

MPS NEWS

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In This Issue

2022 Annual Membership Survey	p. 2
Member Update Forms	p. 2
FY23 MPS Committee Chairs	P. 3
Maryland Bed Registry	p. 4
New Balance Billing Law	p. 4
MedChi HOD & Other Updates	p. 5
CDS Application Update	p. 6
State Plan for Alzheimer's	p. 6
Maryland Parity Enforcement	p. 7
Maryland Updated E&M Fees	p. 8
Assessing the Need for Beds	p. 10
APA Meeting and Other News	p. 10
Medicare Updates	p. 11
<u>In Every Issue</u>	
Membership	p. 9
Classifieds	p. 12

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
June 14 at 7:30 PM.
All members welcome!**

President's Column

Becoming the Change We Want to See

Multidisciplinary treatment teams are powerful entities in healthcare because they concentrate diverse clinical backgrounds, providing a transformative healthcare experience to heal patients. Physicians lead the team but cannot do the work of the team alone because each individual discipline contributes.

As healthcare teams incorporate more nurse practitioners, the role of the physician is getting confusing, particularly in states where nurse practitioners are allowed to practice independently. Some with a doctorate nurse practitioner degree (DNP) are introducing themselves as doctors and psychiatrists. Others do not correct patients or colleagues when they are referred to in the same terms that one refers to a physician. On Doximity, and even the NPI website, nurse practitioners are incorrectly listed as physicians and psychiatrists. In all instances, it is not clear whether the individual is intentionally misrepresenting themselves or if they are taking efforts to correct professional misinformation in the public domain.

While confusion results within the treatment environment, it is even more confusing for patients, the lay public, and legislators who still are unclear on the difference between a psychiatrist and a psychologist. It is excellent that healthcare professionals are seeking the highest level of training available to them (i.e., doctorates), but this does not make a doctor in the healthcare setting any more than it makes a Ph.D. paleontologist a doctor clinically! Instead of complaining within our own circles we need to become the change that we want to see. We of course have the option to

address these behaviors one-on-one when we witness them (potentially leading to interpersonal friction), however, that would not be a broad enough intervention.

Perhaps a place to begin is to take this conversation back to our institutions, staff meetings, and leadership. We can encourage the places where we work to institute standardized policies on email signatures, name badges, how we display our credentials in Zoom rooms, and, most importantly, how we introduce ourselves to patients. We can take time to educate our patients to ask questions about the background of people participating in their healthcare.

Physicians always need to protect patients first. All members of the healthcare team are valued, and as physician leaders, we need to make that clear. However, when somebody pretends to be a physician, they devalue their own training, clinical skills, expertise, and even their professional board. This act paints who they are and what they do in an unnecessarily diminutive light. Paradoxically, the message that only the physician is important is sent instead. We need to work together to correct these hazardous attitudes in healthcare. Let's take this conversation further, to more places, and keep it going.

Jessica V. Merkel-Keller, M.D., M.Sc.

2022 MPS Member Survey

The annual MPS member check in on a variety of topics is coming later this month. (The assistance in dying poll is now closed.) We are mindful about tasking members with multiple survey requests within a few weeks, so we are planning a break before our next ask, which will be sent via email and USPS. For members with time and interest now, please go ahead and respond to help guide how MPS committees, Council and staff will work for you in the coming year.

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

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

Clarification on MPS 30-year Members

The [last issue](#) of *MPS News* recognized **new** MPS/APA 30 or more year members on p. 2. The list includes members who have reached 30 years or more this year but have not yet been recognized. Some members who have already qualified per the Rule of 95 were concerned that they were not listed. We apologize for the confusion.

Previously, lifers were listed in *MPS News* when they reached reduced dues status according to the APA Rule of 95. This year some members had over 30 years of membership but had not yet reached 95 so the “or more” part of the description was confusing. Going forward, the list will be for 30-year members only.

The MPS greatly appreciates ALL members, and in particular those who have been loyal supporters for many years!

MPS Supports Funding for Federal Gun Violence Prevention Research

The MPS signed onto a [letter](#) voicing support of \$60 million in funding to the CDC and NIH in FY2023 to conduct public health research into firearm morbidity and mortality prevention. The letter illustrates the broad support of **288** national, state, and local medical, public health, and research organizations for this critical funding.

Attention Graduating Residents

Congratulations! As you prepare to move on from your residency training program, please complete the APA [member-ship 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.

MPS Calls for Delay on Transfer of SGHC to UMBC

In response to sudden news of a plan to transfer Spring Grove Hospital Center (SGHC) to University of Maryland Baltimore County (UMBC) for annual rent of \$1, the MPS sent a [letter](#) to the Maryland Board of Public Works (BPW) urging a delay of their decision. The MPS called for more time, transparency, and detail to enable consideration and public discussion of the plan’s implications for our most vulnerable citizens. MPS questioned the \$1 appraisal for the 175-acre Catonsville property as well as the assertion that SGHC is “excess to the needs of the Maryland Department of Health.”

