

MPS NEWS

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Editor: Heidi Bunes

November 2021

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Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

The MPS Council will meet by videoconference on November 9th at 7:30 PM. All members welcome!

President's Column

Thankful for Our Volunteers

The MPS Executive Committee is hoping the fall is going well for all our members! Hopefully we have all been able to get out and enjoy the weather and not work too hard!! MPS has been busy with several great committee meetings. The Committee Chairs meeting was very successful despite the zoom fatigue we are all experiencing. Normally, this meeting is a time to meet people from other committees and get support. Even with zoom, our outstanding group of Committee Chairs were able to connect and have a very productive, collaborative meeting [see [page 3](#)]. The Nominations and Elections Committee also met to begin the important job of finding candidates for Council, Executive Committee, the APA Assembly, and vacancies on the nominating committee. This is a very important job as our functioning as an organization depends on our volunteers. The Community Psychiatry & Diversity Coalition held their monthly meeting where questions and concerns about the new [Facilities Master Plan](#) and the new [Minor Consent law](#) were raised. The Ethics Committee met to orient its new members to the work of the committee and plan for a case.

The Executive Committee met with Behavioral Health Administration representatives on October 20. Deputy Secretary Aliya Jones, M.D. reviewed the Maryland Department of Health's Facilities Master Plan and Sharon Lipford, LCSW-C discussed work on reforming the Crisis System. Dr. Jones also discussed implementation of recommendations from the involuntary commitment workgroup. Maria Rodowski-Stanco, M.D. addressed some of the concerns with the new minor consent law and

explained the CAYAS crisis model. The Maryland Department of Health is collecting ideas about home and community-based services for Medicaid recipients through November 15.

Don't miss the virtual MPS CME on November 10th from 7:00 to 9:00 pm, [Psychiatry and Legal Interventions](#). We have three great speakers! Arka Deb, M.D. is a psychiatrist and preventive medicine physician who will speak on utilizing EPs, ERPO and MCT during a mental health crisis. Dr. Cynthia Major-Lewis, who is the Director of Psychiatric Emergency Services at Johns Hopkins, will speak on legal issues in the emergency room. And the third speaker is Ronald Means M.D., who is boarded in Child and Adolescent Psychiatry as well as Forensic Psychiatry. Dr. Means recently assisted in creating the Johns Hopkins University Behavioral Health Support Team – a mobile co-responder program that pairs behavioral health clinicians with specially-trained security personnel to serve the students, faculty, and staff of the university. Dr. Means will speak on behavioral health crises in college and university settings. Please register [here](#) if you would like to attend.

November 6 is an important date for meetings of related groups in organized medicine. Thanks to our APA Assembly Representatives, Drs. Hanson, Shaya and Zimnitzky, who will represent MPS interests at the Assembly meeting. We are also fortunate to have Dr. Oviedo represent the MPS at the MedChi House of Delegates meeting.

We are very thankful for everyone who volunteers their time on behalf of MPS!

Ginger Ashley, M.D.

Member Publications

Christopher B. Morrow, M.D. is the first author of [Functional Disabilities and Psychiatric Symptoms in Primary Progressive Aphasia](#), published in the July 28, 2021 issue of the *American Journal of Geriatric Psychiatry*. This study describes the emergence of functional disabilities in primary progressive aphasia (PPA) and examines associations between psychiatric comorbidities and functional disabilities. The findings provide clinicians with guidance for forecasting disabilities and targeting interventions in PPA.

Mark Kvarta, M.D., Ph.D. is the first author of [Multiple dimensions of stress vs. genetic effects on depression](#), published in the April 29, 2021 issue of *Translational Psychiatry*. This study underscores the importance of assessing the contribution of environmental stress to depressive conditions, with shared household stress accounting for nearly half of depression heritability. Data collected from Old Order Amish and Mennonite communities also provide evidence that culturally specific stressors may have large effects, separate from other major life stresses.

2022 MPS Dues Notices

The MPS sent 2022 dues invoices by email in September and via USPS in October. There is no change in rates! Dues remain the same as last year.

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 questions or concerns please call the MPS office at 410.625.0232 or email mpps@mdpsych.org. Thanks for your continued support of the Maryland Psychiatric Society!

Poster Contest for Residents & Fellows

The MPS poster competition for our Resident-Fellow Members will be held again this year, with all entries displayed at our annual meeting in April 2022! Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the meeting. Two finalists will also be selected and will receive **\$100 each** in addition to complimentary tickets.

The winners in past years are listed [here](#). Please [click here](#) for complete details about the process and requirements.

The deadline to enter is January 31. Electronic copies of posters are due **February 10**. For more information, or to apply please [click here](#).

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.

Nazli Emadi, M.D., Ph.D.
Amir Etesam, M.D.
Evan B. Fletcher, M.D.
Christopher B. Morrow, M.D.

Transfer Into Maryland

Alyssa Beda, D.O.
Gulafsheen J. Quadri, M.D.
Ehsan U. Syed, M.D.
David A. Williamson, M.B., Ch.B.

MPS Best Paper Awards
Deadline January 31

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards in 2013. Previous winners are listed [here](#). The Academic Psychiatry Committee is currently soliciting nominations for the 2021 Paper of the Year Award in two categories:

Best Paper by an Early Career Psychiatrist Member (ECP): Eligible psychiatrists are ECP members who are first authors of papers published or in press in 2021. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2022.

