus. Council agreed with this and also support for MPS advocacy and CME events.

### **Community Psychiatry & Diversity Coalition (CPD) Report**

Dr. Balis described their work on an initial MPS action plan since Council approved the [statement](#) condemning racism and police brutality in June. The statement commits Council and the MPS to questioning our practices, listening to people of color in our community and designing a plan with specific actions that create meaningful solutions for change. It also makes a pledge to implement the plan.

She presented the detailed CPD Recommendations Against Structural Racism and For Promoting Anti-Racism and Inclusion and explained the need for MPS to engage the entire organization in the initiative. The guiding principles in the Vision statement should be examined and every committee, including the Executive Committee and Council itself, must discuss, self-reflect, formulate a plan and begin to make positive changes. The Recommendations include options for MPS committees to consider, but they are called on to do their own internal assessments and develop their own plan for carrying out the initiative within their part of the MPS. The possibility of hiring an outside consultant should be considered. Dr. Hackman added that the Recommendations can be reviewed with committee chairs during their meeting and that committees are expected to report their plans back to Council.

Discussion of several items in the Recommendations clarified this as a beginning step of incorporating changes to address structural racism within all areas of MPS and bringing more organizational focus to social justice issues. Dr. Spitzer moved that the MPS Executive Committee and Council integrate social justice and anti-racism into the MPS vision mission values statement, consider retaining an outside consultant, and use the Recommendations as a guide for MPS committees to report back with short term and long term goals that commit the organization to anti-racism and social justice. Council voted unanimously for the motion.

### **Executive Director's Report**

Ms. Bunes said the joint meeting with the Southern Psychiatric Association is now a free virtual offering on September 22-23, a great opportunity for CME for last name A-L license renewals. Maryland Delegate Terri Hill will speak at the September 26 APA State Advocacy Conference. One conflict of

(Continued on next page)

(Council continued)

interest disclosure remains outstanding, but there is nothing else unusual to report. New laptops were deployed, and files were migrated to the cloud. Telework continues with the office staffed 1-2 days/week.

#### November CME event

Plans for the November CME are being shifted to the spring as it is now clear this cannot be an in person event. The possibility of joint CME events will be explored as a way of minimizing costs.

### Curbside Conversations: New Resource Exclusively for MPS Members

**Curbside Conversations** is members with in-depth knowledge in specific areas having informal chats with other MPS members seeking that information. These discussions are not formal consultations, but rather a collegial resource that is offered voluntarily to others in the MPS community.

Contact information for those who volunteer is available only to MPS members for the categories below. Please email [mps@mdpsych.org](mailto:mps@mdpsych.org) for details.

- Child & Adolescent Psychiatry, including infants
- ECT/TMS
- First Episode Psychosis
- Geriatric Psychiatry
- Psychopharmacology
- Substance Use Disorders/Addiction
- Women's Mental Health/Perinatal Psychiatry

There are other categories with limited participation so just ask if you don't see what you need.

We're looking to expand this offering! If you have special and/or expert knowledge AND are willing to be a potential resource for other members with questions, please email [mps@mdpsych.org](mailto:mps@mdpsych.org).

### FREE 2020 Kolodner Memorial Lecture Thursday October 29, 2020 5:00 PM – 6:30 PM

#### Coping with COVID – Technology Matters

MedChi, in collaboration with the family of Dr. Kolodner, is pleased to announce the 2020 Louis J. Kolodner Memorial Lecture co-sponsored by the Maryland Psychiatric Society.

**Coping with COVID – Technology Matters**, presented by Peter Yellowlees MBBS, MD, Chief Wellness Officer UCD Health, Allan Stoudemire Endowed Professor of Psychiatry

This program is approved for 1.5 CME credits.

[Register here!](#)

### MPS Members Out & About

**Dinah Miller, M.D.** had a September 3 op ed in the *Wall Street Journal*, [To Combat Covid, Don't Turn the Clock Back](#), where she advocated keeping social encounters outdoors longer to mitigate the spread and the emotional consequences of the pandemic.

