

MPS NEWS

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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 September 12 at 7:30 PM. All members welcome!

President's Column

MPS Signs on an Amicus Brief for Gun Safety Education

The month of July started with the tragic death of two people and wounding of 28 others in a mass shooting at a block party in Baltimore. Half of the victims were under the age of 18. Homicides by firearm continue to be rampant in central Maryland, with Baltimore maintaining its ranking as second city with the highest murder rate in the United States (51 murders per 100,000 inhabitants), just after St. Louis, Missouri.

Too often injuries by firearm are considered the realm of first responders, emergency room staff, and the judiciary system. But as psychiatrists, we see the effects of firearm injuries in many of our patients: those who are victims or witness gun violence and later suffer from related anxiety or even posttraumatic stress disorder, and those who contemplate and sometimes die by suicide. After all, more than half of firearm deaths are deaths by suicide, a crisis that psychiatrists often work to prevent and manage.

According to the Pew Research Center, the rates of gun deaths in the U.S. increased after the pandemic, especially among children and adolescents whose firearms deaths rose by 50% from 2019 to 2021, surpassing car accidents as a cause of injury. As psychiatrists, we are highly aware of the risks of firearms in the home, not only when children are present, but also when people are in crisis, at risk for aggression, or contemplating dying by suicide. For that reason, limiting access to lethal means and providing education about the risks of access to firearms for those in crisis becomes so key.

MPS has been active in gun violence prevention and awareness. Led by our Legislative Committee, MPS has taken position and our members have testified on several gun laws, including secure storage and child Protection access laws, Extreme Risk Protective Orders, and Federal Gun Violence Prevention Research Funding.

Like MPS, local governments are acting to prevent firearm deaths. In 2022, the Anne Arundel County Council passed an ordinance requiring that gun stores hand out information pamphlets about suicide risk factors and non-violent conflict resolution. While this ordinance was supported by the National Shooting Sports Foundation and the firearms trade association, both of which approved the pamphlet, it has been challenged by five gun rights organizations. In response, Michael Dell and colleagues from Kramer Levin Naftalis and Frankel LLP have prepared an [Amicus Brief](#) on behalf of the American Academy of Pediatrics to give support to the Anne Arundel County ordinance. With this Amicus, parties with a strong interest in the matter, even though not involved directly in the court action, can share their opinion with the goal to influence the court's decision. This is the first case on this topic in which a federal court of appeals is being asked to address a challenge to disclosures for gun sales. In addition to MPS, the American Medical Association, The Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Washington Psychiatric Society have signed on to this Amicus Brief.

In essence, the Brief notes that physicians are on the front lines of the firearm and mental

health crises, and that state and local governments should respond to the firearm violence, including suicide and violence against others by "distributing potentially life-saving information to gun purchasers regarding firearms, suicide prevention, conflict resolution, and safe firearm storage."

The truth is that while my many gun owners are aware of the dangers of firearms in the home, only about half safely store all their firearms. This poses a danger to children, of which around 4 to 5 million live in homes with at least one firearm that is not safely stored or secured, and to adults in crisis and at risk to hurt themselves or others.

Previous research has shown that people are receptive to learning about firearm safety from a pamphlet, and that educational interventions can change people's perspectives and increase the likelihood of safe storage. For example, lethal-means counseling increases by approximately 30% the likelihood that a firearm owner will use a locking device six months later.

Opponents of this bill have questions about whether the First Amendment prevents local governments from promoting public health and safety by requiring businesses to provide factual information concerning their products. Information in the pamphlet covers the multi-level risk factors for suicide, including health and environmental factors, the different levels of suicide risk depending on the individual, and the multicausality of suicide, and mentions "access to lethal means, including firearms" as one of the many factors. The pamphlet also contains information about suicide warning signs, and resources such as those related to safe storage.

For every health decision in any field of medicine and public health, we need informed consent that includes a breath of information on risks. Firearm deaths are a public health issue, and as such, governments should be able to establish disclosure requirements and warnings for these products. This is not new. For example, tobacco companies are required to label their products and warn about the association of tobacco and cancer; alcoholic containers must warn about the effects of alcohol consumption on the ability of people to drive or operate machinery; certain children's toys are required to have warnings about choking hazards; fireworks, poisonous chemicals and medications also require warnings and labels; New York City has required that foods containing added sugars or high sodium warn the consumer about the health effects on obesity and hypertension; and hospitals in California are required to inform parents about child passenger restraints in cars.