At its May 11 meeting, BPW voted 2-1 to approve the transfer. To view the livestream recording of the meeting, go to <https://governor.maryland.gov/board-of-public-works-meetings/> and click the 5/11/22 BPW Online video. The SGHC discussion begins at about the 37-minute mark. Comptroller Franchot was the dissenting vote. His extensive questioning and comments begin at about 1:13. Treasurer Davis and Governor Hogan voted in favor, even rejecting Franchot’s request for a delay until the next BPW meeting. ([Click for their celebration](#) of the transfer.) Most of the individuals who were able to testify on short notice requested deferral of the decision.

New Opportunity for Medical Students

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

Member Update Forms

Your member update form will arrive late this month via USPS, along with your Annual Survey The MPS membership directory will be published in late Summer. Please ensure that your information on file with MPS is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. Please indicate all insurance 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 August 10th.**

2022-2023 MPS Committee Chairs

Academic Psychiatry

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

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

APA Assembly Delegation

Annette L. Hanson, M.D., Co-Chair (410) 724-3149
Elias K. Shaya, M.D., Co-Chair (443) 444-4540
Brian Zimnitzky, M.D., Co-Chair (443) 603-1344

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

Community Psychiatry & Diversity Coalition

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

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

Distinguished Fellowship

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

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

Editorial Advisory Board

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

Responsible to the Council for supervising and advising the Editor of *The Maryland Psychiatrist* regarding policies, article selections, and general management of the publication.

Ethics

Joanna D. Brandt, M.D., Co-Chair (410) 321-1525
Ronald F. Means, M.D., Co-Chair (410) 724-3000

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

Legislative

Annette L. Hanson, M.D., Co-Chair (410) 724-3149
Michael A. Young, M.D., Co-Chair (410) 938-3891

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

Membership & Recruitment

Constance N. Lacap, D.O., Co-Chair (410) 462-5799
Carol Vidal, M.D., Ph.D., MPH Co-Chair (410) 614-8014

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

Program & Continuing Medical Education

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

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

Special Member Rate for MPS Directory Ad

MPS members can advertise their practice, new office location, specialty, new book, etc. for a special members-only rate of \$100 for 1/3 page in the directory. The 2022-2023 directory will be out in fall 2022, so order soon!

For details, email Meagan at mfloyd@mdpsych.org.

Member Spotlight Opportunity

Have you recently worked on an exciting research project? Reached a milestone in your career and want to share it with other MPS members? Have some good advice for younger psychiatrists who are just starting their careers? Submit a short article and photo through this [Google Form](#) to showcase your experiences with the MPS community.

Maryland News

Maryland Telehealth Update

The Maryland Health Care Commission's study of telehealth as required by the law enacted in 2021 continues. An analysis is underway of over 1,000 responses to the provider survey and 78 consumer interviews. A claims analysis continues to ascertain the number of audio-only and audio-visual services before and during the public health emergency. Focus groups have been held with advocates for consumers of behavioral health services and representatives from behavioral health provider organizations (Heidi Bunes participated on behalf of the MPS). [Please click here](#) for more information.

MHCC Telehealth Resource

The Maryland Health Care Commission (MHCC) is sharing a [telehealth flyer](#) with tips for behavioral health providers related to client readiness and engagement in telehealth. Also included are links to resources that can help remove barriers to telehealth access and use, particularly for vulnerable groups. The MHCC [Telehealth Virtual Resource Center](#) may also be useful.

MDH Alerts Hospitals to Bed Registry

Secretary Schrader sent a [letter](#) to Maryland hospital CEOs and presidents about a pilot to help manage their psychiatric bed capacity and emergency department backlog. It includes a hotline for emergency department staff to locate available beds for patient referrals. The online psychiatric bed locator is updated twice daily for available, staffed beds by category — Geriatric, General Adult, Co-Occurring, Adolescent, and Children. MDH requests that hospitals use this resource and accept appropriate referrals through this system for their open beds. Sheppard Pratt is supporting MDH to develop the business processes for this pilot, which is the precursor developing a discharge planning coordination unit at MDH.

Mental Health First Aid Training for HBCUs

MDH [announced](#) the launch of Mental Health First Aid Training in Maryland's historically Black colleges and universities (HBCUs). Mental Health First Aid Training is a national certification program providing skills-based training to identify the signs and symptoms of mental health or substance use challenges. The initiative aims to train 20,000 students, faculty, and staff members across four HBCUs — Bowie State University, Coppin State University, Morgan State University and University of Maryland Eastern Shore — over the next four years.

