

# Maine Psychologist Today

Welcome to the Maine Psychologist Today, MePA's new online newsletter!

## President's Message



Dear colleagues, as I notice the declining snowbanks, the gradual increase in temperature and lengthening daylight, I am reminded of a ditty that I learned from a colleague during my first year of teaching in 1974: "Spring has sprung, the grass is rizz. See

how happy we all izz !" Well we are not quite there yet, but keep noticing the changes !

In preparing this article, I re-visited my President's Message from 2/21/18 as a form of review. My summary statement was:

"My tenure focuses upon expansion of membership, promotion of our professional committees and their impact, and finally the personal satisfaction / growth of each of us as psychological providers, and as individuals. I have very large shoes to fill, but lets' get to it! Please, post your responses to this message on our listserv. I am most interested in your individual thoughts and further recommendations for emphasis."

Currently we are collaborating with our graduate student liaisons and faculty

representatives from UMO (Dr. Fayeza Ahmed and Rachael Huff) and USM (Dr. Jamie Pratt and Daniel Schwarz) to assess potential for a student poster session at our next MePA conference. This will be held on November 15 and present two topics: anger management strategies (morning) and domestic violence issues (afternoon). These will meet new state requirements for these CE topics. Our presenter will be Raymond Tafrate Ph.D., professor at Central Connecticut University.

As of this date, our new memberships in 2018 totaled 38. This includes 18 graduate student members. As you know, MePA has approved the benefit of free membership to all graduate students (in or out of state) during their tenure as students. Committee memberships & Policy Council activities continue. Our next Policy Council and Executive Committee meetings will be on Friday March 15th.

On a personal Spring-time note, the above meeting will be held 1 day after my 69th

birthday, a time of reflection. I am very appreciative of the lifestyle, educational and professional opportunities that the State of Maine has provided to my family and myself since our arrival from Hoboken N.J. in 1974. I am especially thankful for the professional collegiality that MePA provides to me, and to each one of us, member or not, do.

I am also specifically grateful to our Ms. Sheila Comerford. She provides to each of us caring and involved communications, factual information, extensive organization and (to me) next-step directions. Thank you as always!

And so dear Committee, Council, graduate student, and regular members, let us keep up

the pace! See you at the November conference, and we will be listening to one another on the listserv!

**Most gratefully,  
Tom Collins**

## Welcome New Members!

### Members

Richard Thomas PhD Waterville  
Michael Nurick , PhD Waterville  
Kristin Heil, PhD Waterville  
Caitlin Dombrowski, PhD Glenburn  
Rachel Burrows PhD Sidney

### Affiliates

Alex Adler, PsyD Arlington MA



# Dr. Alexandra Lash and Dr. Christopher Chiverton Meet with Gorham High School Students

*By Dr. Alexandra Lash, Psy.D.*

On January 11, 2019 Dr. Christopher Chiverton and I returned to High School. There were students and snacks, laughter and lockers. All of the familiar characteristics. However, to our excitement we were there in a new capacity. We were there as young psychologists. Our task was to explain our profession of choice with all of its glory and grit to two classrooms full of upper-class students with a curiosity for Psychology.

The students of Gorham High School were warm, engaged, and only a little shy at first. They came prepared with a surplus of questions and scrap paper. Chris and I each took our own classroom and tried to explain our career trajectory and our stories. Chris and I both spoke about our identities as people (I, a musician, Chris, an athlete) and as students (I cannot express the relief I witnessed when I shared I still cannot do math).

I told the students about the required degrees and courses, the tests, the internships, the DSM, but most importantly I got to tell them that each day I get the privilege of hearing people's stories. Additionally, it was a lot of fun getting to answer questions about the best and worst parts of the job, the ways to know if you are cut out to be a psychologist, the different types of degrees and options in this field.

However, I think the biggest take away lesson or message I hoped to convey was that there is no one person or way to be a psychologist (something I think many of us struggle with). Sure, you should be patient, open-minded, caring, curious and brave but you need to be you. When we ran out of time it was clear that we could have kept going for another hour. I believe Chris, myself, and the students hope there will be a Part 2 in the spring.



*Alexandra Lash, PsyD (left) and Christopher Chiverton, PsyD (right) with students learning about a career in psychology at Gorham High School.*

# Report on APA Council of Representatives Meeting

February 15 – 17, 2019



Elise Magnuson, the MePA representative to Council, was unable to attend because of a family emergency, and I was able to fill in at the last minute.

The meeting began with our colleague, Diane Prescott, calling the roll, as she is now Secretary, and was seated on the dais with the CEO and the President of Council. The next item of business was a moment of “calling out names” and a moment of silence for deceased members; by chance Peter Rees, our dear departed colleague, was on the list for this meeting!

It was a very interesting, productive, and enjoyable 2-1/2 day meeting. Not only did I have a chance to see many old friends, but I was able to experience the “new APA” first hand and was very impressed.

