

# MPS NEWS

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Editor: Heidi Bunes

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

MPS News Design & Layout  
Meagan Floyd

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

## President's Column

### MPS Speaks Out

Happy fourth of July to everyone at MPS. I hope everyone will enjoy a well-deserved break, even if it is just a pause in the action. Celebrating the independence of our country often fosters feelings of patriotism. At MPS our patriotic feelings are toward the practice of psychiatry with its many different manifestations. Our [mission](#), to advocate for all Marylanders living with mental health and substance use disorders to receive the highest quality care, takes many forms and avenues. Our goal to serve and represent the professional needs of Maryland psychiatrists also requires many kinds of advocacy. Over the last year MPS has participated in many ways to promote psychiatry and protect the interests of our patients. I will highlight just a few of the many topics we are working on.

In June we submitted [comments](#) on [proposed State Health Plan regulations](#) for Acute Psychiatric Services objecting to limiting admissions to State hospitals and supporting a full continuum of State care for all patients with serious and persistent mental illness. The MPS strongly disagreed with formalizing and/or acknowledging the State psychiatric hospital role in the State Health Plan regulation as primarily dedicated to the forensic patient population.

Our member Eric Roskes, M.D. has graciously been volunteering time this spring on the workgroup reviewing the Involuntary Commitment Regulations, including the definition of dangerousness.

In May the MPS and several other Maryland mental health organizations, [sent a](#)

[letter](#) to the Maryland Insurance Administration in support of including reimbursement rates as part of Parity Compliance reporting.

Our Legislative Committee supported [Senate Bill 3 /House Bill 123](#), which preserves Telehealth for Maryland Medicaid and private insurers and requires carriers to reimburse for a covered service appropriately provided through Telehealth. This bill passed and goes into effect July 1, 2021. We are following up for an update about implementation for some of the services provided under Medicaid.

The MPS also continues our efforts to fight racism on all fronts. We issued statements against racism for [Asian Americans](#) and [African Americans](#). We are working in our organization to promote diversity, especially in leadership.

As we reflect on the fourth of July holiday it is a good time to endorse our fellow Americans of all backgrounds. A time to be caring and respectful of others. We as psychiatrists know the value of supporting each other. A Fourth of July Quote by Adlai Stevenson, "Patriotism is not short, frenzied outburst of emotion, but the tranquil and steady dedication of a lifetime," reflects our careers as psychiatrists dedicating our lifetime work to helping people of all backgrounds and all colors with mental illness and substance abuse. Happy July to everyone! Enjoy the longer days and take care of your own mental health.

*Ginger Ashley, M.D.*

## Member Updates and Survey

The MPS sent member information update forms and the [2021 member survey](#) in May. Please return your updated information promptly!

### Member Update Form

The MPS membership directory goes to print later this 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 networks 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 July 31.**

### Member Survey

Please help guide how MPS committees, Council and staff will work for you in the coming year by completing the survey. **INCENTIVE:** Three respondents who complete the entire survey and include 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!

Please call the MPS office at 410-625-0232 or email [mps@mdpsych.org](mailto:mps@mdpsych.org) with questions.

## Special Member Rate for 2021 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 2021-2022 directory will be out in early fall 2021, so order soon!

For details, email Meagan at [mfloyd@mdpsych.org](mailto:mfloyd@mdpsych.org).



## MPS Membership

### Transfers Into Maryland

Argyro Athanasiadi, M.D., MSc  
Jillianne Grayson, M.D.  
Deval Zaveri, M.D.

## 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.

## Free NAMI Classes

8-week, virtual, peer-led classes launch again this month:

[NAMI Peer-to-Peer](#) July 25 – September 12 from 2 to 4 PM

[NAMI Family-to-Family](#) July 24 – September 11 from 2 to 4 PM

The Maryland Psychiatric Society presents  
*More information and registration coming soon*

## Impact of Racism in Maryland Psychiatry

**September 22, 2021**

6:30-8:30PM

*A virtual CME meeting*

Featuring Presentations By:

- Ayah Nuriddin, MD: *Psychiatric Jim Crow: The History and Legacy of Racism in Psychiatry in Maryland*
- Kimberly Gordon-Achebe, MD: *Structural Racism from Both a Patient and Physician Perspective*

**Thank you to the Maryland Foundation for Psychiatry for financial support for this event.**

The Maryland Psychiatric Society presents  
*More information and registration coming soon*

## Psychiatry and Legal Interventions

**November 9, 2021**

7:00-9:00PM

*A virtual CME meeting*

Featuring Presentations By:

- Arka Deb, MD: *Utilizing EPs, ERPO and MCT During a Mental Health Crisis*
- Cynthia Lewis, MD: *Legal Issues in the Care of Psychiatric Patients in the Emergency Department*
- Ronald Means, MD: *Behavioral Health Crises on College and University Settings: Factors to consider*

## June 8 Council Highlights

Support for MPS Strategic Priorities

Dr. Ashley noted several actions related to [MPS priorities](#) that enhance connections with new members, non-members, and recently lapsed members dropped for non-payment of dues. She also said new vendors have been added to the list with the aim of increasing MPS non-dues income.

