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1/24/23

Senator Donna Bailey
Representative Anne Perry
Committee on Health Coverage, Insurance and Financial Services
State House
Augusta ME 04332

Re: LD 1304 Resolve (H.P. 829), to Establish the Task Force to Study Barriers to Achieving Behavioral Health Integration and Parity

Dear Representative Perry and Senator Bailey, and Representatives Brennan, Dhalac, and Madigan:

As a licensed psychologist in Maine, I am writing in support of this critical emergency legislation to establish a task force to study service barriers to behavioral health treatment. At a time when there is a serious shortage of mental health providers across the state, on the heels of a national pandemic, we have an unprecedented shortage of BH services for every sector of the population, from school children to the elderly.

I am the only psychologist in Independent Practice in the town of Bucksport, Maine. At least 75% of my client load is clients with MaineCare &/or Medicare. I want to share with you some of the challenges I encounter regularly, at this time, in trying to provide services to the mentally ill of my community

I. MAINECARE: (I am still owed over \$3500 from Jan 2023 & Feb 2023)

March 3rd I sent an initial request to my MaineCare liaison: Pamela Grotton for guidance and help on how to correct billing procedures that changed significantly from January 1st 2023

Some of the responses I received included:

- A)** From the back-up liaison (3/6) I received:
 - a) *Depending on how you chose to bill with the new modifiers and rates it will depend on when those are paid. [my statement to this: I don't get to choose how to bill, I am required to abide all their rules!]*
 - b) *IF you have claims that are paying \$0 please send us some examples so we can triage the issue. [She emphasized the word IF. Why would I waste time trying to fix this if it were not true? And many other psychologists have faced the same issue. I am sure I am not the first to request clarification.*
 - c) *Right now we are seeking clarification on if the modifiers need to be added to the 1/1-2/19 Pas. [I have yet (4/9/23) To hear from anyone about this.]*
- B)** I didn't hear from the from the designated liaison until March 23 (20 days lost in trying to gain payment for services I already provided) at 3:51 pm. At 4:23 after providing the

y Response:

Of course I know there are many reasons to deny. I am SOLEY asking you about this MaineCare snafu that is costing me thousands of dollars and that has not been clearly explained to anyone. I do not believe I asked you for any other information. Your comment of "inability to help" is not reasonable.

b) She then requested every specific claim # that says PAID but the rate is wrong, and many say Paid at \$0.

1) She should have access to this information as she is the Mainecare billing liaison.

2) This amounted to 42 (forty two) unpaid claims from 1/1/23-2/20/23. The labor on my part to clarify through Mainecare everything unpaid via the long claim number (i.e. 23060W031121); in addition to my billing process, my reconciliation process, trying to understand the new system when no real specific guidelines were given, has taken at least 3 full days (24 hours) on my part.

3) As of Today 4/9/23 I am **still owed over \$3500** from Mainecare for Services I provided to clients 1/1/23-2/20/23.

4) as a sole provider I can NOT shoulder this kind of debt and keep my doors open, as I have \$1150 in office rent monthly. Landlords won't wait months to be paid.

II MEDICARE: (I have never been paid for at least 5 clients who switched over and got Advantage programs and it took months before I figured out what was happening.)

There were so many problems getting payment for sessions I had to teach clients about the different types of Medicare programs. Because their representative told them it is EXACTLY like Medicare (each client said exactly the same thing) clients didn't think they had to advise me that they switched to an Advantage Plan. The following comes from the document I created.

I am 1st providing the most important statement : HERE IS A RECENT EXAMPLE:

I have been a Medicare provider since 2013, and a MaineCare provider since 2004. And an Anthem provider since 2004.

BUT...Anthem Advantage and Anthem Advantage Duo say I am NOT a provider for them.

[I spent almost 3 hours and 11 calls trying to figure out why they don't have me as a provider. I was on hold multiple times and hung up on (we all know how these go). They finally gave me a provider liaison person's name and number. The number was disconnected, therefore I am not going to be able to fix this to get on the panel.]

Other salient points from my document educating clients:

YOU need to be VERY CAREFUL in learning about these programs.

HOW ADVANTAGE PLANS WORK:

If you buy these plans they take your federal Medicare coverage away from you. You can no longer use your Medicare card or number.

Then they develop their own private plans (through companies like Humana, Aetna, Blue Cross/Blue Shield-Anthem, etc.). You now use the Agency's card.

A different MEDICARE ADVANTAGE program has some kind of DUO qualifier.
HOW ADVANTAGE DUO PLANS WORK:

If you buy these plans they take your federal Medicare coverage away from you AND your state Medicaid coverage (MaineCare) away from you. You can no longer use your Medicare card or number. You can no longer use your MaineCare card or number.

The Insurance Agencies develop their own private plans (through companies like Humana, Aetna, Blue Cross/Blue Shield-Anthem, etc.). You now use the Agency's card.