One can only make educated decisions when fully informed. For these reasons, MPS Council proudly decided to support this [Amicus Brief](#) as a public health intervention.

Carol Vidal, M.D., Ph.D.

Provisional CDC Data on 2022 Gun Deaths

The Johns Hopkins Center for Gun Violence Solutions [reported](#) on 2022 CDC provisional data, noting that gun suicides reached an all-time high in 2022 and gun homicides were down slightly from 2021. Guns remained the leading cause of death for children and teens in 2022. Gun violence continued to disproportionately impact Black children and teens, who have a gun homicide rate 20 times higher than their white counterparts, and the gun suicide rate among Black teens surpassed the rate among white teens for the first time.

Updated Mental Health and Crisis Resources

The Behavioral Health Administration updated its [Coping with Violence resource guide](#), which includes tips and resources for those impacted by incidents of violence and mass shootings, including youth, parents and caregivers, teachers and behavioral health professionals.

Member Update Forms

Your member update form was sent in May via USPS, along with your member survey. Please ensure that your information on file with MPS is up to date as the MPS membership directory will be published next month. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. Please indicate all insurance plans where you participate. You can also log in to your member account on the MPS website to directly enter updates. **Directory changes are due by August 10th.**

LAST CALL - 2023 MPS Member Survey

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

INCENTIVE: Three respondents who complete the entire survey and include their names will be chosen randomly 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!

The MPS Office is Moving!

Effective August 15, reach us at:

1211 Cathedral Street
Baltimore, MD 21201
Phone/Text: 410-625-0232
Fax: 410-547-0915

MPS Endorses Statement on Supreme Court Decision

As recommended by the MPS Community Psychiatry & Diversity Coalition, the Maryland Psychiatric Society (MPS) Council voted to endorse the statement by AMA President Jesse Ehrenfeld, M.D., M.P.H. that the [SCOTUS affirmative action ruling](#) "undermines the health of our nation." The ruling restricts consideration of race and ethnicity in college admissions decisions, which will make it more difficult to expand access to diverse health care providers and will negatively impact efforts to address health disparities. This endorsement is aligned with MPS legislative activity and its [mission statement](#).

Training to Meet New DEA Requirement

SAMHSA has a new webpage to help prescribers find training that fulfills the new requirement for applications and renewals for DEA registrations to prescribe Schedule II-V medications. Read more about the requirements and search for training if you need it at [this link](#).

As noted in prior MPS News issues, **all medical registrants submitting a new or renewing a current registration must now attest to completing an 8-hour training to treat patients overcoming opioid and other substance use disorders.** The DEA posted a [YouTube video](#) explaining the requirement. The [MPS shared its CME programs](#) that fulfill the requirement and provided details. [Learn more](#).

MPS Members Out & About

Robin Weiss, M.D. was interviewed for an article, [Months Later, Stimulant Shortage Persists](#), posted in the July 10 in *Psychiatric News*.

David Goodman, M.D. was quoted in a July 11 *Maryland Matters* article, [Shortage of drugs to treat ADHD continues as studies indicate increase in prescriptions](#).

Paul Nestadt, M.D. discussed mental health concerns related to legalization of adult use marijuana in Maryland in a July 14 *Baltimore Banner* article, [Using weed to improve your mental health? Not so fast, experts say](#).

On [September 7 at 6 PM at the Ivy Bookshop](#), **Dina Sokal, M.D.** will do readings from her book of short stories with themes relevant to psychiatry.

Proposed Parity Act Regulations

The Employee Benefits Security Administration in the U.S. Department of Labor [announced](#) the release of [proposed regulations](#) to update Parity Act implementation. Despite parity being the law since 2008, people seeking coverage for mental health and substance use disorder (MH/SUD) care continue to face greater barriers than when seeking medical or surgical benefits. The proposed updates to the 2013 regulations seek to fully protect patient rights and provide clear guidance to health plans on how to comply.

The Department of Labor, in consultation with the departments of Health and Human Services and the Treasury, also [issued a technical release](#) that requests public feedback on proposed new data requirements for limitations related to the composition of provider networks. They seek public comment on nonquantitative treatment limitations related to network composition and request input on an enforcement safe harbor for plans that submit data indicating that their networks of mental health and substance use disorder providers are comparable to networks for medical/surgical providers.