**Paul Nestadt, M.D.** will deliver the keynote address, "Suicide and Access to Lethal Means," for the 32nd Annual Maryland [Suicide Prevention Conference](#) to be held virtually on October 7.

### PRMS Refer a Colleague is \$150 (triple!) for the month of October

The amount of each donation provided by PRMS for its [Refer a Colleague](#) program will triple from the usual \$50 to \$150 during the month of October!

For every referral PRMS receives from an MPS member this month, they will give a \$150 donation to the Maryland Foundation for Psychiatry – whether an insurance policy is purchased or not. Please visit [PRMS.com/Refer](http://PRMS.com/Refer) to learn more about the program and start earning donations that support mental health in Maryland. Thanks to PRMS for this generous program!

### Congratulations!

**Eric Luria Goldwaser, D.O., Ph.D** of the Physician-Scientist Training Program at the University of Maryland/Sheppard Pratt Psychiatry Residency is the first author of the manuscript, [Evidence that Brain-Reactive Autoantibodies Contribute to Chronic Neuronal Internalization of Exogenous Amyloid- \$\beta\$ <sub>1-42</sub> and Key Cell Surface Proteins During Alzheimer's Disease Pathogenesis](#), published March 10, 2020 in the *Journal of Alzheimer's Disease*.

### 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.

Clio Franklin, M.D.  
Janet W. Karanja, M.D.  
Sara M. Mahmood, M.D.  
Gustavo C. Medeiros, M.D.

*Transfers In*  
Amruthavali P. Muthukuda, M.D.  
Mona Thapa, M.D.

# Maryland News

## Voting in the 2020 General Election

The deadline to **register to vote and update** your information for the 2020 General Election is **October 13**. Information for before, during and after voting is available [here](#).

**Mail-in ballot** - the [Maryland Board of Elections website](#) explains how to request a mail-in ballot. The deadline is Tuesday **October 20**.

**Early voting** for the November general election runs from **Monday, October 26 to Monday, November 2**. Early voting centers will be open from 7 AM to 8 PM. Please [click here](#) for complete information.

**Election day is November 3**. Vote centers will be open from 7 AM to 8 PM for in person voting. [Click here for a list of locations](#).

## Maryland Medicaid Pharmacy Program Update

A CMS final rule published on January 24, 2020 requires the "Quantity Prescribed" field (460-ET) when processing pharmacy claims for Schedule II drugs. The final rule applies to all Maryland Pharmacy Programs, including Maryland Medicaid fee-for-service. **As of September 21, the Maryland Department of Health Office of Pharmacy Services requires the "Quantity Prescribed" field (460-ET) on all pharmacy claims for Schedule II drugs.** For questions on how to populate this field or other related concerns, contact Conduent's Call Center at 1-800-932-3918. Updated Maryland Medicaid payer sheets are posted at: <http://www.mdrxprograms.com/home.html>.

## Latest Resources for Maryland Psychiatrists During COVID-19

The MPS maintains a comprehensive set of [coronavirus resources for Maryland psychiatrists](#) with links to detailed requirements for telehealth, state agencies, general COVID-19 information and other information.

See [MedChi's Coronavirus Resource Center](#) for more info that Maryland physicians need to know.

The Maryland Department of Health [COVID-19 webpage](#) has daily updates on the outbreak, FAQs and resources for a wide range of settings.

## MIA Updates

The Maryland Insurance Administration (MIA) is currently addressing two access to care issues for private insurance plans. Members interested in more details or who want to participate in advocacy should email [mps@mdpsych.org](mailto:mps@mdpsych.org). Thanks to Ellen Weber for much of this information.

### Network Adequacy

**2020 Carrier Reports** were more complete than previously, but no carrier complied with all metrics. Some carriers reported improved compliance while others reported a decline in performance. MIA is reviewing reports and will be working with the carriers.