Best Paper by a Resident-Fellow Member (RFM): Eligible psychiatrists are Resident-Fellow members who are first authors of papers that were written, in press, and/or published in 2021. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2022.

Scholarly work of all kinds (e.g., scientific reports, reviews, case reports) will be considered. If you would like to nominate a paper and author, please email or mail the paper as indicated below by **January 31**. Please include a brief explanation of why you believe the work is worthy of special recognition.

Jennifer M. Coughlin, M.D.
Academic Psychiatry Committee Chair
Johns Hopkins Hospital
600 North Wolfe Street, Meyer 3-181
Baltimore, MD 21287
jcoughl2@jhmi.edu / mpps@mdpsych.org

Committee Chairs Meeting Highlights

Dr. Ashley discussed the role of committee chairs and encouraged collaboration toward MPS goals and member service. She reviewed the updated MPS [Vision, Mission & Values](#), which were revised in March to better reflect the commitment to diversity and to include more patient-focused elements.

She asked for suggestions to improve MPS efforts toward its strategic priorities:

- Membership growth & retention, particularly early career psychiatrists
- Member engagement, including WPS and leadership development
- Financial enhancement focused on non-dues income sources

Dr. Nestadt pointed out that the pandemic has limited CME events to a virtual format, which does not allow as much non-dues income as before, however, they still help to engage and retain members. Dr. Lacap suggested that non-member attendees be targeted for recruitment. New MPS activities could focus on topics like diversity, inclusion and social determinants of health, which are of interest to many ECPs. Dr. Hanson said that the virtual General Assembly Session has allowed more RFM participation.

Dr. Ashley opened the floor for ideas to collectively address input from the [2021 MPS member survey](#). MPS will follow up with ECPs to clarify the ideas of a virtual group and a mentorship program. A "welcoming committee" for new MPS members who have finished training might be led by Membership Committee, with staff support, as well as Executive Committee and others who would connect them with MPS and other members. Graduating residents who remain in Maryland could also benefit from this. Another suggestion was an update on MOC and alternate board certification.

Chairs gave a brief update on their committees' work on [MPS Goals for Addressing Structural Racism and Inclusion](#).

Dr. Hackman said the Community Psychiatry & Diversity Coalition recommended an [anti-Asian racism position](#) for MPS endorsement, met with the Black Mental Health Alliance and Health Care for the Homeless to explore collaboration, and supported the Ethics Committee's efforts on the Impact of Racism CME.

Dr. Means reported that in addition to taking the lead on the [Impact of Racism in Maryland Psychiatry CME](#) event, the Ethics Committee recommended MPS bylaws changes that enabled the appointment of two Black women to further diversify the group while retaining the mix of expertise.

Dr. Swartz credited the diverse members of the Distinguished Fellowship Committee for generating an inclusive

list of potential nominees. Their aim continues to be honoring as many members as possible for their accomplishments.

Dr. Hackman, who serves on the Nominations and Elections Committee, requested suggestions for nominees for MPS leadership, particularly members from diverse backgrounds, geography, or practice areas.

Dr. Coughlin said the Academic Psychiatry Committee is resuming its monthly showcasing of exciting work by researchers. The committee has grown both in numbers and diversity over the past year.

Dr. Nestadt reported that the Program and CME Committee has increased its focus on attracting exceptional speakers who also happen to be people of color. The upcoming [November event](#) is a good example. Topics this year have continued to focus on racism and legal interventions.

Dr. Hershfield noted that two members were added to the Editorial Advisory Board. He commended the article by Chad Lennon, M.D. in the [Summer issue](#) of *The Maryland Psychiatrist* and encouraged more submissions on social justice and other topics.

Dr. Hanson said the Legislative Committee was alert to these topics during the 2021 session. It reviewed and supported a bill to study minority and underrepresented groups but the legislation did not progress. Dr. Palmer noted that committee members are now more diverse.

Dr. Ashley thanked chairs for these essential steps in the ongoing MPS process of examining its practices and addressing structural racism as an organization.

Openings for Drug Use Review Board

MDH is currently accepting applications and nominations for physicians to serve on the [Maryland Medicaid Drug Utilization Review \(DUR\) Board](#) beginning January 2022. The DUR Board is comprised of up to twelve licensed and actively practicing physicians, pharmacists, and advanced practice providers with prescriptive authority in Maryland. Members are appointed by the MDH Secretary and serve 3-year terms from the date of their appointment with the option to serve an additional term. Apply through the MDH Office of Appointments and Executive Nominations [application link](#). **The deadline for applications is November 15.** Contact lynn.friendak@maryland.gov with any questions.

Nominations for Anti-Stigma Advocacy Award

The annual Maryland Foundation for Psychiatry (MFP) Anti-Stigma Advocacy Award recognizes a worthy piece published in a major newspaper that accomplishes one or more of the following:

- Shares with the public their experience with mental illness in themselves, a family member, or in the community.
- Helps others to overcome their inability to talk about mental illness or their own mental illness.
- Imparts particularly insightful observations on the general subject of mental illness.

A Maryland author and/or newspaper is preferred. [Click here](#) for past winners and published articles.

The award carries a \$500 prize, which is given at the Maryland Psychiatric Society annual meeting in April. To nominate a piece to be considered for the 2022 award, email it to mfp@mdpsych.org no later than **January 10, 2022**. The article should be published during the period from January 15, 2021 to January 10, 2022.