The [second Mental Health Parity and Addiction Equity Act's \(MHPAEA\) Comparative Analysis Report to Congress](#) and a [joint fact sheet on the Mental Health Parity and Addiction Equity Act enforcement](#) were also released. The concluding paragraph of the report to Congress states, "The Departments' experience indicates that increased investigations and other activity by the Departments, including outreach to interested parties and compliance assistance, are essential to the goal of ensuring parity between MH/SUD benefits and medical/surgical benefits. The Departments also believe that the protections of MHPAEA would be greatly strengthened with the enactment of many of the legislative recommendations noted in the January 2022 Report." The report also identifies plans and issuers that received final determinations of noncompliance with MHPAEA.

The proposal will be open to public comment for 60 days. Please [click here](#) for related documents.

To build support for the proposed Parity Act regulation for commercial insurance, the **Kennedy Forum is identifying individuals who have had problems accessing MH/SUD services** and are willing to share their experiences with the Administration and the media. Those interested in commenting should fill out this form: <https://www.thekennedyforum.org/parity-story-form/>.

Maryland News

Medicaid Coverage for Community Violence Prevention

Effective July 1, the Maryland Medicaid Administration introduced the [Community Violence Prevention Coverage program](#), which provides reimbursement for eligible community violence prevention services. Maryland is the second state to receive approval for this program, highlighting its commitment to community well-being. Covered services include mentorship, conflict mediation, crisis intervention, referrals to certified or licensed health care professionals or social services providers, patient education and screening services for victims of violence. "Community violence" means intentional acts of interpersonal violence committed in public areas by individuals who are not family members or intimate partners of the victim. "Community violence prevention services" are evidence-based, trauma-informed, support services for the purpose of promoting improved health outcomes and preventing future violence and further injury. Requirements for provider enrollment and training are at [this link](#).

Medicaid Generic vs Brand PDL changes

The Office of Pharmacy Services Medicaid Pharmacy Program Preferred Drug List changed effective **July 19**. Certain Brand name anticonvulsant, OUD treatment and stimulant drugs are now preferred over Generic. Please see [Advisory 249](#) for details.

Medicaid and CHIP Plan for MH and SUD

CMS released the [Medicaid and CHIP Mental Health \(MH\) and Substance Use Disorder \(SUD\) Action Plan Overview and Guide](#), with strategies for improving treatment and support. Areas of focus include improving coverage and integration to increase access, encouraging engagement in care, and improving the quality of care for MH conditions and SUDs.

Prior Auth Denials in Md Managed Plans

The HHS Office of Inspector General [found](#) that 37 states it surveyed had systemic problems with their prior authorization processes, leading to inappropriate denials of coverage. The three Maryland MCOs included in the study, Aetna Better Health of Maryland, Amerigroup Maryland, Inc., and UHC Community Plan of MD had 2019 prior authorization denial rates exceeding the 12.5% overall average. Amerigroup Maryland's rate was 26.8%. These rates are despite the Maryland Insurance Administration's review of prior authorization denials for appropriateness and use of denials data for oversight. [Click here](#) for the full report.

Network Adequacy Lessons

Following a 3-year review process, during which telehealth became a significant modality of care delivery, the Maryland Insurance Administration (MIA) has strengthened standards and oversight to improve substance use disorder (SUD) and mental health (MH) provider availability and accessibility. The MPS, Legal Action Center, and others carried out strong, sustained [advocacy with MIA](#) throughout the process. The final regulations retain key quantitative metrics to regulate and measure network sufficiency – travel distance, appointment wait time, inclusion of essential community providers, and provider-patient ratios – all of which impose quantitative standards for MH and SUD services that are comparable to or more protective than standards for medical/surgical services, as required under the Mental Health Parity and Addiction Equity Act (Parity Act).

The Legal Action Center's publication, [Building Better Networks and Improving Access to Substance Use Disorder and Mental Health Providers: Lessons from Maryland](#), explains the updated Maryland network adequacy standards and the timeline for implementation. New data reporting requirements create an opportunity to assess gaps in the availability of MH and SUD providers compared with availability of other medical service providers and identify possible violations of the Parity Act. The standards will advance efforts to improve accountability for carrier coverage of SUD and MH care and compliance with the Parity Act. Increased transparency of data submitted to the MIA will help ensure that consumers have access to information they need to exercise their right to insurance-based care and policymakers can continue to improve standards for network coverage.