Executive Committee Report

Dr. Ashley reported that the April 22 virtual annual meeting had about 80 members in attendance. **Geetha Jayaram, M.D.** received the [Lifetime of Service Award](#) and **Annette Hanson, M.D.** was presented with the [Presidential Award of Excellence](#). The Academic Psychiatry Committee recognized winners of the [Paper of The Year](#) and [Best Poster](#) contest who received cash prizes funded by the Maryland Foundation for Psychiatry. She also reported that **Susan Lehmann, M.D.** will serve as the MPS rep working with AARP-Maryland on a model plan for addressing cognitive and behavioral needs of older Marylanders. [MPS committees](#) have been appointed for the 2021-2022 year.

Dr. Ashley noted recent MPS advocacy actions:

- [MPS submitted comments](#) to the Insurance Administration in favor of adding reimbursement rates as a non-quantitative treatment limitation (NQTL) for parity compliance reports.
- MPS submitted [comments](#) to the Office of Civil Rights regarding their [proposed changes](#) to the HIPAA Privacy Rule to support and remove barriers to coordinated care and individual engagement.
- MPS and other Maryland mental health organizations [sent a letter](#) to the Insurance Administration in favor of reporting reimbursement rates for purposes of Parity compliance reporting.
- MPS submitted [comments](#) on proposed State Health Plan regulations for Acute Psychiatric Services objecting to limiting admission to State hospitals and supporting a full continuum of State care.

In its fiduciary role, she said the Executive Committee met with the financial advisors to review the Investment Reserve and the Emergency Reserve. \$3K was transferred from the emergency to the investment reserve to allow a higher return on funds exceeding the minimum. Because of venue concerns, cost, and uncertainty surrounding in person events the EC decided to postpone the annual psychopharmacology symposium and decided to pause the project to update race and gender designations in the member database until the financial picture is clearer.

Executive Director's Report

Ms. Bunes reported that except for two members all disclosure forms have been returned with no unusual conflicts of concern. Staff continue working mostly from home but plan to change the remote schedule beginning in the fall.

Membership and Recruitment Committee Report

On behalf of Dr. Lacap, Dr. Ashley reviewed the committee's recommendation regarding new retired and semi-retired dues for 2022. These rates are in place of the APA Rule of 95, which ends this year. **Semi-retired** rates are capped at 50% of regular dues for members working less than 15 hours per week, and **Retired** rates must be no more than 1/3 of regular member dues for members who no longer work at all. After discussion, Council voted unanimously for the recommendation of charging the maximum allowed.

APA Assembly Representatives' Report

Dr. Zimnitzky reported on the virtual April Assembly meeting where action papers and position statements addressing issues important to APA, our members, and the practice of psychiatry were debated and voted on. Recognizing its increasing role in treatment, the Assembly passed action papers to create a task force to establish an APA component for **neuromodulation** and to create a task force to draft a position statement on TMS. Multiple action papers were introduced to address **structural racism**, including a paper passed to establish an award to the District Branch that has demonstrated a commitment to making amends for acts of racism in psychiatry, and a paper recommending that the American Psychiatric Foundation allocate 50% of its budget to programs focused on minority and under-represented mental health issues. Another paper that passed will have the APA track the numbers of active US psychiatric practitioners, including psychiatrists, nurse practitioners, physician assistants, prescribing pharmacists, and psychologists to predict future needs. Two other action papers were passed that address **law enforcement**, focused on advocating for training in diversity/anti-racism and de-escalation techniques and excluding physicians employed by law enforcement to be mandated to carry weapons.

The Assembly Reps explained the Action Paper process for those who are new on Council and suggested checking [Action Paper Central](#) for details.

MedChi Delegate's Report

On behalf of Dr. Roca, Dr. Ehrenreich reviewed the Spring MedChi House of Delegates meeting. MedChi is on firm financial footing. CEO Gene Ransom reviewed its activities over the past year, highlighting work with legislators, payers, CRISP, and the Maryland Department of Health in a period marked by the persistence of the opioid crisis and the emergence of the COVID-19 pandemic. Two beloved MPS members, [Mayer Liebman](#) and [Jonas Rappoport](#), had Memorial Resolutions entered into the minutes in their honor. The core HOD business, discussion and passage of resolutions asking the MedChi to adopt policies or take actions, resulted in adoption of [eight resolutions](#). The most-discussed was "Stopping the Use of Race-adjusted eGFR." Submitted by the Medical Student section, it calls attention to the growing consensus in the nephrology

(Continued on next page)

*(Council continued)*

community that the practice of racially adjusting the calculation of estimated glomerular filtration rate (eGFR) has the effect of delaying the access of African American patients with renal impairment to needed treatment. The resolution that passed in the end was stronger than originally proposed, urging MedChi to urge Maryland hospitals to cease the use of race-adjusted eGFR.