New Balance Billing Law

[HB 912/SB707](#) Health Insurance - Provider Panels - Coverage for Nonparticipation, signed into law on May 12, prohibits balance billing when consumers get approval to go out of network for mental health (MH) and substance use disorder (SUD) services when their private health plan networks are inadequate. The legislation has a three-year sunset, so we want to demonstrate the impact of this new law to ensure continuation. Under the bill:

- Carriers are required to inform their members about their procedures to request a referral to go out-of-network.
- Consumers are protected against balance billing when they get carrier approval to go out-of-network.
- The Health Education and Advocacy Unit (HEAU) and the Maryland Insurance Administration (MIA) must do public education to inform consumers about this right.

Advocates will monitor for potential adverse consequences, such as reimbursement rate reductions for network providers, protracted negotiations on single case agreements and delays in contracting and treatment.

The law is effective July 1.

BHA Crisis System Updates

- The Behavioral Health Administration (BHA), in partnership with the Medicaid Administration, is writing COMAR regulations (10.63) for substance use residential crisis beds, mobile crisis team and walk-in/crisis stabilization centers.
- Working on the development of the crisis assessment tool (CAT). The tool is being modified for adults in crisis. Dr. John Lyons, creator of the CAT, is scheduled to present at the June 21, 2022, Maryland Crisis System Workgroup.
- Partnering with the University of Maryland Innovations Institute to complete an Environmental Landscape Analysis for the Adult Crisis System. A similar analysis has been completed for the children, adolescent, young adult system.
- Continuing to meet with stakeholders around the state to present the crisis system model and obtain feedback. Presentations have included: Montgomery County Coalition, and the Maryland Hospital Association.
- Continuing to work with MDH- Operations on Facilities Master Plan on the Regional Crisis Hub REOI; due to be released late May.

From the [May 2022 BHA Update](#)

Maryland News

May 1 MedChi HOD Highlights

At the recent MedChi House of Delegates meeting, there were several points of emphasis including adopting policy in support of equitable access to and coverage for high quality gender-affirming care, encouraging research into evidence-based practices on protecting patient health information, and committing to supporting the medical community's role in addressing environmental justice. MedChi also officially confirmed a new IDEA (Inclusion, Diversity, Empowerment, and Advocacy) committee as a permanent committee.

MedChi continues to assist with helping medical practices remain independent through the Center for Private Practice resource. MedChi is also actively looking to protect physician interests as Maryland healthcare shifts to Value-based care, and has already met with CareFirst to ensure physician and patient protections.

MedChi has signed a partnership with Figure 1 which is the largest active network of healthcare professionals in the world. Figure 1 is a forum where providers can collaborate in real time on challenging cases. Access to Figure 1 is free to all MedChi members.

MedChi was very active during this legislative session, particularly regarding Scope of Practice Bills. HB790/SB311, which would have allowed Podiatrists to refer to themselves as podiatric physicians, was defeated. SB 808/HB961, which would have allowed Physician Assistants to practice without supervision, was withdrawn. HB 276/SB518, which would have allowed Clinical Nurse Specialists to have prescribing authority, did not pass out of either the House or Senate.

The MedChi Operations report can be found [here](#).

The MedChi President's report with legislative highlights can be found [here](#).

The MedChi Final Reports and Resolutions can be found [here](#).

*Enrique Oviedo, M.D.
MedChi Delegate*

MedChi Launches MedCast

Last month, MedChi issued its first in a free podcast series called [MedCast](#). Created and produced by MedChi, it will spotlight prominent Maryland physicians and thought leaders in medicine. The first podcast features an interview with MedChi President Loralie Ma, which is [available here](#). The next bi-weekly installment has Dr. Willarda Edwards, candidate for AMA President-elect.

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**:

June 9: [Managing Stress in Times of Change](#)
Cheryl Mirabella, MA, NHC.

June 23: Pending

July 14: [Finding Structure in Chaos: Enhancing Well-Being and Operational Sustainment for Healthcare Workers in COVID-19 and Beyond](#)
Joshua C. Morganstein, M.D.; Moderator TBD.

Cannabis Medicine CME

The MedChi Medical Cannabis Committee will hold a CME on Cannabis Medicine: Practical Guidelines for the Practitioner on June 7 at 7 PM via Zoom. [Click here](#) for more info or to register.

988 Update

Companion bills from the 2022 legislative session, *Behavioral Health Crisis Response Services—9-8-8 Trust Fund*, designate 988 as the phone number for Maryland's suicide prevention and behavioral health crisis hotline and establish a funding source to support behavioral health crisis call centers in Maryland. Congress designated 988 as the new phone number the National Suicide Prevention Lifeline.

On July 16, 988 will go live and all phone companies will route 988 calls to local crisis call centers that are part of the Lifeline network. Maryland's eight existing local call centers are being funded to support this influx of calls for help with 24/7 free, confidential support.

Optum Maryland Updates

A [Procedure for Resolving Disputes Over Negative Balances](#) was posted to the Optum Maryland website on May 18 for providers to view.