Update on Prescription Drug Affordability Regs

The Maryland Prescription Drug Affordability Board (PDAB) approved [redrafted regulations](#) that establish a framework for its work. PDAB has authority to set upper payment limits for drugs it determines to be unaffordable. The limits will apply to what state and local government health plans pay to cover the drugs for their employees, which may bring down costs for all Marylanders. Regulations for setting upper payment limits have not been adopted yet. [Click here](#) for more information. A *Maryland Matters* [article](#) covers the July PDAB meeting. A proposal to amend the Prescription Drug Affordability Fund appeared in the [July 28 Maryland Register](#).

[SAMHSA awarded \\$900,000](#) to the Maryland Behavioral Health Administration for a five-site targeted **pilot intervention to support pregnant and parenting women in recovery** from substance and/or opioid use disorders successfully transition to community life.

Maryland News

Workshop on Utilizing the Sequential Intercept Model

In accordance with the Maryland General Assembly legislation from 2021 and 2022, the Governor's Office of Crime Prevention, Youth, and Victim Services' Centers of Excellence will host the *Annual State Summit on Behavioral Health and the Justice System: Utilizing the Sequential Intercept Model*. This workshop will take place on **October 23 and 24 from 8:30 a.m. - 3:00 p.m.** at 100 Community Place, Crownsville, MD 21032.

The free two-day event will open discussion regarding how individuals with behavioral health needs come in contact with and flow through the criminal justice system. Day one will include panel discussions for each intercept within the Sequential Intercept Model where participants will have a chance to ask questions about current resources across the state. Day two will focus on smaller breakout sessions to help identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system. For more information or to register, visit [State Summit on Behavioral Health and the Justice System](#).

BHIPP Training Archive

Full session recordings, presentation slides, and related resources for previous Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) Resilience Breaks and Mental Health Crisis trainings are available online. [Learn more](#) about mental health symptom presentation in pediatric patients, assessment, diagnosis, and treatment of disorders including ADHD, anxiety, behavior disorders, depression and more.

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](#). The programs run from **5 to 6 PM**:

August 10: [Mindfulness for Healthy Eating](#)
Amy Hatfield, MS, RD, LD.

NAMI Classes Enrolling Now

[NAMI of Baltimore Mental Health Education Classes](#) begin at the end of August. These are peer-taught classes, offering invaluable information and support for people living with mental health conditions and the people who love them.

NAMI Peer-to-Peer is an 8-week course for individuals with mental health conditions.

NAMI Family-to-Family is an 8-week course for family members and loved ones of an adult living with a mental health condition.

Click [here](#) to learn more and enroll.

Bowman Foundation Report on Access

In July The Bowman Family Foundation released a new report on its 2022 survey, [Equitable Access to Mental Health and Substance Use Care: An Urgent Need](#), that underscores the need for improved access to mental health and substance use care nationwide. Marylanders represent the largest percentage of people surveyed in this report, which highlights challenges across Maryland health insurance companies. Findings include:

- 57% of patients who sought mental health or substance use care were unable to access any care on at least one occasion between January 2019 and April 2022. For adolescents the number was 70%.
- 87% of patients of all ages who received mental health or substance use care in primary care felt they needed additional help from a mental health or substance use specialist. For adolescents, 98%.

The report identifies solutions that can address inequity in access to care, including expanding health insurer networks, integrating behavioral health services into primary care, expanding access to telehealth services, and properly enforcing parity laws. Maryland is taking steps to address the increased need, and progress is being made. But as evidenced by this new report, most individuals still cannot access mental health and substance use care when and where needed.

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 2023-2024 directory will be out in fall 2023, so order soon! For details, email Meagan at mfloyd@mdpsych.org.

Resident-Fellow Members' Post Residency Plans

Laura Ackerman, M.D. will be working as the acute psychiatry inpatient unit and the community psychiatry clinic at Johns Hopkins.

Shannon M. Bush, M.D. will begin a fellowship in Child and Adolescent Psychiatry at the University of Maryland, ending 2025.

Carolyn Craig, M.D. has moved to Alaska and will be working at Providence hospital and Counseling Center in Kodiak.

Christina Jacob, M.D. plans to join the staff at Healthy Foundations Group in Bethesda.

Jamie Jin Lee, M.D. will begin a fellowship in Consultation-Liaison Psychiatry at Thomas Jefferson University in Philadelphia.