#### Old Business

Dr. Ehrenreich reviewed the 2022 APA DB Window contract that was referenced at the April meeting, but was not available at the time. It enables MPS staff to access certain APA data for its members who also belong to MPS. Council voted unanimously to return the signed contract now and provide 2022 dues rates in September.

#### New Business

The proposed slate of officers and directors of the Maryland Foundation for Psychiatry for FY22 was reviewed and approved unanimously, with two abstentions.

Dr. Ehrenreich encouraged Council to forward information for discussion and awareness, underscoring that feedback, questions, and suggestions for MPS action are all welcome!

## Bebe Moore Campbell National Minority Mental Health Awareness Month

Anyone can experience the challenges of mental illness regardless of their background. However, background and identity can make access to mental health treatment more difficult. [Bebe Moore Campbell National Minority Mental Health Awareness Month](#) was established in 2008 to begin to address the challenges of mental health conditions, health coverage and the stigma of mental illness, which are all magnified by less access to care, cultural stigma and lower quality care.

For 2021's Bebe Moore Campbell National Minority Mental Health Awareness Month, NAMI's message is "You Are Not Alone." It focuses on the healing value of connecting in safe ways, prioritizing mental health, and acknowledging that it's okay to not be okay. Together, we can realize a vision of a nation where anyone affected by mental illness – no matter their background, culture, ethnicity or identity – can get the appropriate support and quality of care to live healthy, fulfilling lives – a nation where no one feels alone in their struggle. Share awareness information, [images and graphics](#) throughout July.

During July, NAMI will feature personal stories about how culture impacts mental health. Submit a story at [nami.org/yourstory](http://nami.org/yourstory). Selected submissions will be featured on [nami.org/personal-stories](http://nami.org/personal-stories) and NAMI social media channels. The NAMI Blog, at [nami.org/Blogs/NAMI-Blog](http://nami.org/Blogs/NAMI-Blog), will feature stories from underrepresented communities. NAMI also has [social media graphics](#) to include in posts during the month. Hashtags to use are: #NotAlone, #MMHAM.

## Maryland News

### New Laws Taking Effect

#### **2-1-1- Mental Health Services Phone Call**

[Senate Bill 719/House Bill 812](#) requires the Maryland Department of Health (MDH) to make recommendations to 2-1-1 Maryland regarding the establishment of an opt-in mental health services phone call program that (1) requires a call center to make periodic calls to persons who have opted into the program and (2) attempts to connect persons with a mental health provider upon request. The Governor may include an appropriation to MDH in the annual budget bill that is sufficient to carry out the bill's provisions. MDH's performance on this activity must be encompassed in the existing annual report to the Governor and the General Assembly. Senator Craig Zucker and Delegate Bonnie Cullison (both D – Montgomery County) championed the legislation.

As a result of [Senate Bill 719/House Bill 812](#) any Marylander can sign up to receive periodic calls from 211 crisis counselors. The counselor can connect the person with services in the community if the person is interested, or just chat. The opt-in mental health services phone call program is named in honor of Thomas Bloom Raskin to symbolize hope for those who are struggling. To preregister for the 211 check in program, text "HealthCheck" to 211MD1 (211631). The bill, which the Governor has already signed, takes effect July 1, 2021.

#### **Preserve Telehealth Access Act of 2021**

Senator Melony Griffith (D – Prince George's County) and Delegate Joseline Pena-Melnyk (D - Arundel & Prince George's Counties) sponsored [Senate Bill 3/House Bill 123](#) to expand the definitions of "telehealth" as well as the coverage and reimbursement requirements for health care services provided through telehealth for both Medicaid and private insurance. Telehealth includes (1) synchronous and asynchronous interactions; (2) an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service and that occurs between July 1, 2021, and June 30, 2023; and (3) remote patient monitoring services. Additionally, the bill clarifies that Medicaid's telehealth coverage must include counseling and treatment for substance use disorders and mental health conditions. With the exception of the temporary provision for audio-only discussed above, "telehealth" does not include the provision of health care services solely through an audio-only telephone conversation, an email message, or a facsimile transmission. Carriers must reimburse for a covered service appropriately provided through telehealth. The bill takes effect July 1, 2021; the bill's insurance provisions apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.

## Maryland News

### Final Maryland Bill Signing/Veto of the 2021 General Assembly

On May 28th Governor Hogan announced that, in addition to bills vetoed earlier last week, he had vetoed 19 bills and allowed the remaining bills that passed the General Assembly to go into effect without his signature. For a complete list of House bills that Governor Hogan will allow to become law without his signature, click [here](#). For a complete list of Senate bills that Governor Hogan will allow to become law without his signature, click [here](#). With regards to the bills vetoed, the General Assembly will decide whether to override any of the bills at the start of the 2022 Session. Governor Hogan's press release can be reviewed [HERE](#).