Maryland News

CDS Application Processing Update

Because of the cyber-attack on the Maryland Department of Health (MDH), the Office of Controlled Substances Administration (OCSA) is issuing temporary Controlled Dangerous Substances (CDS) registration letters. When MDH data systems are restored, OCSA will issue permanent CDS registrations to replace them. **An application must be submitted to obtain a temporary registration.**

For New or Renewal applications please apply online at <https://egov.maryland.gov/mdh/cds>

For Pending registrations please contact Maryland.OCSA@maryland.gov

If you have submitted a renewal application two weeks prior to the expiration date you may continue to practice until a final determination is made.

Temporary CDS registration letters are currently being issued with an expiration date of November 30, 2022. Paperless CDS registration certificates will be sent electronically to the email address listed on the application. Please ensure the email address on the application is correct.

Previous temporary CDS registration letters were issued with an expiration date of March 31, 2022. **The expiration date on these temporary CDS registration letters has been extended until November 30, 2022.** CDS registrants with temporary registrations expiring March 31, 2022 can continue to practice with the temporary registration letter in conjunction with the [extension notice](#), which states "All temporary Controlled Dangerous Substance (CDS) registration with an expiration date of March 31, 2022 will be extended until November 30, 2022."

2022-2026 State Plan for Alzheimer's and Related Dementias

The Maryland Department of Health [announced](#) the 2022-2026 State Plan to Address Alzheimer's Disease and Related Dementias. [The updated plan](#) replaces the initial document created in 2012 and includes strategies to assess the current landscape for a better understanding of the underlying risks of dementia, and the needs of residents impacted by dementia. The plan's release coincides with the upcoming start of national [Alzheimer's and Brain Awareness Month](#) on June 1, when events and activities will promote Alzheimer's as a national priority and create awareness of the disease's impact on individuals, families and communities.

Resources and Opportunities for Serving Asian Americans

Asian American Health Initiative (AAHI) is part of Montgomery County's Department of Health and Human Services. The mission of AAHI is to improve the health and wellness of Asian American communities in Montgomery County by applying equity, community engagement, and data-driven approaches. AAHI offers a host of information around mental health and wellness, among many other health topics affecting Asian Americans. Visit the Resource Library for an array of resources available in English, Chinese, Vietnamese, Korean, and Hindi: <https://aahiinfo.org/aahi-resources/>.

- To increase access to linguistically and culturally sensitive mental health providers, AAHI is building a Mental Health Provider Directory. To be included, go to <https://tinyurl.com/AAHIMentalHealthProvider>. The therapist list will be displayed on our website and distributed to community members.

- For FREE copies of AAHI's Mental Health Photonovel in multiple languages, go to <https://tinyurl.com/AAHIMentalHealthResources>.

- Other resources include: [Mental Health Toolkits](#), [Asian Hate -Bias Resource Guide](#), [COVID-19 and Mental Health Video Series](#) in 5 Asian languages

- Cultural Competency Training is available for Service Providers via a 2-hour program to increase cultural, health, and wellness knowledge of Asian American communities. For details, please contact Sami Sapkota at Samikshya.Sapkota@montgomerycountymd.gov.

- We are looking for experts to present information on a range of health and wellness-related topics at AAHI community workshops or events. To join our Speakers Bureau, visit <https://tinyurl.com/AAHISpeakers>.

*Samikshya (Sami) Sapkota, MPH
AAHI Behavioral Health Coordinator*

Caring for Ukrainians

With the arrival of displaced Ukrainians to the United States, the Maryland Department of Health is providing information about certain potentially common, communicable diseases that may be present among these newcomers seeking care at health facilities. [Click here for details](#).



Maryland News

Maryland Parity Enforcement Update

As a result of the Maryland Parity Coalition's legislative advocacy in 2020, and regulatory advocacy throughout last year, carriers in Maryland are required to submit reports on how they comply with the Parity Act. They were required to submit reports to the Maryland Insurance Administration (MIA) on their non-quantitative treatment limits by March 1 and prepare and post their public-facing summary report on their website by April 1. Supplemental data forms were also supposed to be sent to the MIA on April 1. The following summary reports had been posted as of early May:

- CareFirst: <https://member.carefirst.com/carefirst-resources/pdf/cf-mia-mhpaea-nqtl-summary-2022.pdf>
- Aetna (select Maryland from the dropdown): <https://www.aetna.com/individuals-families/member-rights-resources/rights/state-specific-information.html>
- Cigna (scroll down to Maryland): <https://www.cigna.com/legal/compliance/disclosures>
- Kaiser Permanente: <https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/support/forms#NQL>

UnitedHealthcare (UHC) had not submitted a timely report to the MIA for all plans, which was not an excused delay. The legislation provides penalties for incomplete reports.