Eryn Elizabeth Nagel, M.D. will begin a fellowship in Forensic Psychiatry at Columbia-Cornell in New York.

Maria Puzanov, M.D. will join the faculty at the University of Pittsburgh Medical Center in Pennsylvania.

Gulafsheen J. Quadri, M.D. has accepted a position at Catholic Charities in Baltimore.

Isabelle S. Seto, M.D. be continuing her training as an Addiction Psychiatry Fellow with The University of Maryland.

Amit Suneja, M.D. will begin a fellowship in Global Mental Health in partnership with HEAL through the University of California, San Francisco Weill Institute for Neurosciences.

We hope to hear about other members' post-residency plans and will include them in a future issue. Please send updates to mfloyd@mdpsych.org.

Attention Graduating Residents

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

Transfer of Initial eRx for CDS Between Pharmacies

The DEA announced a final regulation, [Transfer of Electronic Prescriptions for Schedules II-V Controlled Substances between Pharmacies for Initial Filling](#), which facilitates dispensing of electronic prescriptions for controlled substances. **Effective August 28**, it amends DEA regulations to allow transfers of electronic prescriptions for schedules II-V controlled substances between registered retail pharmacies for initial filling, upon request from the patient, on a one-time basis. The final rule requires that the transfer must be communicated directly between two licensed pharmacists, the prescription must remain in its electronic form, and the prescription information required by [21 CFR part 1306](#) must not be altered during transmission. It also stipulates that the transfer of electronic prescriptions for controlled substances (EPCS) for initial filling is permissible only if allowed under existing State or other applicable law, and only addresses the transfer of EPCS for initial filling NOT the transfer of EPCS refills, which is outlined in [21 CFR 1306.25](#). Further, the final rule does not change the existing requirements for all prescriptions, as outlined in [21 CFR part 1306](#), nor the requirements for electronic prescription and pharmacy applications, as outlined in [21 CFR part 1311](#).

First Report on No Surprises Act

The Assistant HHS Secretary for Planning and Evaluation (ASPE) issued the first in a series of [reports to Congress on the impact of the No Surprises Act](#) (NSA). The report establishes a framework for evaluating the law's impact on surprise billing, health care costs, and consolidation. NSA protects patients against the financial consequences of surprise bills, which occur when individuals with private health coverage receive unexpectedly high medical bills when they are unknowingly treated by an out-of-network (OON) provider. For items and services furnished in certain situations, the law places [requirements on providers](#) and health plans to limit patients' out-of-pocket costs. This report presents a conceptual model of how NSA may affect related outcomes such as in-network and OON pricing, insurance premiums, and quality of care. The next report is due January 2024.

Congratulations!

Johns Hopkins resident **Barry Bryant, M.D.** co-authored a [letter in JAMA Pediatrics](#) commenting on a paper showing adverse effects of screen time in children on attention and executive function, and noting the need to consider the implications within digital therapeutics more broadly, which could offer scalable solutions to limited provider access.

APA News & Information

APA CEO and Medical Director to Retire in May

Saul Levin, MD, MPA, FRCP-E, FRCPsych plans to retire from the APA effective May 31, 2024. Dr. Levin started his APA tenure in July of 2013. Under his leadership, APA has re-branded, moved its headquarters back to D.C. and purchased its office space. He oversaw the establishment of APA's registry and the build out of APA's Communications, Government Relations, Policy and Diversity and Health Equity teams. APA has appointed a search committee and retained the search firm Heidrick & Struggles. The position description for the job is [here](#). Send questions about the search to APACEO@heidrick.com.

Free Neurofeedback and Biofeedback CME

On July 11 **Kimberly Pesaniello, M.D.** presented a webinar, [Neurofeedback and Biofeedback in Psychiatric Practice](#), which is available in the APA online learning catalog. The 1 credit CME is free for members at the link above with login required.

Join APA Speakers Bureau

To diversify and broaden the APA's bench of public-facing experts, it seeks members to join its Speaker's Bureau. In addition to traditional media requests, the APA has other opportunities available for members who are willing to share their expertise. [Fill out this form](#) to participate. Please contact vtitterton@psych.org with any questions.

AI in Psychiatry

On **August 16 at noon**, join the APA webinar, "AI in Psychiatry: What APA Members Need to Know." The focus will be why AI has been in the news, key considerations around how "generative AI" and related technologies may affect mental health and the practice of psychiatry, and how to recognize the strengths and risks of AI-driven technologies. [Click here](#) to register.