### Pharmacy Benefit Managers: Resources for Denials

Last month we heard from several MPS members regarding frustrations over denials of medications via Pharmacy Benefit Managers (PBMs). The MPS has been working to determine a point of contact for questions/concerns regarding these denials. MPS member, Robert Herman, M.D. wrote an excellent article entitled, "Pharmacy Benefits: Not What They Taught Us in Medical School" in the spring edition of [The Maryland Psychiatrist](#) addressing this very issue.

The Maryland Board of Pharmacy generally does not have jurisdiction over PBM's or reimbursement issues or complaints, and PBM's are registered with the Maryland Insurance Administration. (MIA) The MPS spoke with a representative at the MIA who advised that the MIA does accept PBM complaints, though typically insurance-related, through the following link: <https://enterprise.insurance.maryland.gov/consumer/ConsumerPortalWelcomePage.aspx>

We acknowledge that while a MPS member may not accept insurance, the patient using his or her insurance to purchase the prescription should use the link above to file the complaint. This is the only window to file a complaint as of now.

The MPS is also contacting representatives on The Prescription Drug Affordability Board with concerns surrounding PBMs.

Maryland legislation has been submitted in past sessions regarding PBMs, but it has never passed. The MPS will continue to explore all the options surrounding difficulties with PBMs and share additional resources and information with members.

### Extended 9/30/20 License Renewal Deadline Ends June 30

Due to the pandemic, Governor Hogan extended the deadline for 9/30/20 license renewals (last names starting A-L). The extension ends on June 30 at 11:59 PM. Those who have not yet renewed must do so before then to avoid an expired license, which means the physician is no longer authorized to practice medicine in Maryland. After expiration on June 30, an application to reinstate is required as well as a new criminal history records check. Click to logon to the [A-L Covid Renewal Extension webpage](#).

### Planning for September License Renewals

**This year's M-Z physician license renewal period runs from July 12 to September 30.** The Maryland Board of Physicians (MBP) offers online license renewal at [https://www.mbp.state.md.us/mbp\\_mz\\_2021/](https://www.mbp.state.md.us/mbp_mz_2021/). At a minimum, you will need the following information to complete the application ([click here](#) for more info and [click here](#) for important details):

- Medical License Number
- National Provider Identifier (NPI) number, if available. (Individual and/or Organizational). To search for your NPI, go to [NPI Public Registry Search](#)
- Workman's Compensation carrier name, policy number, and expiration date-- *only if you employ one or more individuals in your practice.*
- General office information (address, email addresses, telephone and fax numbers)
- Access to a printer to print a copy of your completed renewal application, your receipt of payment, and to print a copy of your downloaded license.

### Board of Physicians Email Scams

On June 3, the Maryland Board of Physicians posted the following alert: *Scammers are using a fake link to a webpage that looks like the Maryland Board of Physicians (click to [see the email](#) and also to [see the fake webpage](#) that **IS NOT** the Maryland Board of Physicians). The scammers are emailing licensees in an effort to get licensees to share or verify personal information over the internet. If you receive a suspicious email, you should delete the email. Licensees who think they may be a victim of a scam or attempted fraud should contact the Consumer Protection Division of the office of the Maryland Attorney General-Consumer Hotline 410-528-8662. See these tips on [How to Avoid a Scam](#).*

## Maryland News

### Proposed 2022 ACA Premium Rates

The Maryland Insurance Administration (MIA) has received health carriers' 2022 proposed premium rates for Affordable Care Act (ACA) products sold in Maryland's Individual Non-Medigap (INM) and Small Group (SG) markets. The overall proposed average annual rate increase across the entire INM market is 3.5%. The SG (50 or less contracts) market average annual rate increase is 7.2%. To review details by carrier and for info on how to submit comments to MIA or participate in the July 20 public hearing, [click here](#).

### PHE ends July 1

Governor Hogan announced that the COVID-19 state of emergency in Maryland will end on July 1. Statewide emergency mandates and restrictions will cease, including mask mandates in public transit, schools, and medical settings, etc. However, businesses can still set their own mask rules and local restrictions may still be in effect. To facilitate the transition, July 1 will start a 45-day "grace period" that will run through August 15. During the grace period, some regulations will still be relaxed, for example drivers' license renewals and the moratorium on evictions. To review a complete list of orders to be affected by the grace period, [click here](#).

### MPS Calls for State Hospital Care Available to All Patients

The MPS submitted [comments](#) on [proposed State Health Plan regulations](#) for Acute Psychiatric Services objecting to limiting admissions to State hospitals and supporting a full continuum of State care for all patients with serious and persistent mental illness. The MPS strongly disagreed with formalizing and/or acknowledging the State psychiatric hospital role in the State Health Plan regulation as primarily dedicated to the forensic patient population.

### Maryland Medicaid PDL Effective July 1

Maryland Medicaid's [Preferred Drug List](#) (PDL) covers most generic drugs without prior authorization, but there are exceptions to the rule that are being updated as of July 1. Sedative hypnotic Hetlioz LQ now requires prior authorization. [Click here](#) to see all changes, which are highlighted in yellow. To prescribe a brand name drug, first submit a [Medwatch form](#).