First of all, we sat at round tables of 8 – my table had other state representatives from states beginning with “M” and a delegate from the Graduate Student Association. We had several small group discussions around the table during the course of the meeting.

The current President, Rosie Phillips Davis, PhD, ran an efficient meeting with humor, occasional Presidential Citations, and we enjoyed two short performances of the “Council Choir.” Dr. Davis grew up in “deep poverty” in Memphis where her father worked as a garbage collector and participated in the sanitation strike that brought Martin Luther King to Memphis. Addressing deep poverty is her presidential initiative for the year [<https://www.apa.org/monitor/2019/01/pc>].

An important part of the meeting was a 1-1/2 hour workshop on “Enhancing Interpretive Power” by Stephanie A Fryberg, PhD. She is an American Indian psychologist who began the workshop describing the school shooting in her Native American community, and how the onslaught of mental health professionals arriving to offer solutions and help actually made the situation much more challenging, because they could not interpret the cultural and social context of the event. She also helped us consider the challenges she faced as a member of Council because of her background as an Native American from a traditional culture who grew up in poverty.

The CEO, Arthur C. Evans, Jr., PhD, introduced the APA Strategic Plan that integrates advocacy with all of the other activities carried on by APA [<https://www.apa.org/about/apa/strategic-plan>]. I was impressed by the wide and engaging process by which it was constructed and by its clear simplicity and power: “To promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.”

Dr. Evans also introduced the integration of the two arms of APA as companion 501(c)(3) and 501(c)(6) organizations. This will unify the government relations staff of about 25 people across the four directories into a single team led by a new chief advocacy officer. There will be an Advocacy Coordinating Committee that will help support state and federal advocacy issues. I have seen this model work effectively in other nonprofit organizations and am happy to see APA move in this direction. He noted that one immediate result was a dramatic increase in funding for research through the National Institutes of Health (NIH).

**Council passed some resolutions, of course:**

- Received a report from the Task Force to Develop a Blueprint for APA Accreditation of Master's Programs in Health Service Psychology – apparently there are about 14 of these programs now and we thought it made sense to think about a procedure to accredit them so they are high quality and would attract students who otherwise might go to less rigorous programs.
- Approved a Resolution on Physical Discipline of Children by Parents – this detailed resolution provides many alternative ways of disciplining children more effectively and with less harm.
- Clarified language that spells out the procedure for state associations to make policy statements as “not reflecting APA policy,” but are also not inconsistent with existing APA Resolutions and Policies.
- Approved the Clinical Practice Guidelines for the treatment of Depression Across Three Age Cohorts (e.g., Children, Adults, and Older Persons). The basic point is that there are a variety of treatments available, and age does make a difference.
- Now that some members of the APA Board of Directors are elected by the membership, the procedures for these elections going forward were approved.
- The Resolution on Child and Adolescent Mental Health was approved and the earlier Resolution of Children's Mental Health was archived.
- Some revisions to the APA Model Education and Training Program in Psychopharmacology for Prescriptive Authority were approved to allow this training to be integrated into a combined doctoral program (similar to those that integrate forensic training) so that new career professionals do not have to return to school to receive this training after licensure.
- Clarifying that APA does not accredit respecialization programs and does not have authority to sanction such programs. Nonetheless, “Psychologists seeking to change their specialty should take training in a program of the highest quality and, where appropriate, exemplified by the doctoral training programs and internships accredited by the APA.”

Respectfully submitted,  
Doug Kimmel

# Time to Renew!



Don't forget to Renew Your MePA Membership at [members.mepa.org](http://members.mepa.org).

There are three easy ways you can choose from:

Online at [members.mepa.org](http://members.mepa.org)

Call the office at 1-800-287-5065

Return the renewal form you received via email

## MePA Member to Assist Disability Rights Maine Supported Decision-making Coalition

On July 1 Maine's Probate Code will add Supported Decision-making (SDM) as a less restrictive alternative to guardianship that must be explored prior to petitioning. Because of that change, MePA was recently contacted by Disability Rights Maine seeking a psychologist with expertise with individuals with disabilities, to get perspective and feedback on a handbook on SDM and a series of statewide trainings for the public.

Elise Magnuson, PsyD, Past President of MePA has agreed to work with the Disability Rights staff to assist them with developing educational tools for the public. If there are others who wish to help on this important initiative contact MePA at [mepaaug@aol.com](mailto:mepaaug@aol.com)



# CPT Code Changes



In late November, 2018, the Centers for Medicare and Medicaid Services released the final rule of the 2019 Medicare fee schedule and as of January 1, 2019, the Centers for Medicare and Medicaid Services (CMS) have eliminated codes 96101, 96102, and 96118 for billing.