Nominate State Public Servant for Javits Award

This year the Jacob K. Javits Public Service Award will be presented to a state public servant (legislator, regulator, other public servant) who has made a significant contribution to the support of those living with mental illness. To recommend a state public servant to be nominated by the MPS, please email mps@mdpsych.org by **August 15**.

Submit Abstracts for 2024 APA Annual Meeting

Abstract submissions are being accepted for the 2024 APA Annual Meeting, May 4 to 8 in New York City. The theme is "Confronting Addiction: From Prevention to Treatment." Submit ideas **by September 7** for general sessions, courses, and posters to the biggest psychiatric meeting of the year. [Click for details](#).

Award Nominations Invited

The APA recognizes psychiatrists and mental health advocates who have made exceptional contributions to psychiatry and mental health in a range of categories. Following are awards with upcoming deadlines:

- [Agnes Purcell McGavin Award for Distinguished Career Achievement in Child and Adolescent Psychiatry](#) (August 15)
- [Agnes Purcell McGavin Award for Prevention](#) (August 15)
- [Alexandra Symonds Award](#) (August 15)
- [Chester M. Pierce Human Rights Award](#) (August 15)
- [George Tarjan Award](#) (August 15)
- [Hartford-Jeste Award for Future Leaders in Geriatric Psychiatry](#) (August 15)
- [Jack Weinberg Memorial Award in Geriatric Psychiatry](#) (August 15)
- [Jeanne Spurlock, M.D. Minority Fellowship Achievement Award](#) (August 15)
- [John Fryer Award](#) (August 15)
- [Kun-Po Soo Award](#) (August 15)
- [Oskar Pfister Award](#) (August 15)
- [Simon Bolivar Award](#) (August 15)
- [Solomon Carter Fuller Award](#) (August 15)
- [Jacob Javits Award for Public Service](#) (August 31)

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.](#)

Medicare Updates

Proposed Medicare Changes for 2024

CMS [proposed 1.25% overall payment cuts](#) in its 2024 Medicare Physician Fee Schedule; payment increases for primary care and other direct care providers result in cuts in other specialties to achieve budget neutrality. The proposed [rule](#) includes a new add-on code to recognize costs associated with E/M visits for primary care and longitudinal care of complex patients that would result in additional payments for outpatient office visits.

[The AMA and other professional associations are calling for [payment reform](#) since budget neutrality provisions have contributed to a decrease in payments during a time when costs are increasing.]

CMS proposed five new optional Merit-based Incentive Payment System (MIPS) Value Pathways for reporting, including Quality Care in Mental Health and Substance Use Disorders, and proposed to increase the quality data completeness threshold and the performance threshold score that MIPS participants must achieve to see positive payment adjustments.

To expand access to behavioral health, CMS proposed allowing Marriage and Family Therapists and Mental Health Counselors (including Addiction Counselors who meet all the requirements to be a Mental Health Counselor) to enroll as Medicare providers. CMS proposed to pay for community health integration and principal illness navigation services provided by community health workers and peer support specialists when unmet social needs interfere with health care.

CMS proposed to pay for Intensive Outpatient Program (IOP) services performed by hospital outpatient departments, community mental health clinics, Federally Qualified Health Centers, or Rural Health Clinics. CMS also proposed to pay for IOP services provided by opioid treatment programs.

CMS proposed to change the required level of supervision for behavioral health services furnished "incident to" a physician or NPP's services at RHCs and FQHCs from direct supervision to general supervision, which could expand access to counseling and cognitive behavioral therapy, particularly in underserved communities. Additionally, CMS proposed to continue to allow opioid treatment providers to provide certain services via telephone or audio-only technology.

Finally, CMS proposed to pay 150% of the usual rate for psychotherapy for crisis services when care is provided outside of health care settings to better reflect the costs incurred, and to increase payment for substance use disorder treatment. CMS proposed additional payments for providers delivering primary and longitudinal care to help patients get

treatment and referrals for behavioral health care.