### MHCC Resources

Looking for guidance on maintaining partnerships with patients and family advisors virtually? The Maryland Health Care Commission's [Addendum to the Patient and Family Advisory Council \(PFAC\) Guide for Ambulatory Practices](#) provides actionable steps to support virtual patient and family engagement. For more information contact Anene Onyeabo at [anene.onyeabo@maryland.gov](mailto:anene.onyeabo@maryland.gov).

Need guidance for implementing care management services? The Maryland Health Care Commission's interactive online [Care Management Capabilities and Readiness Assessment Guide](#) helps practices assess their readiness to engage in care management, define a care manager's role, and identify leading care manager responsibilities. For more details contact Melanie Cavaliere at [mela-nie.cavaliere@maryland.gov](mailto:melanie.cavaliere@maryland.gov).

### BHA-MedChi Webinars

The Behavioral Health Administration and MedChi webinar series, *Helping the Helpers and Those They Serve*, is for Maryland behavioral health and medical providers of all disciplines in both community and hospital settings. They enhance health care worker self-care and the care they provide by addressing the COVID-19 pandemic, social justice issues, and other stressors. **CME credits are free.** Webinar recordings and slides are archived on the BHA/MedChi [webinar page](#). Programs run **5 to 6 PM**:

**July 8:** [Relaxation Techniques](#) Hinda Dubin, M.D. and Amanda Robinson, M.S.

**July 22:** [Stretching and Exercise for Stress Reduction](#) Cathy Mahon, PT, MS. Moderator: Kelley Stefancik, CRNP. To deliver a presentation, serve as moderator, or suggest self-care topics/presenters, email [Steve Whitefield, M.D.](mailto:Steve.Whitefield@mda.org)

### Distorted Perceptions Campaign

[Distorted Perceptions](#) is a public education campaign from On Our Own of Maryland's Anti-Stigma Project designed to challenge misconceptions and assumptions associated with mental health and substance use. Erik Roskes, M.D. is a member of the workgroup. The goal of the campaign is to foster change through awareness and dialogue about the real and damaging impact of stigma. Unique campaign materials (order for free on the [website](#)) have sparked conversations in staff meetings, doctor's offices, libraries, coffee shops, and among family and friends.

# APA News & Information

## May APA Board of Trustees Report

On May 3, the 2020-2021 APA Board of Trustees had its final meeting and transitioned to the new board; new officers and some new trustees. The year was reviewed, in all of its challenges and opportunities—chiefly the sharp focus on racial injustice, and the effects of the COVID pandemic on our profession.

The Presidential Task Force to Address Structural Racism Throughout Psychiatry sunsets with the end of Jeffrey Geller's presidential term. The board has voted to empower a standing committee of the board to carry on this work and help with the many other components of APA doing this important work. Of particular concern is how to engage our Black, Indigenous and People of Color members in joining the several components of both APA and our district branches. The increase in racial violence directed against our Asian and Pacific Islander brothers and sisters has highlighted the need to expand the work, which has so far been very focused on the historical affronts to the Black community.

There are many efforts in Washington and state houses around the country seeking to shape the future of health care as the system recovers from COVID. Of particular interest and concern is the expansion of scope of practice which COVID brought, as well as the relaxation of restrictions on telehealth. What will continue after the emergency declarations end is of great importance to our profession. There is some concern about the planned transition away from phone-only visits, especially with the needs of some of our elderly patients who have difficulty with the video formats, as well as the video plus speech session payment equity with in-person sessions.

**Maintenance of certification**, now called continuing certification, remains a concern of many of APA's members. The board has been trying to engage with ABPN to make certification meaningful and affordable, recognizing the limitation of the American Board of Medical Specialties requirements. The draft standards for continuing certification was published at the end of April. Anyone can review and **submit comments** at this website: <https://www.abms.org/news-events/draft-standards-for-continuing-certification-call-for-comments/>. Please, please read these proposed standards, recognize the ways in which continuing certification may be affected in psychiatry, and send in your thoughtful comments.

I mention thoughtful comments in part because of some of the heated discussion that MOC, and some other topics, has engendered on APA listservs. The board has needed to remind those who make comments on our listservs that there are limits to what can be posted, that we need to be civil, represent the profession well, and not be slanderous. We

will need to enforce standards so that our organization and profession are protected.

As always, I welcome any comments or concerns to my email [Kenneth.certa@jefferson.edu](mailto:Kenneth.certa@jefferson.edu). I hope you will let me know if you are concerned about APA being off base, or not doing enough. It is likely that your concerns are my concerns, and that efforts are underway to address them which I should share with you. If this is not so, I will do what I can to make it happen.