The MIA has also reported that, based on its initial review of the full reports, the carriers have provided insufficient information and data, even though they have been aware of the compliance analysis requirements under both state and federal law. The MIA indicated that it will aggressively pursue the carriers to obtain complete information.

*Ellen Weber, J.D., SVP for Health Initiatives
[Legal Action Center](#)*

Equal Treatment Maryland

The Maryland Behavioral Health Coalition is launching "Equal Treatment Maryland," a coordinated effort to educate candidates for office about the rising demand for mental health and substance use services. Over the next several months, the campaign will seek commitments from candidates to ensure all Marylanders have access to quality behavioral health care when and where needed. Success will largely depend on Marylanders across the state standing up and speaking with one voice to demand **Equal Treatment** for friends and loved ones living with mental health and substance use disorders. Over the coming weeks and months, watch for ways you can get involved and make your voice heard!

No Surprises Act Update

A [May 10 AMA news post](#) reports that although the [No Surprises Act](#) took effect in January, its implementation is still playing out. CMS has posted its [letter to Maryland officials](#) about their agreement on enforcement and resolution of the Act. The federal law generally creates a floor, but state law can apply when it provides better patient protections.

The Act is intended to protect patients from unexpected medical expenses when they receive emergency care at facilities outside their insurance network or from out-of-network physicians or other nonphysician clinicians at an in-network hospital, ambulatory surgery center or freestanding emergency department. The following resources may be helpful to MPS members:

- Maryland Insurance Administration [webpage](#) explaining the No Surprises Act for consumers.
- APA [summary of the key requirements](#) along with links to templates.

Carriers Propose ACA Premiums for 2023

The Maryland Insurance Administration (MIA) [announced](#) it has received the rate filings containing the proposed 2023 premium rates for Affordable Care Act (ACA) products offered by health and dental carriers in the Individual, Non-Medigap (INM) and Small Group (SG) markets. By law, the Commissioner must disapprove or modify any proposed rates that appear excessive or inadequate in relationship to the benefits offered or are unfairly discriminatory. The MIA will hold a public hearing on the ACA proposed rates in July and expects to issue decisions in September 2022.

In the INM market, carriers have requested an overall average rate increase of +11%. The overall average rate increases requested for 2023 are higher than in the last several years. For the SG (50 or less full-time equivalent employees) market, the overall filed average annual rate change is an increase of +10%. Please see the [press release](#) for more details.

Interested persons may review filings and submit comments through August 12. In addition, anyone can participate in the public hearing scheduled for July 11 at 10 AM. Written testimony for the public hearing can be emailed to healthinsuranceratereview.mia@maryland.gov and must be received by 5 PM on July 6 to be addressed at the hearing.

Maryland News

Updated Fees for E&M Codes

The Maryland Department of Health (MDH) has issued corrected fee schedules for Evaluation and Management Codes effective for July 1, 2021 through December 31, 2021. The corrected fee schedules are via the link for each document:

- [PMHS Individual & OMHC E&M fee schedule effective 7/1/21-12/31/21](#)
- [SUD E&M fee schedule effective 7/1/21-12/31/21](#)

Optum Maryland will reprocess claims for dates of service July 1, 2021 through December 31, 2021 that were billed at the higher rate. The expected completion date for reprocessing is June 30, 2022. **Providers who billed at a lower rate than the corrected fee schedule, will need to submit corrected claims with the new rate.** Please see the [May 26 Provider Alert](#) for more details.

AMA Resources for Behavioral Health Integration

Different approaches can be taken by private practices to integrate behavioral health into primary or specialty care for adults. The following resources can help guide the decision on whether to integrate:

- [Behavioral Health Integration for Adult Populations](#)
- [Behavioral Health Integration for Pediatric Populations](#)

Reimbursement for MAT Free CME

Joel Brill, M.D. will present a live one-hour webinar on **June 3 at 1 PM** entitled An Overview of Reimbursement for MAT: Utilizing the Toolkit and Telehealth Updates. One free CME credit is available. [Click here](#) for educational objectives and to register.

June is PTSD Awareness Month

Since the 2014 Senate Resolution, June has been designated "National Post-Traumatic Stress Disorder Awareness Month," intended to raise public awareness about issues related to PTSD, reduce the stigma associated with PTSD, and help ensure that those suffering from the invisible wounds of war receive proper treatment. For ways you can participate, see the Veterans Affairs [awareness month calendar](#).

Are you a General Member? Become an APA Fellow!

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

Recovery Innovation Challenge

SAMHSA [announced](#) its first-ever behavioral health Recovery Innovation Challenge. The goal is to identify innovations developed by peer-run or community-based organizations, and entities that may partner with them—such as local or state governments, health systems, hospitals, or health plans—that advance recovery. SAMHSA defines [recovery](#) as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. The submission deadline is July 15. The purse prize is up to \$400,000. For more information, view [SAMHSA's Recovery Innovation Challenge webpage](#).