The **Regulatory Revision Process** includes review of stakeholder comments and drafting the proposed regs. MIA will post the draft and hold a public meeting to discuss it before publication in the Maryland Register for formal comments. MIA will address:

- Lack of standardization in the methodology carriers use to measure compliance
- Improving the appointment wait time metric
- Waiver standards – whether MIA should require carriers that do not meet a metric to submit information required in the waiver provision.
- Use of telehealth to satisfy the metrics –give clear direction on how carriers may take into account the use of telehealth to satisfy the metrics.

### Parity Compliance Legislation

The recently enacted legislation, [HB 455/SB 334](#) Health Insurance – Mental Health Benefits and Substance Use Disorder Benefits – Reports on Nonquantitative Treatment Limitations and Data requires MIA to work with stakeholders on the regulations and reporting forms. MIA must issue regulations by the December 2021 deadline.

MIA has also extended the [moratorium](#) on cancellations of health insurance for non payment of premium for another 60 days from September 28..

## Medical Board Scam

The [Maryland Board of Physicians](#) (MBP) issued a warning regarding a Maryland physician licensee scam. Licensees may receive a threatening phone call from someone posing as MBP regarding the status of a practitioner's license. If you receive a call asking you to contact MBP immediately, please ignore it. MBP would reach out by email or USPS regarding a licensure problem. Visit <https://www.mbp.state.md.us/> for more information.

# Maryland News

## General Assembly Phase 2 Reopening

In view of Maryland's 3.36% positivity rate, Senate President Ferguson and House Speaker Jones announced the opening on September 14 of House and Senate Office buildings and Department of Legislative Services to legislators and staff only. Telework is strongly encouraged to the extent possible. No one is permitted to enter who has an elevated temperature, shows or reports symptoms consistent with COVID-19, or refuses to wear a mask. No outside visitors are permitted in the building, including for any meetings or legislative work. The legislature will not host any outside, public events or receptions before or during the 2021 legislative session, including advocacy events. Conditions will continue to be reevaluated throughout the interim and leading up to Session.

## State of Emergency Extended

On September 8, Governor Hogan [renewed Maryland's state of emergency](#). The order provides new allowances for safe voting in the November 3 election. The order also reiterates that health care providers acting in good faith under the catastrophic health emergency proclamation have immunity protections as outlined under [§14-3A-06 of the Public Safety Article](#) of the Maryland Code.

## Free Half & Half MAT BUP Waiver Training

On October 6, the Maryland Addiction Consultation Service (MACS), Anne Arundel County Department of Health, and Howard County Department of Health will host a [PCSS Half & Half MAT Buprenorphine Waiver Training](#), consisting of 4 hours of live, virtual training and an additional 4 hours of online training to be completed within the next 90 days. Upon completion, prescribers will meet the requirement to apply for the DATA 2000 waiver.

## Are You Eligible for a Telehealth Grant?

MedChi has information on telehealth grants that are still available, but deadlines are approaching. Visit the [website](#) to learn more.

See more Maryland news on [page 9](#).

## Maryland Medicaid Prescriber Alert

Due to the Centers for Medicare and Medicaid Services (CMS) requirement that state Medicaid agencies enroll individual practitioners who order equipment or supplies, refer for healthcare services, and/or prescribe to Medicaid patients, those providers who are not currently enrolled in Maryland Medicaid must do so to continue to order, refer, or prescribe (ORP) for Medicaid participants. Several psychiatrists who prescribe to Medicaid patients still have not enrolled.

Maryland Medicaid gives practitioners the option to enroll as ORP providers, as an alternative to enrolling as a billing or rendering provider. ORP status does not require a contract with Maryland Medicaid as a rendering provider. It is a separate, limited status without full provider obligations.