The MFP is organized for educational and charitable purposes. For more information, please visit the MFP [website](#).

Thank You!

The following members paid additional MPS dues for 2022 even though they qualify for reduced dues because they have reached life status. **We appreciate your support of the Maryland Psychiatric Society!**

Thomas Allen, M.D.
Virginia Ashley, M.D.
Joanna Brandt, M.D.
Mark Ehrenrich, M.D.
Jesse Hellman, M.D.
Lisa Hovermale, M.D.
Geetha Jayaram, M.D.
Jill Joyce, M.D.
Stuart Varon, M.D.

2020 National Survey on Drug Use & Health

SAMHSA's 2020 National Survey on Drug Use and Health suggests that the coronavirus outbreak adversely impacted Americans' mental health, exacerbating use of alcohol or drugs among people who had used drugs in the past year. The 2020 data also estimate that 4.9 percent of adults aged 18 or older had serious thoughts of suicide, 1.3 percent made a suicide plan, and 0.5 percent attempted suicide in the past year. [Click here](#) for the news release or the report.

The Maryland Psychiatric Society presents

Psychiatry and Legal Interventions

November 10, 2021

7:00-9:00 PM

[A virtual CME meeting](#)

Agenda:

7:00-7:30 Arka Deb, MD

Utilizing EPs, ERPO and MCT during a mental health crisis

7:30-8:00 Cynthia Lewis, MD

Legal issues in the care of psychiatric patients in the emergency department

8:00-8:30 Ronald Means, MD

Behavioral Health Crises on College and University Settings: Factors to consider

8:30-9:00 Panel Discussion With Drs. Deb, Lewis and Means

Accreditation Information:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of American Psychiatric Association (APA) and Maryland Psychiatric Society (MPS). The APA is accredited by the ACCME to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 2 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Only \$15 for
MPS Members!**

[Register today!](#)

Maryland News

Lower Age for Consent Took Effect October 1

[Senate Bill 41](#) reduces the age of consent from 16 to 12 years for those seeking mental health treatment. If the licensed provider determines that the child is mature and capable of giving informed consent, a child in Maryland may now seek and receive treatment without parental consent in the same capacity as an adult. It is within the professional discretion of the clinician to decide if, when, and how to inform parents, unless the provider believes that the disclosure will lead to harm to the minor. This law went into effect on October 1, 2021.

The new law gives a licensed provider the opportunity to assess the mental health concern of a youth more quickly in crisis and in other serious situations. There are two caveats, however: (1) the new law does not apply to medication-based treatment, and (2) when a minor 12-15 offers consent, insurance claims cannot be made without parental permission and the parent is not liable for the treatment fees.

The law does not allow minors to refuse mental health treatment that their parents have authorized. Under this newly enacted legislation, health care providers maintain the ability to inform parents of their child's care plan regardless of whether they give their consent. Additionally, youths under the age of 16 cannot be prescribed psychiatric medication without parental permission.

Please note that there will be no new/updated regulations since *nothing new is required*. The practitioner has the discretion to determine whether the minor is mature and capable of consenting. The practitioner also has the authority to communicate with parents/guardian, if the practitioner feels it is in the best interest of the patient. The only limitation is for medication, which requires parental authorization.

The law is intended to remove barriers to mental health services for youth with suicidal ideation and other time-sensitive circumstances. Additionally, this law is intended to support special subpopulations, such as youth in the LGBTQIA+ community and those needing emergency attention from Mobile Crisis Teams in situations where a parent cannot be reached or refuses.

Maryland is not the first state to allow minors to consent to outpatient therapy. A 2015 [report](#) from the National Center for Biotechnology Information, listed California, Georgia, Illinois and West Virginia as states with similar laws. You can also view the School Based Health Care's Webinar on the new minor consent law at this link: <https://vimeo.com/620126737>. The details of how far [the law](#) stretches, e.g. inpatient, ECT, will need to be worked out and tested. Please [notify MPS](#) of any questions or concerns.

Meagan Floyd, Associate Director

Maryland's New E-Prescribing Mandate: Is Your Practice Prepared?

On January 1, 2022, new electronic prescribing of controlled substances (EPCS) mandates will go into effect statewide. Join MedChi and Dr. First on **November 4th at 12 noon** as they cover the specifics of the Maryland and federal mandates for EPCS and the technology available to support your e-prescribing needs. This is a 35-minute webinar followed by a 10-minute Q & A. Pre-register for the webinar here: <https://attendee.gotowebinar.com/register/6535749321851436558>

Telehealth Protections for Marylanders

A new [fact sheet](#) explains the new law – [Preserve Telehealth Access Act of 2021 \(SB 3/HB 123\)](#) – that ensures private insurance and Medicaid coverage for most mental health and substance use disorder services delivered by telehealth. Some of the provisions sunset in 2023. It also includes information about where to go for help in accessing care. [Click here](#) for a copy.