Center of Excellence on Social Media and Mental Wellness

SAMHSA [announced](#) \$2 million in annual funding to establish a national center of excellence (CoE) on social media and mental wellness. The CoE will develop and disseminate information, guidance, and training on the impact—including benefits and risks—that social media use has on children and youth, especially the risks to their mental health. It will also examine clinical and social interventions that can be used to mitigate the risks. Please see the [press release](#) for more details.

HIPAA Regulations Fact Sheet

A [new fact sheet](#) summarizes important provisions in HIPAA Administrative Simplification regulations designed to streamline and simplify health care transactions using standards, operating rules, unique identifiers, and code sets that save time and money. The fact sheet includes links to the regulations for easy reference.

2022 Annual Meeting of the AMA House of Delegates

The AMA House will meet June 10 -15. The agenda includes:

- [BOT 13: Use of Psychiatric Advance Directives](#) (PDF)
- [Resolution 703: Mandatory Reporting of All Antipsychotic Drug Use in Nursing Home Residents](#) (PDF) (Introduced by Maryland)

Visit the [Annual Meeting webpage](#) for meeting dates, other reports and resolutions, agenda, election information and more.

New Maternal Mental Health Hotline

HHS [announced](#) the Mother's Day, May 8, launch of the Maternal Mental Health Hotline, a confidential, toll-free hotline for expecting and new moms experiencing mental health challenges. Those who contact the hotline via call or text to **1-833-9-HELP4MOMS** can receive a range of support, including brief interventions from trained counselors who are culturally and trauma-informed, as well as referrals to both community-based and telehealth providers as needed. Callers also will receive evidence-based information and referrals to support groups and other community resources.

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.

Joanne K. Lataillade, M.D.

Revisiting Chronic Pain

CMS released a visual depicting the [Chronic Pain Experience](#) based on the experiences of those living with and treating chronic pain.

The CDC is updating the 2016 its Guideline for Prescribing Opioids for Chronic Pain to help advance effective, individualized, patient-centered care. The focus is on ensuring appropriate use as a clinical tool and to avoid misapplication of the guideline itself.

CMS identified the importance of effective treatment and management of pain as Goal 3 in the [CMS Behavioral Health Strategy](#).

PRMS Fact vs. Fiction Resource

Your longtime psychotherapy patient is moving out of state. The patient is doing very well and is on no psychiatric medications. You check on the patient's new state and find there is no applicable exception to licensure, so you resign yourself to having to choose between terminating treatment with this patient or getting licensed in the patient's new state. You have a fleeting thought that since you are not prescribing medications, not even non-controlled substances, you should not need to worry about licensure requirements in the patient's state. You then decide that since psychotherapy is the practice of medicine, you need to comply with licensure requirements, so you start the arduous process of applying. What do you think – fact or fiction?

ANSWER: Fact! You do need to comply with the licensure requirements of the patient's state (as well as your own, if different). While some states have exceptions to full licensure, such as a telemedicine license, or not requiring a license for very few contacts with the patient in the state, most states require full licensure. And this is true regardless of whether medications are prescribed. However, your compliance with the patient's state licensing requirements may not be sufficient to allow you to prescribe controlled substances to that out-of-state patient.

In the event you need to prescribe controlled substances to patients in a different state, keep in mind that once the federal Public Health Emergency (PHE) ends, the DEA will likely go back to requiring a DEA registration in both your state and the patient's state, if different. (This is a long-standing requirement that existed prior to the pandemic, but enforcement was temporarily waived by the DEA for the duration of the PHE.) This may be problematic because, in addition to requiring a license in the patient's state, the DEA also generally requires a practice address in the patient's state to issue the DEA registration. Remember that controlled substances are in a closed system with the DEA responsible for tracking them from manufacture to prescribing, and unannounced visits to prescribers' practice locations currently remain a part of this process. Prior to paying the significant non-refundable fee for a DEA registration in another state, consider seeking confirmation from the DEA that it is needed and can be obtained without a practice address. Here is [contact information](#) for assistance with DEA registrations.

Have You Published Lately?

The MPS would like to highlight recent journal articles published by its members. If you have published within the past year, please email the title, publication, date and preferably a link to mpps@mdpsych.org. Please also include a photo and a sentence or two summary, if possible.

APA News & Information

Assessing the Need for Psychiatric Beds

A new report, "The Psychiatric Bed Crisis in the U.S.: Understanding the Problem and Moving Toward Solutions," describes a computer-simulation model for assessing the need for psychiatric beds that was developed by the APA Presidential Task Force on Assessment of Psychiatric Bed Needs in the United States. The model, which will be continually refined, can predict how changes in any component of mental health care in a community—mobile trauma teams, assertive community treatment, residential services, inpatient beds—will impact other components and the overall capacity to care people with mental illness. [Click here](#) for details.