Be aware that Medicaid rolls have expanded during the pandemic and may continue to expand following loss of jobs and income. Patients who may have had other insurance may now be covered by and relying on Medicaid for their prescription drugs.

**To comply with federal requirements, the Maryland Department of Health will require all prescribers who prescribe to Maryland Medical Assistance participants to enroll by 2021. Enrollment does not require providers to provide services to additional Medicaid participants.**

If prescribers do not wish to enroll at all in any capacity, the Medicaid Program asks that they coordinate with their Medicaid patients to find another doctor who is enrolled in the Medicaid Program who can begin treating the patient before 2021 begins.

If a provider fails to enroll or refer the patient to another enrolled provider, it will result in patients' inability to receive Medicaid coverage for needed prescriptions from the pharmacy.

Providers should check their current Maryland Medicaid enrollment status using the Provider Verification System at <https://encrypt.emdhealthchoice.org/searchableProv/main.action>.

To enroll, please visit the Maryland Medicaid's Electronic Provider Revalidation and Enrollment Portal (ePREP) at [eprep.health.maryland.gov](http://eprep.health.maryland.gov).

Please visit [health.maryland.gov/eprep](http://health.maryland.gov/eprep) for more information about enrollment requirements and instructions (scroll to bottom for ORP specifics).

## APA News & Information

### New APA Resource for College Mental Health, Telepsychiatry

As a result of COVID-19, many college students have been abruptly displaced from campuses, forcing many to rely on telehealth to continue seeing their on-campus mental health provider. While access to telehealth services has increased during the pandemic, challenges to continuity of care remain unique to college students. Learn more about the special considerations for this patient population in a new [resource developed by APA's Committee on Telepsychiatry and APA's College Mental Health Caucus](#).

### New APA Practice Guidelines for Schizophrenia

The APA released new practice guidelines on the treatment of patients with schizophrenia. The goals of the new evidence-based guideline are to reduce the mortality, morbidity and significant psychosocial and health consequences of this disorder. View the full guidelines and related materials [here](#).

### Tips on Reopening Psychiatric Practices During Pandemic

As psychiatrists begin to reopen their offices during the COVID-19 pandemic, there are many questions about how to do so safely. In the [September 21 issue of Psychiatric News](#), risk management consultant Anne Huben-Kearney, R.N., B.S.N., M.P.A., offers advice. She also gives guidance for continuing telepsychiatry sessions with patients, including those who live out of state.

### FREE APA Course of the Month

**Two FREE CME courses are available this month:**

- [Psychopharmacology Algorithm for Obsessive-Compulsive Disorder](#) In this course, the speakers explain the role of algorithms and present the reasoning justifying the sequence of recommended treatments and the specific medications preferred.
- [Featured Course for Members: Updates in Treating Tobacco Use Disorder](#) This course provides updates in treatment and reviews relevant issues related to poor outcomes, including levels of nicotine dependence and lack of access to cessation treatments.

### VA Prescribing Pilot Rejected

A proposal to establish an experimental pilot program to allow clinical psychologists to prescribe and manage medications in the Veteran Administration health system was removed from consideration by the House Veteran's Affairs Committee (Committee). Over several weeks, the Committee worked on important veteran suicide prevention-focused legislation the Senate passed earlier this year, the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019* (S. 785). The APA strongly supported many of its provisions and supports several additional provisions that the House proposed to add. However, the APA aggressively opposed the pilot program drafted by Committee majority staff that would have allowed clinical psychologists to prescribe within the VA system.

Upon learning of this proposal, APA members quickly sent more than 3000 letters to Capitol Hill opposing the experimental pilot. In addition, APA leadership and Administration, Government Relations and Policy staff engaged in discussions with the VA, conducted outreach to various Veterans Service Organizations, and unleashed a strong lobbying effort on Capitol Hill that included the American Medical Association.