Stakeholder Input on Medical Assistance Funds

The American Rescue Plan authorized temporary additional funds for enhancing, expanding, or strengthening State networks of Medicaid-funded home and community-based services. The Maryland State Legislature passed budgetary language requiring 75 percent of these funds to be spent on a one-time rate increase. The Maryland Department of Health is seeking suggestions from stakeholders on how these federal funds may be used in Maryland. To suggest activities that support home and community-based services, either:

- Complete the [Stakeholder FMAP Reinvestment Ideas Survey](#).
- Email bha.inquiries@maryland.gov with **Stakeholder FMAP Reinvestment** in the subject line. Please include the following details in your message:
 - Your name, contact information, and organizational affiliation (if applicable).
 - Brief description of suggested program or activity.
 - What priorities, special populations, and needs the activity addresses.

The deadline for suggestions is November 15.

To advance transparency and innovation, CMS launched a webpage with states' plans for expanding home and community-based services in a preferred setting outside of an institution, such as in their own home. To view other states' spending plans and information related to implementation, please [click here](#).

Maryland News

2021 MDH Parity Report Released

Maryland Department of Health (MDH) completed its [2021 analysis](#) of the State's Medicaid and Children's Health Insurance Program's (CHIP) [compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008](#) (MHPAEA) and the Affordable Care Act. MHPAEA requires parity in the treatment limitations and financial requirements for mental health and substance use disorder (MH/SUD) benefits, as compared to medical/surgical (M/S) benefits, provided to enrollees of Medicaid managed care organizations (MCOs) and coverage provided by Medicaid alternative benefit plans (ABPs) and CHIP.

The report states that most areas, MH/SUD benefits are being delivered and managed in a comparable and no more stringent manner compared to M/S benefits. There are no annual or lifetime limits in place for any benefits and no quantitative treatment limitations on MH or SUD benefits. In addition, all non-quantitative treatment limitation (NQTL) types analyzed are comparable for MH/SUD and M/S services in the emergency, inpatient, and prescription drug classifications.

Two areas of concern highlighted in previous analyses persist with respect to the application of NQTLs to outpatient benefits: Data Collection (DC) and Service Limitations (SL). With respect to DC, the issues have been resolved and MDH is pursuing alternatives to incentivize data collection. The SL concerns are more complex and MDH intends to seek CMS guidance. Additionally, MDH has identified the provider reimbursement rate methodology as an NQTL that will require further analysis in future reports following completion of a planned rate study. Reimbursement is not addressed in the 2021 report.

Parity Manager Reports and prescription drug reports are available for each individual plan in the appendices [listed here](#). Prior year MDH MHPAEA reports are at the same link.

MDH Recoupment Plans for Estimated Claims Payments

Due to Optum claims system malfunctions, behavioral health providers were paid estimated claims for treatment dates from January 1, 2020 through August 3, 2020. The Maryland Department of Health (MDH) [announced](#) that it will begin to recoup the differences when care provided was less than estimated. MDH anticipates that providers will have received all reports with estimated payments and actual claims submitted for those dates of service for their internal reconciliations as of October.

Recoupment of approximately \$237 million in excess payments will begin in early December if they have not already been repaid. MDH will forgive the debt for eligible providers owing \$10,000 or less. As a result, 42 percent of providers with balances due will owe nothing, with the following exceptions:

- Hospitals
- Laboratories
- Somatic BH Health Providers
- Out-of-state providers
- Providers who have not yet submitted claims against any of the estimated claims paid

Providers owing more than \$10,000 will have three options for repayment:

- Payment in full at time of notice.
- A 12-month, interest-free repayment plan.
- The option to credit current claims paid to offset all or some of the balances owed over a 12-month period, with final payment to be completed within twelve months.

For more information, please [click here](#) or view the [slides](#) for the October Optum Maryland Provider Council meeting.

Innovative Care Symposium

On **November 9 from 12 to 1 PM**, the Maryland Health Care Commission (MHCC), Health Services Cost Review Commission, and MedChi will present a virtual Innovative Care Symposium (CME credit pending). This session focuses on the evolution of quality measurement and value-based care delivery models and multi-disciplinary team approaches to managing high-risk and high-utilizer patients. Speakers include MHCC Chief of Innovative Care Delivery Melanie Cavaliere, MEDIS, LLC President Michael Barr, M.D., and Johns Hopkins Community Physicians Chief of Primary Care Clinical Innovation Michael Albert, M.D. Click [here](#) to register. Contact anene.onyeabo@maryland.gov with questions.

Support Groups for COVID Survivors

In partnership with the Maryland Department of Health, NAMI-MD provides free resources and support for those impacted by the pandemic through the [CovidCONNECT](#) platform. CovidCONNECT is a free, online resource available to any Maryland resident who has been impacted by COVID-19. [Free, peer-led support groups for COVID survivors](#) help connect Marylanders who want to talk about the challenges of recovering from the virus. Trained peer facilitators host small group sessions the **2nd and 4th Thursday of the month from 6:30 to 8:00 PM**. Please contact covidconnect@namimd.org with questions or requests related to the virtual support groups and resources.