LOTS OF PROBLEMS with ADVANTAGE and/or ADVANTAGE DUO plans.

Over the last 2 years I have had a number of clients get these plans. My clients have struggled to understand what they cover, or what the requirements for coverage are. Also clients seem to be told by the agent that it is "exactly like Medicare" or "nothing changes from Medicare".

You need to fully understand the Advantage plans are **NOT exactly like Medicare**. (for example Medicare requires no pre-authorization, but some of these plans do; Medicare copay may be \$25, but Advantage plans might be \$50 or \$75. Low income clients can not afford that!)

The demands of having to apply for inclusion on the panels of Medicare Advantage and DUO programs, in addition to the brands regular insurance are too great of a burden. Therefore, I can NOT service these clients.

III. MAINE'S CRISIS SERVICES [while not specifically insurance related, these are ways the mental health system in Maine is failing those in crisis, with emotional pain and mental illness]

- 1) I recently called Crisis Services to pre plan the special treatment needs of my client, whom I expected to utilize Crisis more than usual. This was standard practice from 2000 till about 2019. The person I spoke with had no clue what I was talking about. Turns out, with no notice to this psychologist (and likely many more), Crisis Services is no longer a place that clients can call and talk out their issues for 5-10 min. Their new mandate, inferred from the information I was provided, is a 2 minute maximum time call providing a hook-up to a Crisis Provider, and mostly the client is required to go to ER before Crisis can talk to anyone.
- 2) In the recent past I also had to talk to the Mental Health Liaison at the Bangor Police Dept. The 1st time I called I left a message and NEVER received a call back on a time sensitive issue, i.e. my schizophrenic brother in his 50's, who needs support, was beaten up severely (broken hip, leg, etc) by police instead of getting the mental health assistance he needed. I personally know that previous to the beating he Police Dept was aware of his mental health struggles. When a few weeks later I called back she answered, and stated, " oh, I don't check my email." Really??? How can a business run like this? Especially during time critical contacts.
- 3) I have a client that had at least 8 suicide attempts in a 4 yr period. She had another attempt and I had to call emergency services, and she was admitted to Acadia Hospital. Her 6 month hospital experience was terribly traumatizing instead of helpful. The client spent her entire childhood in a horrendously abusive family, and therefore has a dissociative disorder. I complained to the Vice President (Brent Scobie), yet the poor treatment continued. Her team was constantly threatening to send her to a homeless shelter. For example staff at Acadia said, "if you dissociate again (which providers don't understand, vilified and refused to learn about) you will be kicked out of the hospital" Another time the head psychiatrist explained their position, "We have a 0 tolerance of self-harm here, so If she self-harms, she will be kicked out of the hospital" to the streets.

Prior to this case I was unaware the State of Maine has a Complex Case Unit (CCU). I am immensely grateful the CCU accepted her case, because without them

- I shudder to think what would have become of her. Acadia disrupted a referral to Dorthea Dix where this client had previously been safe before. We found a group home in So. Portland and the client wanted to go! But Acadia's psychiatric care was so toxic that they took her aside privately, at least 2 times, and strongly pushed for her to NOT go to the group home. She has been at the fantastic group home since 6/2022 and is making very good progress, as they wanted to learn how to help the client, and staff are all utilizing the strategies. She did end up in hospital again. The experience was so much more supportive of her needs. She was able to return to the group home less than 3 weeks later and made progress for safety while there.
- 4) The BHP system in Maine (and many other states) is very broken. 1st, only children with MaineCare are eligible for these services. BHP wait lists are extensive. BHP supports are provided to the most disabled children of our state. YET.....the providers of these services often have the least education (only HS) and are paid the very least of any mental health provider. Honestly it should be the opposite. The most severely disturbed children in Maine should be serviced by the most advanced Mental Health providers because we have the knowledge to provide healing that may prevent future significant problems in adulthood, thereby saving the state the extremely expensive expenditures required to support a client over their entire life - time (consider homelessness, prison/jails, mental health services, housing services, food stamps, MaineCare etc.).

The unifying theme here is that Maine's services to those people with Mental Illness, (often complicated by low-income insurances or no insurance) are the most vulnerable people in our state. And they are not able to access the services they deserve in a kind and just society. In my professional and personal opinion these examples make the State of Maine much more dangerous for clients with mental health problems and all Maine residents in general. Consider please these examples of REDUCED lack of supports for the mentally ill here, instead of ideally developing MORE supports to help prevent things like Mass Shootings.

I am asking for your support to develop this task force to identify the barriers that private and public insurance providers place on BH treatment services. Only by understanding these roadblocks in our insurance system can we improve access, encourage integration with primary care, and streamline our state's ability to provide BH treatment to people of all ages.

Also, I would like to be considered as a member on that task force.

Respectfully submitted,



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