**Because of these efforts and those of allies on the Committee, the psychology pilot provision was not included in either S.785 or the Veterans Compact Act of 2020, when the Committee voted.**

APA will support enactment of both bills to help prevent the deaths of the 20 Veterans who die each day by suicide. We will also continue our work with the VA, Congress, and partner organizations to improve the mental health and substance use care available through the VA and beyond. We must work with policymakers on genuine solutions that promote the recruitment and retention of critically needed psychiatrists, psychologists, and other mental health providers who are in short supply within the VA system. Meanwhile, we have avoided the enactment of a false solution that could have put many Veterans at risk, without any improvement in access to the care they truly need.

*Saul Levin, MD, MPA, FRCP-E, FRCPsych  
APA CEO & Medical Director*

### APA Task Force to Address Structural Racism

The APA Presidential Task Force to Address Structural Racism Throughout Psychiatry has a [resource page](#). Visit to learn about its charge and activities, view APA Town Hall recordings, explore recommended readings, and more.

## APA News & Information

### Comply with Health IT Provisions of 21st Century Cures Act

The Office of the National Coordinator for Health Information Technology released a final rule outlining how health care providers must comply with provisions around "interoperability" and "information blocking" when sharing patient data. APA has developed an [overview](#) of the requirements, with links and the implementation timeline.

### APA COVID Resources

Caring for patients, families, and ourselves requires knowing what to do as well as some things to avoid. Brief, actionable resources can be invaluable during a crisis. Following are links to guidance documents:

- [Electroconvulsive Therapy as an Essential Procedure](#)
- [Use of Long-acting Injectables as a Clinically Necessary Treatment](#)
- [Considerations for Healthcare Workers and Staff Exposed to COVID-19 Death and Dying](#)
- [Considerations for Family and Other Personal Losses Due to COVID-19-Related Death](#)
- [Psychiatrists Returning to Clinical Service](#)
- [Redeployment of Psychiatrists to Medicine During a Pandemic Crisis](#)
- [COVID-19 and Impact on Incarcerated Persons Living with Mental Illness](#)
- [Moral Injury During the COVID-19 Pandemic](#)
- [Support for Permanent Expansion of Telehealth Regulations After COVID-19](#)

The APA [COVID-19 Information Hub](#) has additional materials.

### Telehealth Access for Low-Income Patients

The FCC provides a federal government resource, [Lifeline Program](#), that provides a monthly \$9.25 discount on either phone or internet service to qualifying low-income consumers. Eligible are those enrolled in federal assistance programs (or someone in their [household](#) is enrolled), such as Medicaid, SSI, SNAP, and public housing assistance. If not enrolled, someone also qualifies if their income is 135% or less than the [federal poverty guidelines](#). It includes a company search tool.

Everyoneon.org is a non-profit that connects eligible individuals to low-cost home internet service, affordable computers and tablets, and digital literacy training. Go to the [Everyoneon.org Finder](#), which can locate resources by zip code.

## Medicare Updates

### Important MIPS deadline

Physicians have until **October 5** to challenge their 2019 Merit-based Incentive Payment System (MIPS) performance score if they disagree with the number posted by CMS. Scores for MIPS participants can be accessed on the [Quality Payment Program \(QPP\) website](#). The scores dictate Medicare payment in 2021 with either a positive, negative or neutral adjustment.

It is important to check the 2019 performance feedback reports and 2021 payment adjustment scores for accuracy because, due to the COVID-19 pandemic, CMS instituted a policy of holding physicians harmless from payment adjustments if they did not submit 2019 MIPS data.

If there seems to be an error, request a review **by October 5** by going to the [QPP website](#) and logging in with the same credentials used to submit data.

[Click here](#) for the complete September 3 AMA News post.

### New CMS Care Compare

CMS [announced](#) the launch of [Care Compare](#), a streamlined redesign of eight existing CMS healthcare compare tools available for Medicare. Care Compare is a single interface that assists with healthcare decisions based on cost, quality of care, volume of services, and other data. It includes information about doctors, hospitals, nursing homes, and more. User guides and tips are embedded to assist with common questions and considerations.