Maryland News

Latest Scope of Practice News

The MPS and its Legislative Committee have worked to limit multiple unsafe scope of practice expansions in Maryland. Most recently a resolution on psychologist prescribing has been submitted to the MedChi House of Delegates for voting at their November 6th meeting. Adoption would incorporate this issue in the 2022 MedChi Legislative Agenda. Resolution 25-21 reads:

Whereas, only full, clinical medical training provides an adequate base of knowledge for prescribing medications that can have serious and long term adverse effects as well as benefits for patients; and

Whereas, patients are entitled to expect that those who are treating them will be providing quality care and have such training and experience; and

Whereas, psychologists are not physicians and do not have this training; and

Whereas, the AMA adopted and reaffirmed policy H-345.989 on psychologist prescribing:

"The AMA: (1) opposes the prescribing of medication by psychologists; (2) strongly urge through mail and electronic communications technology that all state medical societies work closely with local psychiatric societies to oppose legislative or ballot initiatives authorizing the prescribing of medications by psychologists; and (3) supports and will work in concert with the AACAP and APA and with state and other appropriate medical societies in order to defeat initiatives that authorize psychologist prescribing prescription medication."; and

Whereas, psychologists are now able to prescribe in five states: Louisiana, New Mexico, Illinois, Iowa, and Idaho as well as in the Public Health Service, the Indian Health Service, the U.S. military, and the U.S. territory of Guam, giving psychologists a path to prescribe medications that have only been prescribed by physicians; and

Whereas, it is likely that such a bill will be introduced in the Maryland legislature in this next year; and

Whereas, it is essential that MedChi stand together with the Maryland Psychiatric Society in opposing such initiatives; therefore be it

Resolved, that MedChi shall oppose the prescribing of medications by psychologists and will work together with the Maryland Psychiatric Society to oppose such legislation if it is introduced.

New Maryland Commission on Health Equity

On October 15, MDH [announced](#) the creation of the Maryland Commission on Health Equity (MCHE), a multi-agency body charged with developing a statewide plan to improve health outcomes and increase health equity in Maryland. Its first meeting was October 18. Established under the [Shirley Nathan Pulliam Health Equity Act of 2021](#), the commission will align public and private stakeholder policies and advise on matters concerning racial, ethnic, cultural and socioeconomic health disparities. MDH Deputy Secretary of Health Care Financing and Medicaid Steven R. Schuh serves as Chair. Psychiatrist and MDH Deputy Secretary for Behavioral Health Aliya Jones, M.D. is a Commission member. Two subcommittees include the data advisory committee, which will make recommendations on data collection, needs and quality assurance through Maryland's health information exchange, CRISP; and the health equity policy committee, which will advise on implementing a statewide health equity framework.

The MCHE will also support Maryland's [Statewide Integrated Health Improvement Strategy \(SIHIS\)](#), which aligns efforts to reduce health outcome disparities in three key population health priorities: maternal and child health, overdose mortality and diabetes. A component of Maryland's [Total Cost of Care Model](#), SIHIS is integral to transforming care delivery, reducing medical spending, enhancing quality, and improving population health.

November 6 MedChi House of Delegates

MedChi's 2021 Annual Meeting & Fall House of Delegates meeting will be held virtually on November 6, 8:30 AM -1:00 PM. The day will include a special [CME on the ethics of vaccine mandates](#) and the inauguration of the new President Loralee Ma, M.D. Another important activity will be setting MedChi's 2022 Legislative Agenda. All MedChi members are invited. [Click here](#) for details.

Impact of Racism in Maryland Psychiatry: Video Available

A video of the MPS program, "[Impact of Racism in Maryland Psychiatry](#)" is now available at no charge upon request. If you would like a link to the video, please email mps@mdpsych.org. Please note that no CME credit will be awarded for viewing the video. Presentations include:

- Dr. Ayah Nuriddin: Psychiatric Jim Crow: The History and Legacy of Racism in Psychiatry in Maryland
- Kimberly Gordon-Achebe, MD: Lessons Learned in Re-viewing our Racist History in Psychiatry

Maryland News

Pathways to Health Equity Grants

On October 12, the Maryland Community Health Resources Commission [announced](#) a Call for Proposals for the Pathways to Health Equity grant program, which will provide \$13 million in new funding to reduce health disparities and improve health outcomes in underserved communities. Applications are due at **NOON on December 7**. Click [here](#) for the Call to Proposals page. Click [here](#) for the kickoff meeting materials. According to [Maryland Matters](#), substance use disorder is among the conditions targeted for improvement in Health Equity Resource Communities. Community-based nonprofits, nonprofit hospitals, higher education institutions, federally qualified health centers and local government agencies are eligible to apply.

BHA-MedChi Webinars

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

November 11: No Webinar Due to Veterans Day.

November 25: No Webinar Due to Thanksgiving.

December 9: [Coping with the Behavioral Health Impact of the Pandemic](#); Alex Chan, PhD. Moderator: Stephanie Slowly, MSW, LCSW-C.

December 23: No Webinar Due to the Holidays.

Expanded Open Enrollment Season

Consumers have an extra 30 days to review and choose health plans for 2022. Enroll November 1–December 31, 2021 for coverage January 1, 2022. Enroll January 1–15, 2022 for coverage February 1, 2022.

Starting November 1, some middle-income Marylanders can access more affordable coverage for 2022 health plans under the [American Rescue Plan](#). Plus, new Maryland legislation gives uninsured young adults ages 18-34 even more financial help. Visit [Maryland Health Connection](#) for more information.

CMS is expanding the services provided navigators, experts who help consumers, especially those in underserved communities, understand their benefits and rights, review options, and enroll in coverage. CMS will also re-launch its ["Champions for Coverage" program](#).

Clozapine Reminder

FDA changes to the Clozapine Risk Evaluation and Mitigation Strategy (REMS) take effect **Monday, November 15**.