*Ken Certa M.D., Area 3 Trustee*

## Join APA M/UR Caucuses

APA Minority and Underrepresented (M/UR) caucuses provide networking opportunities, advance treatment of minority patients, advocate for minority mental health, provide representation in APA governance, and foster communication. To join any of the following groups, please update caucus memberships in your APA [member profile](#) :

- American Indian/Alaska Native/Native Hawaiian
- Asian-American
- Black
- Hispanic
- International Medical Graduates
- LGBTQ
- Women

## APA Statement about PA Rebranding

The American Academy of Physician Assistants (AAPA) House of Delegates recently voted to change their professional title to "Physician Associate." AAPA's [decision](#) to change their name is aligned with their push in many states on expanding their scope, including asking for independent practice. The name change is not final as they will have to go to all 50 state legislators/regulators as well as Federal regulators.

APA leadership is concerned with this decision, the confusion it is likely to produce, and the potential future progression towards eroding scope of practice laws and patient safety. APA recently released a [statement](#) in opposition to this. As of today, several medical organizations, including [ACEP](#), [AMA](#), [AOA](#), and [AAD](#) have also come out with press statements opposing the change.

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

## APA News & Information

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

Are you ready to take the next step in your career? Fellow status is an honor that enhances your professional credentials and reflects your dedication to the psychiatric profession. Dues rates remain the same. **The deadline is September 1.** Visit the [APA website](#) for more details and a link to the [application](#).

### APA Presidential Appointment

APA President-Elect Rebecca Brendel, M.D., J.D., invites nominations of voting members to fill vacant positions on [APA components](#). Members who are willing to share their expertise and make a significant time commitment to serve are asked to [submit](#) their names or nominate a colleague. **The deadline is September 1.** All appointments begin on May 25, 2022.

### Crisis Systems Transformation Webinar

The APA, the National Association of State Mental Health Program Directors, the National Council for Mental Wellbeing, and the American Foundation for Suicide Prevention will hold a free webinar focused on crisis system transformation on **July 13 from 1 to 2 PM**. Behavioral health crises have reached epidemic proportion: drug overdoses and suicides have overtaken traffic accidents as the two leading causes of death among Americans ages 25-44. This webinar will provide an overview of 988, the transformation of crisis systems at the state level, and the role of psychiatrists in developing crisis systems. [Learn more and register](#).

### Nominations for APA Board of Trustees

The APA seeks nominations for positions in the 2022 election:

- President-Elect
- Treasurer
- Trustee-at-Large
- Area 3 Trustee
- Resident-Fellow Member Trustee-Elect

Interested members must [submit a completed nomination form](#) by **September 1**. Visit the [website](#) for more information. Please contact Chiharu Tobita: [election@psych.org](mailto:election@psych.org) with questions.

### 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](#).

## Medicare Updates

### 2019 Performance Posted to Care Compare

CMS has added new Quality Payment Program performance information for doctors, clinicians, groups, and Accountable Care Organizations to the Doctors and Clinicians section of [Medicare Care Compare](#) and the [Provider Data Catalog](#). Performance information is displayed using measure-level star ratings, percent performance scores, and checkmarks. Medicare patients and caregivers can use Care Compare to search for and compare doctors who are enrolled in Medicare. Visit the [Care Compare Doctors and Clinicians Initiative page](#) for details about the 2019 QPP performance information.

### Medicare Mental Health Booklet Revised for NPs

CMS revised the coverage requirements for Nurse Practitioners (NPs) defined in Table 5 on page 12 of the [Medicare Mental Health Booklet](#). The changes indicated in dark red specify that NPs work in collaboration with a physician and that providing and supervising testing must be in accordance with state law.

### Payment Increase for At-Home COVID Shots

On June 9, CMS [announced](#) an additional payment for giving in-home COVID-19 vaccinations to Medicare beneficiaries who have difficulty leaving their homes or are otherwise hard-to-reach. Approximately [1.6 million adults 65](#) or older may have trouble accessing COVID-19 vaccinations because they have difficulty leaving home. Medicare is incentivizing providers by increasing the total payment amount for at-home vaccination from approximately \$40 to approximately \$75 per vaccine dose. The CDC has posted [guidance](#) for vaccinating homebound persons. [Click here](#) for information on Medicare payment for COVID-19 vaccine administration, including a list of billing codes, payment allowances and effective dates.

# Medicare Updates

## CMS Drops Cost Performance for MIPS

In recognition of the impact of the pandemic, CMS decided to provide relief for the Merit-based Incentive Payment System (MIPS) cost performance category. The volume of data available to calculate the scores for the cost measures has significantly decreased, so this category is being reweighted from 15% to 0% of the final score **for the 2020 performance period/2022 MIPS payment year**. The 15% cost performance category weight will be redistributed to other performance categories (see the table below for scenarios). If a clinician is scored on fewer than 2 performance categories (meaning 1 performance category is weighted at 100% or all performance categories are weighted at 0%), they will receive a final score equal to the performance threshold and a neutral MIPS payment adjustment for 2022. **Clinicians do not need to take any action as a result of this decision** because the cost performance category relies on administrative claims data.