CMS has also improved other tools to help compare Medicare costs. The [Procedure Price Look Up](#) (PPL) tool now includes physician fees in addition to facility fees, offering a more accurate prediction of out-of-pocket costs. The [Provider Data Catalog](#) (PDC) now makes datasets available in a way that allows innovators to easily analyze the publicly reported data and make it useful for patients. Other new tools launched under the eMedicare initiative include:

- A redesigned Medicare Plan Finder Tool for Open Enrollment;
- "What's Covered" app that explains what's covered and what's not in Original Medicare;
- A price transparency tool to compare Medicare payments and copayments for certain procedures performed in hospital outpatient departments and ambulatory surgical centers;
- Interactive online decision support to evaluate Medicare coverage options and compare costs between Original Medicare and Medicare Advantage;
- An online service that lets people quickly see how different coverage choices affect estimated out-of-pocket costs
- Webchat option in Medicare Plan Finder for on-the-spot support; and Easy-to-use surveys across Medicare.gov so patients can continue to offer feedback about their online experiences.

## AMA releases 2021 CPT Code Set

Last month, the AMA released its 2021 [Current Procedural Terminology](#) (CPT®) code set, which includes the first major overhaul in more than 25 years to the codes and guidelines for office and other outpatient evaluation and management (E/M) services. The modifications were designed to make E/M office visit coding and documentation simpler and more flexible, freeing physicians and care teams from clinically irrelevant administrative burdens that led to time-wasting note bloat and box checking. The changes to CPT codes ranging from 99201-99215 are proposed for adoption by the Centers for Medicare and Medicaid Services on January 1, 2021.

The E/M office visit modifications include:

- Eliminating history and physical exam as elements for code selection.
- Allowing physicians to choose the best patient care by permitting code level selection based on medical decision-making (MDM) or total time.
- Promoting payer consistency with more detail added to CPT code descriptors and guidelines.

See the complete [press release](#) for more details.

## 2019 National Survey on Drug Use and Health

[SAMHSA's 2019 National Survey on Drug Use and Health](#) is now available. The annual survey is the nation's primary resource for data on mental health and substance use among Americans. It demonstrates that substance misuse and mental illness continue to be major problems for Americans, although there has been impressive progress on the opioid

## Accelerating Medicines Partnership: Schizophrenia

The Accelerating Medicines Partnership (AMP) is a public-private partnership between the NIH, the FDA, and multiple public and private organizations, including the APA Foundation. AMP aims to identify and validate the most promising biological targets for therapeutics. The overall aim of AMP Schizophrenia (SCZ) is to generate tools that will considerably improve success in developing early stage interventions for patients who are at risk of developing schizophrenia. AMP SCZ marks the first AMP initiative focused on a neuro-psychiatric disorder. As part of this innovative collaborative partnership, all AMP SCZ data and analyses will be made available to the broad biomedical community through the [NIMH Data Archive](#). Learn more about [AMP SCZ here](#).

## Maryland News

### CMS Releases Medicaid and CHIP Performance Data

CMS [announced](#) it has released updated Medicaid and Children's Health Insurance Program (CHIP) data that is used for monitoring program performance and analyzing state and federal payments for services. The Transformed Medicaid Statistical Information System (T-MSIS) data provides information on service utilization and spending, and supports research and analysis. T-MSIS data for 2017-2018 is the most current Medicaid and CHIP resource available. CMS has [32 focus areas](#) for states to address as a high priority, and is tracking them via the [Administrator's Scorecard](#). Maryland scores in the middle.