- **All prescribers must be re-certified** or they will no longer be able to prescribe clozapine.
- **Prescribers must re-enroll their patients** or they will no longer be able to receive clozapine.
- A new **Patient Status Form** will document absolute neutrophil count (ANC) monitoring for all outpatients. This form must be submitted monthly. Patient monitoring must continue per the Prescribing Information.

To re-certify and re-enroll in the Clozapine REMS please see the [Important Program Update](#). For other new prescriber requirements [click here](#).

Free CME for Buprenorphine Prescribing

AMA, ASAM and the national nonprofit organization Shatterproof, have developed "[Buprenorphine Mini-Course: Building on Federal Prescribing Guidance](#)," a free, one-hour, on-demand CME designed to train medical professionals and students on prescribing buprenorphine for patients with opioid-use disorder. SAMHSA indicate that there are over 100K waived prescribers. Yet patients continue to face barriers to care, including inadequate networks of addiction medicine and psychiatric physicians, and deep-seated stigma that causes them to not seek treatment or receive support from families, friends, or employers.

New HHS Overdose Prevention Strategy

HHS [announced](#) a new strategy to increase access to the full range of care and services for individuals who use substances that cause overdose, and their families. The strategy focuses on the multiple substances involved in overdose and the diverse treatment approaches for substance use disorder. It prioritizes four key target areas—primary prevention, harm reduction, evidence-based treatment, and recovery support. [See this link](#).

Concurrent Use of Opioids and MAT

The Maryland Office of Pharmacy Services implemented coverage changes for the Maryland Medicaid Fee-for-Service Program **effective October 18**. Please see [this link](#) for an update resulting from the CMS mandate for patients undergoing medication assisted treatment (MAT) who are prescribed opioids.

APA News & Information

October APA BOT Highlights

Following is an unofficial record of the October 16 APA Board of Trustees meeting.

APA Meetings: The 2021 Mental Health Services Conference, presented in partnership with SMI Adviser, was a huge success with over 800 paid mental health clinician attendees. SAMHSA Assistant Secretary for Mental Health and Substance Use Miriam Delphin-Rittmon, Ph.D. delivered a keynote focused on the federal government's commitment to addressing social determinants of health and mental health. The 2022 Annual Meeting in New Orleans will be in person with a total of 300 sessions.

Joint Accreditation: APA is accredited by ACCME to provide CME credits to physicians and works with three other accreditors to provide social work, nursing, and psychology credits. The shift to collaborative care has increased the diversity of the professionals for whom APA provides education. As a result, the APA began the process of interprofessional accreditation through Joint Accreditation to offer continuing education credits to psychiatrists, nurses, psychologists, and social workers. APA will then have only one set of core accreditation standards to meet and will report educational activities to just one agency every four years with one fee structure. From the member perspective, the only change is the accrediting body will be Joint Accreditation versus ACCME; they will still receive their credits.

Ad Hoc Work Group on APA and District Branches Relationships: This group is charged with exploring the fiscal and administrative relationship between the APA and District Branches, respective roles and responsibilities, and future strategic concerns (including but not limited to membership trends).

Fellows Work Group: As part of the Task Force on Structural Racism, a group of APA/APAF Fellows pursued three projects. The first, a directory of all prior Fellows, is underway. The second, a [Primer of Online Resources on Structural Racism in Psychiatry for Residents and Trainees](#), helps explain how structural racism impacts psychiatry. The third enables members and staff at APA events where they believe they have seen or been subject to potential racism or discrimination to report the incident anonymously and confidentially. The data will be summarized and shared with members on a quarterly basis. To access the reporting system, go to the [APA website](#) and scroll down to the orange link at the bottom of the page.

Structural Racism Accountability Committee: The group ensures that the recommendations of the APA Presidential Task Force to Address Structural Racism Throughout Psychiatry are carried out, evaluates their success, recommends improvements, and other objectives noted in the final task

force report. The Board voted to make members aware of this committee through all available means. It also voted to create a clearer definition of underrepresented groups.

APA Presidential Task Force on Social Determinants of Mental Health (SDoMH): Its charge is to build on the 2018 APA Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health, and 2020-21 APA Presidential Task Force on Structural Racism; and to develop evidence-based pragmatic strategies that may be used by clinicians, teachers, researchers, and administrators to assess SDoMH and improve individual and community well-being. Four workgroups include: clinical, research/education, policy, and public health.

DSM-5-TR: The book will be released in March of 2022.

PsychiatryOnline: APA's digital content platform has reached over 1 million hits per month for 13 consecutive months.

PsychPRO: The registry has over 1,000 clinicians and many hospital and academic systems are interested.

Treasurer's Report: Year-end results are projected to match the approved budget.

2022 APA Election

APA voting members may cast their ballots from January 3 to January 31, 2022. All campaigning will be via APA-managed activities, including a special APA election newsletter that includes candidates' platforms, which will be emailed to all voting members about December 1, and a series of town halls with the candidates for which members may [submit questions](#) for candidates and RSVP to attend. Visit the [Election page](#) for details.

In addition to other contested positions, the following races include candidates who are MPS members:

- President-Elect – **Jimmy Potash, M.D., M.P.H.**, Johns Hopkins Director (Chair) of Psychiatry is running against Petros Levounis, M.D., M.A.
- Area 3 Trustee – **Geetha Jayaram, M.D.** and **Mark Komrad, M.D.** are vying for this position against incumbent Kenneth Certa, M.D.