How are Maine psychologists faring under the new codes? At this writing the Reimbursement Oversight Committee can report that psychologists in Maine are experiencing mixed results:

After several weeks of claims being kicked back, The Office of MaineCare Services alerted psychologists and their billing people that you need to use the modifier HE in order for the claims to be processed. Claims are being processed with small increases in reimbursement.

WellCare: Psychologists in the Portland area are reporting that some Medicare/MaineCare clients are volunteering to switch to a Medicare Advantage-like program that offers additional benefits (transportation and dental), in addition to covered services under Medicare. However, they are reporting that they have been experiencing nonpayment of claims. If you have WellCare clients and are experiencing difficulties contact [Jude.Neveux@wellcare.com](mailto:Jude.Neveux@wellcare.com) or [Lisa.Libby@wellcare.com](mailto:Lisa.Libby@wellcare.com)

Medicare: Psychologists are reporting that claims are being processed with small increases in reimbursement.

Anthem: We have spotty reporting that new CPT codes are being processed, but that reimbursements are dramatically lower than 2018 levels. The Reimbursement Oversight Committee continues to try to connect with policymakers at Anthem to discuss the differences.

# Medicare Quality Payment Program Includes Psychologists in 2019

*Author: Michael Pancook, Senior Program Coordinator, Healthcentric Advisors*

Medicare has expanded its Quality Payment Program (QPP) to include psychologists. Starting in 2019, clinical psychologists are required to report performance information that will be used to adjust future Medicare payments.

Healthcentric Advisors, New England's Quality Innovation Network-Quality Improvement Organization (QIN-QIO), can answer questions and provide guidance regarding participation in QPP. Centers for Medicare & Medicaid Services (CMS) contracts with Healthcentric Advisors to provide free support for eligible clinicians.

## Are You Eligible?

Clinicians in their first year of providing Medicare or who serve few Medicare patients are not required to participate in QPP, unless they are a member of a participating Alternative Payment Model (APM) or Accountable Care Organization (ACO). The program establishes three, low volume thresholds that are applied to a prior year of claims to determine if a clinician is exempt from reporting:

- bills less than \$90,000 in Medicare Part B allowable charges,
- serves fewer than 200 Medicare Part B patients, or
- provides fewer than 200 Medicare Part B covered professional services.

Non-ACO/APM clinicians below any of these criteria are automatically exempted from the program. However, they can opt in if they exceed any one of these criteria. Opting in carries the benefit of possible positive adjustment to future Medicare payments, but also the risk of negative adjustments if the clinician fails to meet a minimum level of performance.

QPP has two tracks for participating: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). The MIPS track includes "regular" MIPS, where you can report as an individual clinician or group practice, and MIPS APMs, where members of an ACO receive one collective score based on their aggregate performance. Advanced APMs allow clinicians to participate in innovative payment models that involve greater financial risk and reward.

Quality Payment Program Participation Tracks		
<b><i>Merit-based Incentive Payment System (MIPS)</i></b>		<b><i>Advanced Alternative Payment Models (APMs)</i></b>
MIPS individual clinician/ group practice	MIPS APM member (e.g. ACO)	Advanced APM participant

QPP maintains a look-up tool (<https://qpp.cms.gov/participation-lookup>), where you can learn more about your program status. Search on your clinician National Provider Identity (NPI number) to see your QPP eligibility, the Tax Identification Numbers (TINs) associated with your past claims, and any special factors impacting your reporting requirements.

## **What Are the Reporting Requirements?**

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to implement an incentive program for payment of Medicare Part B claims. This program, QPP, establishes four performance categories used to calculate a MIPS score between 0 and 100 that will be the basis for a negative or positive adjustment to future Medicare Part B payments.

### *Quality Performance Category*

Quality measures assess health care processes, outcomes, and patient experiences. Clinicians report on six of the over 250 available measures and are scored on their performance. Clinicians must submit data on 60% of eligible cases in 2019 to earn more than the minimum for each measure (1 point for practices with greater than 15 clinicians; 3 points for practices with 15 or fewer clinicians).

### *Improvement Activities (IA) Performance Category*

Improvement activities record participation in efforts to strengthen clinical practice through ongoing care coordination, shared decision making, use of patient safety practices, and expanded access to care. Clinicians choose one to four activities from the 100 available, including ones particularly relevant to psychologists, and provide at least 90 consecutive days of information.

### *Promoting Interoperability (PI) Performance Category*

PI measures evaluate the use of electronic health record (EHR) technology to exchange and leverage healthcare information. Psychologists are automatically excluded from reporting this category for 2019, unless they choose to submit information.

### *Cost Performance Category*

CMS uses Medicare Part A and B claims to compare clinicians' ability to control service costs. No additional reporting is required. Participants in an APM are evaluated based on the criteria for the specific APM.