MIPS Performance Category Reweighting	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight
No Additional Reweighting	55%	0%	15%	30%
<b>Reweight 2 Performance Categories</b>				
No Promoting Interoperability,	85%	0%	15%	0%
No Quality, No	0%	0%	15%	85%
No Improvement Activities,	70%	0%	0%	30%

This reweighting of the cost performance category applies in addition to the extreme and uncontrollable circumstances (EUC) policies. Clinicians who are not covered by the automatic EUC policy or who did not apply to request reweighting under the EUC policy will still have their cost performance category weighted to 0%.

## Apply for MIPS Hardship Exception

Two [exception applications](#) are available in 2021 to be exempt from meeting specific Merit-based Incentive Payment System (MIPS) program requirements and reweighting for the final MIPS score:

The Extreme and Uncontrollable Circumstances Exception application allows you to request reweighting for any or all performance categories if you encounter an extreme and uncontrollable circumstance or public health emergency (such as COVID-19) that is outside of your control.

The MIPS Promoting Interoperability Performance Category Hardship Exception application allows you to request reweighting specifically for the Promoting Interoperability performance category if you qualify based on small practice, decertified EHR technology, insufficient Internet connectivity, circumstances such as disaster, practice closure, severe financial distress or vendor issues, **or** availability of CEHRT. (Those already exempt from submitting Promoting Interoperability data don't need to apply.)

## \$3B Rescue Plan Funding for SAMHSA Block Grants

HHS [announced](#) that SAMHSA is distributing \$3 billion in American Rescue Plan funding—the largest aggregate amount of funding to date for its block grants. The Community Mental Health Services Block Grant Program and Substance Abuse Prevention and Treatment Block Grant Program will disperse \$1.5 billion each. This follows the March announcement of supplemental funding of nearly \$2.5 billion for these programs.

## SAMHSA Resources

### For Professionals Serving Older Adults:

- [Treatment Improvement Protocol \(TIP\) 26: Treating Substance Use Disorder in Older Adults](#)
- [Engage, Educate, Empower for Equity: E4 Center of Excellence for Behavioral Health Disparities in Aging](#)
- [Get Connected: Linking Older Adults with Resources on Medication, Alcohol, and Mental Health--2019 Edition](#)

### Guide Supports CBT for Psychosis

*Routine Administration of Cognitive Behavioral Therapy for Psychosis as the Standard of Care for Individuals Seeking Treatment for Psychosis* provides mental health decision-makers with evidence to support wide-spread expansion of Cognitive Behavioral Therapy for Psychosis across mental health systems. [Click here](#) to download the publication.

### Helping Your Loved One Who Is Suicidal

This [guide](#) helps families and friends with a loved one who is suicidal or has made a suicide attempt. It provides information on understanding suicide, warning signs and action steps to take, and how to prevent future attempts and keep your loved one safe.

## Resources to Reduce Mental & Substance Use Disorders

New [SAMHSA resources](#), including videos, factsheets, and broadcast-quality public service announcements, aim to help people connect with and remain in treatment for mental and substance use disorders. Some of the topics include:

- [Living Well with Serious Mental Illness](#)
- [Know the Risks of Meth](#)
- [Adults and Drug Use: There Is Help](#)
- [Mental Health Treatment Works](#)
- [The Case for Screening and Treatment of Co-Occurring Disorders](#)

## June AMA House of Delegates Special Meeting

Following is a selection of topics addressed during the June 11-16 AMA House of Delegates (HOD) Special Meeting. [Click here](#) for complete details.

The AMA [announced](#) that in response to an alarming increase in suicide and suicide risk in youth and young adults, the HOD adopted policy aimed at **preventing suicide in young people**. The report outlines risk factors, including the role of mental health, substance use disorder, adverse childhood experiences, increased use of digital devices, bullying and cyberbullying, and the impact of the COVID-19 pandemic. It also identifies evidence-based interventions, protective factors, and resources to enhance resilience.

An AMA Council on Medical Service report was adopted, which outlines specific AMA advocacy points related to peer-to-peer **prior authorization**. [Click here](#) for a summary. Another Council report that was adopted specifies equity issues to be addressed for **telehealth** to flourish post pandemic. Details are available [here](#).

AMA [is calling](#) for **access to substance use disorder treatment in prisons** and jails per adopted policy that strengthens efforts to increase access to evidence-based medical treatment for justice-involved individuals. The updated policy also reiterates the need for screening upon entry and post-incarceration treatment for mental health and substance use disorders.

AMA [announced](#) adoption of a policy opposing “**excited delirium**” as a medical diagnosis and warns against the use of pharmacological interventions such as ketamine solely for a law enforcement purpose without a legitimate medical reason.

AMA also [announced](#) adoption of official policy strongly opposing the American Academy of **Physician Assistants'** move to change the official title of the profession from 'physician assistant' to 'physician associate.' AMA believes changing the title of 'physician assistants' will only serve to further confuse patients about who is providing their care.