APA News & Information

Social Determinants of Mental Health

The APA will hold two [town halls](#) featuring social determinants of mental health (SDoMH) in psychiatry, efforts of the APA Presidential Task Force on SDoMH, and an opportunity to engage with task force members.

- The first will be 6-7:30 PM **Wednesday, November 3**. It will explore SDoMH in the context of clinical practice, research, and education.
- The second will be 6-7:30 PM **Wednesday, December 1**, and will explore SDoMH in the context of policy and public health.

[Click here](#) to register.

2021 Coding Updates

The [APA website](#) lists DSM-5 Recommended ICD-10-CM Coding changes that took effect October 1. The page also offers downloadable easy to print guides with the 2021 DSM-5 Diagnoses and New ICD-10-CM Codes that pertain to mental health treatment.

[Click here](#) for the updated Psychiatric Billing and Coding information (A57130). The following ICD-10 codes were deleted: F78 and Z91.5. The following ICD-10-CM codes were added: F32.A; F78.A1; F78.A9; S06.A0XA; S06.A0XD; S06.A0XS; S06.A1XA; S06.A1XD; S06.A1XS; Z91.51; and Z91.52.

APAF Mentally Healthy Nation Podcast

Last month, the American Psychiatric Association Foundation (APAF) launched a monthly podcast to engage the public in conversations about the current mental health crisis. "Trauma's Impact and What Communities Can Do" was the first episode of the "Mentally Healthy Nation" podcast. All episodes are available on the [APAF website](#) and on the top podcast platforms.

Protect Your Social Security Number from Identity Theft

The APA reports that beginning January 2022, health plans must make publicly available the rates they pay to in- and out-of-network providers. These rates must be associated with a provider employer identification number (EIN) or other tax identification number, such as a Social Security number (SSN). Psychiatrists who are still using their SSN for business purposes are encouraged to file for an EIN and request that plans for which they provide in-network or out-of-network care replace their SSN with the new EIN. [Click here to apply for an EIN.](#)

Draft APA Guidelines on Eating Disorders

The APA is accepting comments through **November 12** on the draft *APA Practice Guideline for the Treatment of Patients with Eating Disorders*. For more information, a copy of the draft, or to submit feedback, [click here](#). Please contact Jennifer Medicus at guidelines@psych.org with questions.

Week of Action on Crisis Nov 15-19

The APA is a partner in **REIMAGINE: A Week of Action to Reimagine Our National Response to People in Crisis**, a week of activities taking place November 15-19 that will explore the impact of our current response to crises and provide opportunities to advocate for improvements. MPS members are invited to participate – [register here](#).

By July 2022 when it goes live, people across the country will be able to access 988, a new three-digit number for mental health, substance use and suicidal crises. But there is much to be done to ensure there is comprehensive support available when people call for help. **REIMAGINE** will bring together advocates from across the country for virtual events held November 16-18. Hear from speakers who have first-hand experience with our current response to mental health and suicidal crises and what we can do to change it. Participate in conversations exploring key intersections with crisis response — equity and social justice, public safety and first responders, and youth and young adults. There will be opportunities throughout the week to advocate for crisis response investments to help your community.

REIMAGINE is hosted by NAMI in partnership with several other organizations, including the APA. [Register today](#) to help build a better, more equitable crisis system.

FREE APA Course of the Month

November Course of the Month – Caring for Veterans
Reviewing unique issues facing veterans will assist clinicians in delivering more comprehensive care. This course will explore updated information in several key areas including how mental health affects physical health, impacts of impaired homeostasis, suicide prevention, and psychotherapy/psychopharmacology for PTSD. This course will also discuss the role of physical exercise in managing allostatic load and recovery.

[Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

Medicare Updates

Virtual Group Elections for 2022 MIPS

To form a virtual Merit-based Incentive Payment System (MIPS) group for 2022, an election must be submitted to CMS [via e-mail](#) by **December 31**. [NOTE: A virtual group must submit an election to CMS every year that it intends to participate in MIPS. If your virtual group was approved for 2021 it must still submit an election to CMS for 2022.] A virtual group is a combination of 2 or more Taxpayer Identification Numbers (TINs) consisting of:

- Solo practitioners who are MIPS eligible (a solo practitioner is the only clinician in a practice); and/or
- Groups that have 10 or fewer clinicians (at least one clinician within the group must be MIPS eligible). A group is an entire single TIN.

A virtual group determines its own makeup, but a solo practitioner or group can only participate in one virtual group during the year. Participating in MIPS as a virtual group has advantages:

- Can increase performance volume to be measured; and
- Opportunity for collaboration, shared resources, and potentially increased performance.

Key items needed for a virtual group:

- Establish a formal written agreement between each TIN within the group (see Agreement Template in the Virtual Group Election Process Guide within the [2022 Virtual Group Toolkit](#)).
- Identify an official virtual group representative.

Elements to include in an election:

- Acknowledgement of a formal written agreement between each TIN within the virtual group.
- The name and contact information for the official virtual group representative.
- The name and TIN for each practice, and all National Provider Identifiers (NPIs) under each TIN.