The comment period for each proposal expires on **September 11** for both the [Physician Fee Schedule](#) and for the [Outpatient Prospective Payment System](#). Please watch for more information in the September issue and see the links to proposed 2024 Medicare updates below:

- [Physician Fee Schedule](#)
- [Inpatient Psychiatric Facility Prospective Payment System and Quality Reporting](#)
- [Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment](#)

Revised Medicare Mental Health Coverage

CMS has updated its [publication](#) on Medicare coverage of mental health, including the following examples, with changes indicated in dark red on the pages at the link:

- Chronic pain management as a covered service (page 6)
- Telehealth services using 2-way, interactive, audio-only technology through December 31, 2024 (page 7)
- In-person visit requirements after the PHE ends (page 27)
- 3 Outpatient Prospective Payment System-specific HCPCS codes to describe that the patient must be in their home and no associated professional service is billed (page 27)
- HCPCS G2011 - coding available for SBIRT (page 38)

Revised Medicare Telehealth Services

The updated CMS booklet on telehealth services with post-COVID policies is now available at a [new link](#).

2022 Open Payments Data Published

CMS posted the 2022 Open Payments data to [CMS.gov](#), which totals \$12.59 billion in payments and ownership and investment interests made by manufacturers to physicians, physician assistants, advanced practice nurses and teaching hospitals. This represents over 14 million records attributable to 588,514 physicians, 271,682 non-physician practitioners, and 1,240 teaching hospitals (which received the highest dollar value of payments). 2022 payments by major reporting categories are:

- \$3.71 billion in general (i.e., non-research related) payments
- \$7.58 billion in research payments
- \$1.29 billion of ownership or investment interests

Information about Open Payments can be found [here](#).

CLASSIFIEDS

PRACTICE FOR SALE

Established, over 45 year active solo medication management psychiatric practice with some private patients, in Annapolis. Various options possible. Contact Dr. Templeton: 410-507-0026.

OFFICE SPACE AVAILABLE

Office Suite For Sale: Osler Professional Center, 7600 Osler Drive, Suite 400 Towson, 21204; a condominium across the street from St. Joseph Hospital. It has three excellent rooms for seeing patients each with a large closet, a good sized waiting room, two bathrooms, and a storage room. Jesse Hellman: jessemhellman@gmail.com or listing agent Lyn Jablonski: ljablonsli@trialliance.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.

Condo for sale at St Paul at Chase in Mt. Vernon near train station and I-83. 2 baths, lots of closets, large windows overlooking historic church. Office or residence with renovations. Contact agent jessica.dailey@compass.com.

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.



Advertise with MPS!

Please help MPS generate non-dues income by placing MPS ads to connect with psychiatrists. [Click here](#) for ad rates.

MPS Membership

Transfers Into Maryland
Khalid Elzamzamy, M.D.
Tanvi Gupta, D.O., M.S.

Upgraded to General Member Status
Laura Ackerman, M.D.
Allison R. Beckmann, M.D.
Alyssa Beda, D.O.
Evelyn Gurule, M.D., Ph.D.
Christina Jacob, M.D.
Maria Puzanov, M.D.
Gulafsheen Quadri, M.D.

**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.

SAVE THE DATE



State Summit on Behavioral Health and the Justice System
Utilizing the Sequential Intercept Model

This Summit will conduct productive conversations with facilitators and participants across the state of Maryland to help identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

October 23 and October 24, 2023
8:30 a.m. - 3:00 p.m.
Governor's Office of Crime Prevention, Youth, and Victim Services
Registration will be released via eventbrite

Hosted by the Governor's Office of Crime Prevention, Youth, and Victim Services' Center of Excellence
Contact James Rhoden (james.rhoden1@maryland.gov) with any questions.

ENDLESS POSSIBILITIES for Psychiatrists at Sheppard Pratt

Applicants must be board certified or board eligible and have a current Maryland-issued license at the time of hire. Some positions require an on-call schedule.

Current openings include:

Psychiatrist

Inpatient Geriatric Unit | Towson, MD

Psychiatrist

CalvertHealth | Frederick, MD

Child Psychiatrist

Multiple Programs | Towson, MD

Scan QR code to
see all openings



At Sheppard Pratt, you will be surrounded by a network of the brightest minds in psychiatry led by a bold vision to change lives. We offer:

- Robust resources to develop your career
- Cutting edge research and technology
- A generous compensation package with comprehensive benefits

For more information, please contact:

Emily Patrick, Director of Provider Recruitment at emily.patrick@sheppardpratt.org

About Sheppard Pratt

Consistently recognized as one of the top national psychiatric hospitals for more than 30 years, 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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