Call for Pierce Award Nominations

Nominations for the **2023 APA/APAF Chester M. Pierce Human Rights Award** are due **July 1**. This award recognizes the extraordinary efforts of individuals to promote the human rights of populations with mental health needs by bringing attention to their work. The [award page](#) includes nomination criteria. Email [Omar Davis](#) for more info.

20% Member Discount for DSM-5-TR

Developed with the help of more than 200 subject matter experts, [DSM-5-TR](#) includes revised text, clarifications to diagnostic criteria, incorporation of information on the impact of racism and discrimination on mental disorders, and updates to ICD-10-CM codes since 2013.

Online APA Annual Meeting

New for 2022, APA is hosting an **online-only Annual Meeting experience**, two weeks following the live meeting in New Orleans. From **June 7-10**, psychiatrists can connect to this annual scientific program from the comfort of a home or office. [Click here](#) for more details or to register.

FREE APA Course of the Month

Each month, APA members have free access to an on-demand CME course on a popular topic. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

New APA President

At the annual meeting last month APA President Rebecca Brendel, M.D., J.D. embarked on her year in office. [In a Q&A](#), she shares her goals and objectives and calls on members to be open to new ideas and possibilities.

New APA Maternal Health Initiative

The APA has launched an initiative aimed at identifying clinician training gaps. The Mental Health Needs Assessment in the Management of Perinatal Psychiatric Disorders initiative will perform a needs assessment via focus groups of women with mental and substance use disorders before, during, or up to two years post-pregnancy. Focus groups will also be held with mental health professionals who treat pregnant women. The initiative is supported by a \$447,209 grant from the CDC Foundation. A 20-member advisory panel of psychiatrists and other mental health clinicians with expertise in maternal mental health will inform the project. The [news release](#) includes more information.

PsychPRO Adopts bhworks Platform

The APA is now using the [bhworks software platform](#) from mdlogix to collect data for its [PsychPRO](#) mental health registry, which helps psychiatrists validate quality patient care, minimize the burden of data collection and reporting, and improve outcomes. bhworks has been leveraged to address mental and behavioral health issues in hospitals, primary care facilities, local health departments, schools, community organizations, and workplaces. MPS member Allen Tien, MD, MHS, is president and chief science officer of mdlogix.

APA Responds to School Shooting & Offers Resources

The APA offers resources vetted by physicians on coping with recent tragedies, like the recent shootings in Uvalde, Buffalo, Houston, and too many other cities in the U.S., and talking with children to help them through these events. [Please click here](#) for more information.

Make a Difference at APA

Members of the APA Board of Trustees make the decisions that ultimately steer the organization and impact patients. Nominate yourself or a colleague for the following national offices for 2023: president-elect, secretary, minority/underrepresented representative trustee, and resident-fellow member trustee-elect. To reflect APA's diversity, members of minority or underrepresented groups are especially encouraged to run for office. The deadline for nominations is **September 1**. Email election@psych.org to submit a nomination or obtain more information.

Medicare Updates

Preliminary 2021 MIPS Performance Feedback

Preliminary feedback for 2021 is available via [sign in](#) to your QPP account using your HARP credentials. Please note:

- The final score should be available to preview in mid-June while CMS calculates MIPS payment adjustments.
- Final performance feedback, including MIPS payment adjustments, will be available in early August.
- 2021 is the last year that CMS will automatically calculate a group level quality score from Medicare Part B claims measures reported for individual clinicians.

CMS has posted [resources](#) for small, underserved, and rural practices.

Billing for Medicare Psychotherapy Services

A Novitas reminder about on billing psychotherapy services is [available here](#). Following are some highlights; please see the link for details. The medical record must indicate length of time spent in the psychotherapy encounter. E/M services performed on the same day as a psychotherapy service by the same physician must be significant and separately identifiable to bill for both. Codes 99354-99357 are used when a physician provides prolonged service(s) involving direct patient contact beyond the usual E/M service. CPT codes 90832, 90834, and 90837 should not be reported with a unit of service greater than one except when performed in a Medicare partial hospitalization setting, place of service (POS) 52. Effective July 1, services will be denied when reporting more than one unit of service (except for POS 52).

Medicare Mental Health Booklet Revised

CMS has updated this [publication](#) with new requirements effective January 1, 2022, including the following notable changes:

- Interactive telecommunications systems can include interactive, real-time, 2-way audio-only diagnosis, evaluation, or mental health or substance use disorder telehealth services treatment technology when the patient is in their home (page 6).
- Revised regulations require an in-person visit within 6 months before furnishing telehealth mental health services, and every 12 months while the patient gets telehealth services, unless physician and patient agree risks and burdens outweigh an in-person visit benefits and it's documented in the medical record (page 24).