Submit the election via e-mail to CMS at MIPS_VirtualGroups@cms.hhs.gov by **December 31** (see Election E-mail Sample in the Virtual Group Election Process Guide within the [2021 Virtual Group Toolkit](#)). For further information, call 1-866-288-8292 or e-mail QPP@cms.hhs.gov.

POS Codes for Telehealth

Effective January 1, CMS will update the current Place of Service (POS) code set by revising the description of existing POS code 02 and adding new POS code 10. The new code is added mainly for consistency with non-Medicare payer requirements. [Click here](#) for more information.

- **POS 02:** Telehealth Provided Other than in Patient's Home
- **POS 10:** Telehealth Provided in Patient's Home

CMS Town Hall on Rural Health

A virtual town hall focused on rural health issues will be held **November 9** at noon. This free event will feature updates from the CMS Regional Administrator, the Office of Minority Health, and the Health Resources and Services Administration on rural health successes and challenges in Maryland and Delaware. [Click here](#) to register.

New Novitas Resources

[Medicare FastTrack Tool](#) – helps identify Medicare coverage policy and guidelines (both CMS and local) for a particular service. If a Medicare policy does not exist, it explains what to do next. Each of the five icons includes search instructions.

[Claim Denial/Rejection Tool](#) – provides guidance for addressing claim denials and rejections using the claim adjustment reason code (CARC) or remittance advice remark code (RARC) on the remittance advice.

Medicare Payment for Cognitive Assessments

From October – December, CMS will remind patients about Cognitive Assessment & Care Plan Services (CPT code 99483): “Medicare cares about your health. If you’ve had trouble remembering things, concentrating, or making everyday decisions, Medicare Part B covers a visit with your doctor or a specialist to talk about it and do an exam.” For information about Medicare coverage and billing for this service go to cms.gov/cognitive.

Public Health Emergency Extended

On October 15, the Department of Health and Human Services [renewed](#) the COVID-19 Public Health Emergency, extending it for another 90 days from October 18, 2021.

PRMS Fact vs. Fiction Resource

The PRMS “Fact vs. Fiction” risk management series is celebrating its one year milestone. All of the monthly resources from the past year are now available on [this page](#). Each scenario listed includes an answer as well as its rationale.

Patient Protections Against Surprise Medical Bills

An [interim final rule](#) was issued September 30 to take patients out of the middle of payment disputes, provide a process to settle out-of-network (OON) rates between providers and payers, and outline requirements for health care cost estimates for uninsured (or self-pay) individuals. It also adds protections in the external review process so individuals with job-based or individual health plans can dispute denied payment for certain claims. [Click here](#) to view a related fact sheet and [click here](#) for "what you need to know." This is the third in a series of rules implementing the No Surprises Act, following a rule to help collect data on the air ambulance provider industry, and [a rule in July on consumer protections against surprise billing](#). Collectively, the rules take effect **January 1, 2022**, and ban surprise billing for emergency services, as well as certain non-emergency care provided by OON providers at in-network facilities and limit high OON cost-sharing for emergency and non-emergency services for patients.

The AMA expressed concern that the rules will create an uphill battle to receiving fair payment for out-of-network services when patients have not had an opportunity to consent, such as emergency care. They will also limit contract negotiations with health plans who have little incentive to offer fair rates. [Click here](#) for AMA guidance on implementation.

Seeking Hosts for *Black Men in White Coats* Screenings

Black men have the lowest life expectancy in the United States and fewer Black men applied to medical school in 2014 than in 1978. Only 2% of doctors in the U.S. are Black men. As part of the [AMA's equity plan](#) to increase diversity, inclusion and equity in medical education, which includes supporting more Black males to become physicians, the AMA is sponsoring 100 virtual screenings of [Black Men in White Coats](#), an 80-minute documentary that inspires to increase the number of Black men in the field of medicine. [Click here](#) for more information.

Enhance Resilience and Well-Being

As we approach the Thanksgiving celebration, consider the AMA's [4 habits of gratitude](#) to address physician stress during the pandemic.

CLASSIFIEDS

POSITIONS AVAILABLE

Collaborative Counseling Center seeks Board Certified Child/Adolescent/Adult Psychiatrist. Well established, busy, fee for service private group practice in Downtown Columbia. Offering flexible hours; part time and full time options with growth opportunities. Practice includes full administrative support, EMR, multi-disciplinary team, furnished office and prime location working with two psychiatrists, Dr. Brett Greenberger and Dr. Constance Flanagan. 401K and Medical Benefits available. Interested candidates email CV to emily@collaborativecounselingcenter.com

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

Maryland Centers for Psychiatry seeks general psychiatrist and child and adolescent psychiatrist: Busy private group practice in Ellicott City. Flexible hours - part time with a build up to full time as an option. Position includes administrative/office support, collegial multi-disciplinary setting, professional autonomy, desirable office location, premium office space, and significant room for growth. If interested, please email your CV to office@marylandpsychcenters.com.

OFFICE SPACE AVAILABLE

Ellicott City: Daily/Part-time/Full-time: Following CDC guidelines, Telehealth and in person. Includes Wi-Fi, copier, fax, staff kitchen, handicapped access. Convenient to route #'s: 40, 29, 32, 70 & 695. Contact Dr. Mike Boyle 410-206-6070 or 410-465-2500.

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.

Happy
Thanksgiving



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- Must have a current license to practice in Maryland at the time of hire
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For more information, please contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or **khilzendeger@sheppardpratt.org**.

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