Potential Quality Measures and Improvement Activities		
Category	Relevant to Psychologists	General
Quality Measures	Follow-up after hospitalization for mental illness	Care planning
		Documentation of current medications in the medical record
	Adult major depressive disorder (MDD): suicide risk assessment	Preventive care and screening for influenza immunization
		Tobacco use screening and cessation intervention
Improvement Activities	Depression screening	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement
		Engagement of new Medicaid patients and follow-up
	MDD prevention and treatment interventions	Evidenced-based techniques to promote self-management into usual care
		Engagement of patients, family, and caregivers in developing a plan of care

### How Does CMS Calculate Your MIPS Score?

Your 2019 performance impacts your 2021 Medicare Part B payments. Clinicians failing to report will receive a 7% reduction. Scores below 30 are subject to smaller negative adjustments. Earning greater than 30 points results in an increasing positive adjustment, and those exceeding 75 points are eligible for a bonus payment.

Overall MIPS Score	Impact on 2021 Medicare Payments
0	-7% Adjustment
Below 30	Negative Adjustment (sliding scale)
30 - 75	Neutral or Positive Adjustment (sliding scale)
75 - 100	Exceptional Performance Bonus Payment

The overall MIPS score is based on your performance across the four categories. Each category has its own scoring methodology. The proportion of available category points earned is weighted by category to calculate the total MIPS score. For example, if a clinician earned 30 of the available IA points, which are 15% of the overall MIPS score, then she would earn 11.25 towards her overall MIPS score ( $30/40 = 75\% * 15 = 11.25$ ).

2019 MIPS Category Points and Weights	
<b>Quality</b> 60 available points 70% of overall MIPS score ( <i>unless choose to report Promoting Interoperability: 45%</i> )	<b>Promoting Interoperability</b> 100 available points 0% of overall MIPS score ( <i>unless choose to report: 25%</i> )
<b>Improvement Activities</b> 40 available points 15% of overall MIPS score	<b>Cost</b> 10 available points 15% of overall MIPS score

### How Do You Participate?

Clinicians should register for a QPP account at <https://qpp.cms.gov/login>. This account allows you to submit your MIPS reporting, view your MIPS score and performance feedback, confirm the clinician NPIs associated with your practice, and apply for exclusions. Once the performance year is complete, clinicians have until the end of March to report. CMS will release MIPS scores and performance feedback in July; clinicians may request a review of their score until September. CMS finalizes the score by the end of 2020 and applies the associated adjustment to 2021 Medicare Part B payments.

Multiple methods exist for reporting your information. Quality measures can be submitted through your EHR, a registry, or, if you are a small practice, Part B claims. Many clinicians attest to IA through the QPP website, though EHR and registries may report as well.

## Where Can You Learn More?

Healthcentric Advisors provides free technical assistance for clinicians participating in MIPS. You can visit our website, <https://neqpp.org/>, to access personalized support, learning opportunities, and information resources. Our advisors in Maine are available to answer any question you may have: Michael Pancook (207 408-3980; [mpancook@healthcentricadvisors.org](mailto:mpancook@healthcentricadvisors.org)) or Susan Whittaker (207 406-3970; [swhittaker@healthcentricadvisors.org](mailto:swhittaker@healthcentricadvisors.org)).

CMS maintains a resource library, webinar center, and detailed information on MIPS participation and measures at <https://qpp.cms.gov/> and staff a help line at 866 288-8292 or [qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov).

## Questions about QPP?

## Mystified by MIPS?

We provide free assistance with Medicare's Quality Payment Program and Merit-based Incentive Payment System.

### Contact Us

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<http://bit.ly/MaineQPP>



Understanding QPP, MIPS, and MIPS Alternative Payment Model Requirements

MIPS plan strategies, login, and data reporting on QPP

Annual Wellness Visits

Chronic Care Management

Hierarchical Condition Categories (HCC) and Risk Adjustment



# *Group Term Life Insurance*

## *Your vision for financial protection*

Life insurance can provide essential financial protection for the ones you love. Ever wonder how your family will move on when you're not around? Car payments, mortgages, groceries... you'll need to think about all of these as you prepare to provide for your financial responsibilities to your family.

### **How does it work?**

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### **Great Coverage at Affordable Premiums Including These Features:**

- **Inflation Safeguard** — designed to prevent changes in the cost of living from eroding your death protection.<sup>2</sup>
- **Living Benefits** — allows early payment of death benefits if you become terminally ill.
- **Disability Waiver of Premium** — waives your premium payment if you become totally disabled.

<sup>1</sup> Available in amounts up to \$1,000,000. Coverage is individually medically underwritten. Policies issued by Liberty Life Assurance Company of Boston, a member of the Liberty Mutual Group. Plans have limitations and exclusions, and rates are based upon attained age at issue and increase in 5-year age brackets.

<sup>2</sup> Inflation Safeguard offers additional insurance coverage and the premium will be added to your bill.