### Maryland Behavioral Health Updates

**ASO Transition to Optum Maryland** – The most significant change has been in PRPs due to new BHA necessity criteria for this higher level, more expensive care. Claim payments and authorizations still need work as some providers are struggling to reconcile payments against invoices and do not have the information they need to appeal and resubmit contested claims within the timeframe required. Members who need assistance with resolving Optum issues should contact CMO [Lisa Hadley, M.D.](#)

**System of Care Process** - The [MDH System of Care](#) (SOC) process has put conversations around a broad restructuring of the system on hold in favor of time-sensitive COVID-19 issues. The state is now using the SOC process to facilitate a rate-setting study required by the HOPE Act of 2017. The Behavioral Health Coalition would like to redirect the conversation to advance some of the [recommendations](#) offered last year as part of the SOC process.

### Maryland Center for School Safety

The [Maryland Center for School Safety](#) hosts monthly calls to learn of and address challenges that mental health services coordinators (MHSC) face to fully perform in their role. Under the 2018 [Safe to Learn Act](#), the state created a position for 24 MHSCs in the state. According to the Maryland Children's Behavioral Health Coalition, last month a coordinator proposed creating a uniform outcomes measurement database to inventory external providers' efficacy in treating students with behavioral health needs. Other MHSCs agreed to data collection to demonstrate the value and positive impact of partnering with community providers.

## CDC Report Highlights Behavioral Health Impact of COVID-19

A [troubling new CDC report](#) released August 24th highlights the behavioral health impact of the COVID-19 pandemic.

Among the key findings of a survey taken June 24-30:

- 40.9% of respondents reported experiencing one or more adverse behavioral health conditions
- 30.9% reported symptoms of an anxiety or depressive disorder
- 26.3% reported trauma related to COVID-19
- 13.3% reported having started or increased substance use to cope with stress of COVID-19
- 10.7% reported having seriously considered suicide in the previous 30 days

At least one adverse behavioral health symptom was reported by:

- 74.9% of respondents aged 18-24
- 51.9% of respondents aged 25-44
- 52.1% of respondents of Hispanic ethnicity
- 66.2% of respondents with less than a high school diploma
- 54% of respondents who identified as essential workers
- 66.6% of respondents who identified as unpaid caregivers for adults

The percentage of respondents who reported having seriously considered suicide in the previous 30 days (10.7%) was significantly higher among respondents aged 18-24 (25.5%), minority racial/ethnic groups (Hispanic respondents, 18.6%; non-Hispanic Black respondents, 15.1%), self-reported unpaid caregivers for adults (30.7%) and essential workers (21.7%).

### COVID-19 and Physician Well-Being

A new survey conducted by Merritt Hawkins on behalf of The Physicians Foundation suggests that the mental health and well-being of physicians has been particularly impacted by Covid-19. For details, see the [MedChi news release](#).

### October is National Bullying Prevention Month

Every October, schools and organizations across the country join [STOMP Out Bullying™](#) in observing National Bullying Prevention Month. The goal: encourage schools, communities and organizations to work together to stop bullying and cyberbullying and put an end to hatred and racism by increasing awareness of the prevalence and impact of all forms of bullying on all children of all ages.

## CLASSIFIEDS

### POSITIONS AVAILABLE

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**BETHESDA:** Offices for rent in psychotherapy suite carefully following CDC guidelines for safe opening. Furnished and unfurnished space available. Flexible term. Free WiFi, beverages, color copier. Very friendly and professional clinicians. Contact Keith Miller: 202-360-9996 or [keith@keithmillercounseling.com](mailto:keith@keithmillercounseling.com).

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### Observances in October

- [Mental Illness Awareness Week](#) October 4-10.
- National Depression Screening Day is October 8.
- [World Mental Health Day](#) is October 10.
- [Red Ribbon Week](#) is October 23 through 31.



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**Consultation-Liaison**

**Medical Education Services**

**Southern Maryland: Medical Director, Adult, Child & Adolescent**

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- Must be board-certified or board-eligible
- Must have a current license to practice in Maryland at the time of hire
- Individuals hired for inpatient, PHP, and residential school services participate in a call schedule

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- Sign on bonus
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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

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