**CLASSIFIEDS****POSITIONS AVAILABLE****Multidisciplinary Group Practice In Columbia Seeks**

**Psychiatrist** experienced in working with children for medication management, who is willing to build a private practice. All ages seen in practice, with a specialty in adolescents and their families. **Description/Requirements:** Independent practitioner working as an independent contractor for a multidisciplinary private, mental health practice, Work as an out of network provider, See patients 20-40 hour/week for assessment and ongoing medication management, Current medical license and willingness to see children, teens and young adults, Work with other clinicians to provide collaborative clinical care, including weekly clinical meetings, Willingness to build relationships both internally and with community partners. **Benefits:** Flexibility to make your own schedule, Emphasis of collaboration with a multidisciplinary clinical staff, Ability to work from home or the office using Crossroads teletherapy systems, Administrative staff trained to help in communication with patients, scheduling, prescriptions and other administrative needs, Potential annual earnings from \$200-300k, Strong referral base from both community resources and internal referral sources. To find out more please contact Dr. David Gold at 410-707-7855 or [david.gold@crossroadspsych.net](mailto:david.gold@crossroadspsych.net)

The Johns Hopkins University Counseling Center is seeking 1-2 part-time psychiatrists for a total of 25-30 hours per week (more hours during the semesters and less during the summer). Our Consulting Psychiatrists provide psychiatric services to students including: evaluations, medication monitoring, and consultation with CC clinicians. To apply, send a letter of interest with resume to Matthew Torres, PhD (Counseling Center Executive Director) via email ([mtorres5@jhu.edu](mailto:mtorres5@jhu.edu)) or fax (410-516-4286). Alternatively, contact Dr. Torres via email for more information.

Full-Time, Board Certified Adult Psychiatrist in Columbia: Joshi & Merchant, M.D., P.A., Outpatient Psychiatry Services, in existence for over 40 years. Evaluations and medication management with some overview and supervision for Physician Assistants. Fully functional EMR and office support present. Flexible 40 hour work week between 8 am and 5 p.m. Remuneration includes health, life, malpractice insurance and CME allowance. 401-K employer match after the first year available. Forward resume to Milan Joshi, M.D., [Milanjoshi11@gmail.com](mailto:Milanjoshi11@gmail.com) or call/text (410)-299-8147

PSYCHIATRY POSITIONS: MedStar Health is seeking psychiatrists to work in the Baltimore area in a variety of settings. Our hospitals provide inpatient, outpatient, intensive outpatient, partial hospitalization and consult liaison services. We offer flexible hours with competitive comp plans and benefits including CME reimbursement, 7 weeks paid time off, holidays and personal leave, 403 B match, medical benefits and paid malpractice ins. and much more! Please email CV to [stephen.pasko@medstar.net](mailto:stephen.pasko@medstar.net)

Spectrum Behavioral Health in Annapolis, Arnold and Crofton MD is seeking a psychiatrist for its growing private practice. Position includes attractive compensation, collegial multidisciplinary staff, full administrative support, professional autonomy and premium windowed office space! This exciting opportunity offers a great income, stimulating teamwork, desirable location, and meaningful community impact. If interested please visit [www.spectrum-behavioral.com](http://www.spectrum-behavioral.com) or email Scott E. Smith, Ph.D. at [sbhgmt18@gmail.com](mailto:sbhgmt18@gmail.com).

Timonium Private Practice: Well-established, adult psychiatric office practice in search of an assistant (M.D. or PMH-CRNP) who may be interested in expanding his/her own practice, with the option to take the practice over within the upcoming 1-3 years. Inquiries may be placed at [a.w.forrester@att.net](mailto:a.w.forrester@att.net).

**Member Publications****Richard Loewenstein, M.D.**

Congratulations to Dr. Richard Loewenstein on several recent publications, including the two following where he is the sole author!

[Firebug! Dissociative identity disorder? Malingering? Or...? An intensive case study of an arsonist.](#) *Psychological Injury & Law*. 13(2),187-224. (2020) is a lengthy case study of an arsonist who attempted to use Dissociative Identity Disorder (DID) as a psychiatric defense.

[On caring in psychiatry.](#) *Psychiatry*. 84(1) 21-32. (2021) is a commentary on a lecture by Otto Allen Will Jr., a well-known Sullivanian psychoanalyst who was prominent in developing psychodynamic inpatient treatment for severely ill psychiatric patients at Chestnut Lodge, Rockville, MD and Austen Riggs, Stockbridge, MA.

**Mark Komrad, M.D.**

Dr. Komrad's paper, [Oh, Canada! Your New Law Will Provide, Not Prevent, Suicide for Some Psychiatric Patients](#), was published June 1 in *Psychiatric Times*. He provides a critical overview of the new Canadian law that extends Canada's legal medical euthanasia eligibility from those at the end of life to those who are chronically ill and disabled. There is a two year "study period" after which euthanasia will be available to some patients with psychiatric disorders after guidelines are established for determining which psychiatric patient suicides should be *prevented* and which should be *provided*.

Dr. Komrad also wrote the article, [First, Do No Harm: New Canadian Law Allows for Assisted Suicide for Patients with Psychiatric Disorders](#), which was published June 7 in *Psychiatric Times*.

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- 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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