Help With Connectivity

The CMS [Affordable Connectivity Program](#) announced last month will help reduce the cost of broadband services for eligible households that cannot afford internet service and devices. Addressing access disparities is important for telehealth, and this could help many Marylanders. Please also see the [fact sheet](#) for benefits, eligibility requirements and other details.

Curbside Conversations

An MPS members-only resource, **Curbside Conversations**, is members with in-depth knowledge of specific areas having informal chats with other MPS members seeking that information. The discussions are not formal consultations, but rather a collegial resource offered voluntarily to others in the MPS community. Contact information for volunteer experts is available to MPS members only via email to mps@mdpsych.org. Following are some of the areas that are included:

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

There are other categories with limited participation so please [click here](#) if this list doesn't address your need.

Remember to consider this option whenever you're looking for information related to patient care!



CLASSIFIEDS

POSITIONS AVAILABLE

The Division of Child and Adolescent Psychiatry at the Johns Hopkins University and Kennedy Krieger Institute is seeking faculty child and adolescent psychiatrists committed to excellence in clinical care, education, and/or research at all academic levels. Our rapid growth and integration within the acclaimed Johns Hopkins Health System and Kennedy Krieger Institute, the world's premier institution dedicated to improving the lives of young people with neurodevelopmental disorders, allow us to craft positions tailored to individual skills and interests. Unique opportunities exist in pediatric emergency and inpatient psychiatry, suicide prevention, mood and anxiety disorders, neuropsychiatry, and community mental health. Those interested are encouraged to contact: Cindy Haynes chayne12@jhmi.edu (410) 955-2320.

PT Physician Program Specialist: Part-time Adult/Child/Adolescent PSYCHIATRIST needed to help interpret psychiatric and psychological evidence, prescribe psychiatric and psychological evaluation needs and participate as the medical consultant in adjudicating disability claims for Maryland Disability Determination Services. For more information and to [APPLY, click here: Physician Program Specialist – Adult/Child Psychiatry](#)

OFFICE SPACE AVAILABLE

Ellicott City/Waverly Woods/Columbia/Glenelg: near Rt. 70, RT. 32 and Rt. 29. Office and Group room is in a beautiful suite ready for Daily and Hourly rentals. Includes large fully furnished offices with 2 windows, Chairs for groups, large beautifully decorated waiting room, receptionist/file room, 2 bathrooms, Kitchen and a warm community of other therapists (including a psychiatrist) who cross refer. WiFi and fax available. Free ample parking. Great option to hold telehealth sessions. Contact Jenniferplassnig@gmail.com or 410-203-2411.

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.

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.

CATHOLIC CHARITIES

CHERISHING THE DIVINE WITHIN ALL

Every day, at our 80 programs at 200 locations throughout Maryland, Catholic Charities of Baltimore serves children and families, immigrants, individuals with intellectual disabilities, people living in poverty, and seniors. Repeatedly designated as a Baltimore Sun Top Workplace, Catholic Charities is a dynamic, non-profit organization that encourages you to build a career where you make meaningful differences in the lives of Marylanders in need. Flexible schedules (including telehealth), excellent clinical supervision, robust administrative support, a close-knit psychiatry team, and competitive salaries and benefits have made Catholic Charities of Baltimore a long-term match for dozens of outstanding psychiatrists in the area. **We are currently hiring part-time (20-30 hrs/week) child and adolescent psychiatrists.** Contact Sue Franklin, Manager of Psychiatry Services, to learn about our cutting edge mental health programs and career opportunities with one of the largest psychiatry teams in Maryland. Sue can be reached on 443-564-5005 or sfranklin@cc-md.org. You can also learn about our programs on our website www.cc-md.org

Catholic Charities of Baltimore is an equal opportunity employer.

Rewarding Opportunities for Psychiatrists Across Maryland

SHEPPARD PRATT IS SEEKING PSYCHIATRISTS TO WORK ACROSS MARYLAND IN A VARIETY OF TREATMENT SETTINGS, INCLUDING OUR NEW STATE-OF-THE-ART BALTIMORE/WASHINGTON CAMPUS.

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Southern Maryland: Medical Director, Adult, Child & Adolescent

Consultation-Liaison Psychiatrist

REQUIREMENTS

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

WHY SHEPPARD PRATT?

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For more information, please contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or khilzendeger@sheppardpratt.org.

About Sheppard Pratt

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



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This part-time position is with our K-8 program at Kennedy Krieger School Programs' Fairmount Campus in East Baltimore, serving students ages 5-14.

Responsibilities include providing psychiatric evaluations and direct medication management for students, classroom observation, individual meetings with students, communication with parents, and communication with the school team and medical director. Attendance at team meetings may take place, as needed and as the schedule permits. Workdays and hours are negotiable. Supervision will be provided by the medical director.

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The photograph used here is meant for illustrative purposes only, and any person shown is a model.



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