



Maryland Chapter

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

July 18, 2022

Sent via email: dennis.schrader@maryland.gov

MARYLAND ACEP CHAPTER

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The Honorable Dennis Schrader
Secretary
Department of Health
201 West Preston Street
Baltimore, Maryland 21201

Re: *Physician Reimbursement in the Emergency Room for Treatment of Behavioral Health*

Dear Secretary Schrader:

On behalf of the Maryland Chapter of American College of Emergency Physicians (MDACEP), we are writing to express our continued concern with the billing practices that have been instituted by the Maryland Department of Health (MDH) through the State's Administrative Service Organization (Optum). Maryland's current policy of limiting reimbursement for behavioral health services performed in an emergency department to only those with the emergency physician certification is resulting in inappropriate denials of services to Maryland residents. Rather than continuing to focus billing based on the provider of services, MDH should allow billing based on the service provided as long as it is done within the provider's scope of practice.

ISSUE OVERVIEW

On August 5th, Optum issued an alert stating the behavioral health services received in an emergency department would only be reimbursed if provided by an individual with a psychiatric specialty, a psychologist, a certified nurse practitioner with a psychiatric mental health certification or a nurse psychotherapist. This policy denied reimbursement to ER physicians when they provided services to patients exhibiting mental health and substance use disorders.

On November 8th, after concerns were raised by MDACEP, the MDH reversed course and stated that, when services are rendered by an ER physician, those services should be reimbursed by the MCO regardless of the need for a somatic diagnosis. Likewise, when services are rendered by a specialty mental health provider those services should be reimbursed by Optum. However, due to concerns raised by the MCOs because of the behavioral health carveout, MDH released yet another transmittal on December 17th providing further changes to how these claims should be billed and reimbursed. Under the December 17th

transmittal, providers are again instructed to bill Optum, but the transmittal was changed to specify those with an “emergency medicine specialty” through recognition in ePrep of the appropriate licensing and certification when the primary diagnosis is a carved-out mental health diagnosis.¹

PROBLEM

It goes without saying that emergency departments throughout the nation are the safety net for this population. Many patients covered by Medicaid are too often economically and socially marginalized. MDACEP leadership is committed to promoting health equity; however, the State’s policy must ensure that this commitment can be achieved.

Unfortunately, there continues to be issues with the State’s policy and the ability of providers in the ER to bill and receive reimbursement due to the requirement in the December 17th transmittal for “certification.” Under this transmittal, physicians who are board-eligible are unable to bill for services through Optum. This is also true for pediatricians without an emergency board certification or other providers, such as a CRNP without a psychiatric mental health certification, both critical components in providing care to this population in the ER.

SOLUTION

MDACEP strongly urges the MDH to focus on the services being provided rather than the provider of services. As long as the services are within the ER and carried out under a provider’s scope of practice, MDH should not be limiting reimbursement or who can provide the services. It is worth noting that the current policy could arguably violate Maryland’s prudent layperson standard, which provides access to emergency care based on symptoms and not final diagnosis and does not limit provider type. When individuals are facing crisis, the ER is often their first stop in seeking care. With current workforce shortages and a growing demand for behavioral health services, the focus of the State should be on expanding access to ensure the availability of providers. As always, we are more than willing to engage in further dialogue with you or members of your team. Thank you for your attention to this critical matter.

Sincerely,

Michael A. Silverman, MD, FACEP



President
Maryland ACEP Chapter
Virginia Hospital Center

cc: Steve Schuh, Deputy Secretary, MDH
Webster Ye, Assistant Secretary, MDH
Tricia Roddy, Deputy Medicaid Director, MDH

¹ Physician fees for SUD diagnoses that are billed on the CMS 1500 for services rendered in the Emergency Room for non-specialty psychiatric services should be billed to the MCOs.