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**Practice Advisory Committee**  
**January 2007**

***Pay for Performance Initiative***

If you have not heard about “pay for performance” then you will soon as it is a growing trend in the private and public health care sectors, and it is predicted that this trend will soon affect psychological services and mental health care as well. Pay-for-performance program uses performance and/or outcomes measurements as a means of determining the amounts paid for health care services. Some have referred to pay for performance as the “managed care for the new millennium.” Indeed, Congress is seeking an assurance for quality of services provided in exchange for prevention of future cutbacks to the Medicare payment system. Given the development of the Pay-for-Performance Initiative, it is essential that psychologists have a role in the design and implementation of any pay-for-performance programs that affect psychological services. Pay-for-performance programs must be designed to help psychologist and health care organizations improve quality of care and increase the likelihood of achieving desired outcomes. The criteria used in the performance and/or outcome measurement process are in the possession of APA. While it is important that consumers have information to assist them in making treatment decisions, pay-for-performance programs must not conflict with accepted standards of privacy or confidentiality. Two bills were introduced to congress last year that contained pay-for-performance information components to them, although they did not survive the process. The APA Practice Directorate and the Committee for the Advancement of the Professional Practice has convened an expert panel to develop recommendations to give input to CMS on this Pay-for-Performance Initiative. While pay for performance for mental health services has only had minor penetration in the private sector so far, there is evidence that this trend may be growing.

***National Provider Number Update***

As of now, insurers are free to require that providers get their NPI at this time. The upcoming *April 15th, 2007* deadline means that providers have to have their NPI by then, regardless of what the insurer requires. Insurers may be imposing this requirement on individuals applying for their insurance panel because they don't want to have to issue these new providers an insurer-specific identification number, which will just have to change when the NPI requirement goes into effect after *April 15th, 2007*. APA's recommendation continues to be that qualified neuropsychologists are encouraged to be inclusive and consider choosing both the “psychologist” and “neuropsychologist” codes (and any others that may apply) if providing other services makes up a substantial portion of their practice in order to avoid the risk of being artificially limited or constrained in their practice. However, neuropsychologists

whose practices consist entirely of delivering neuropsychological services might appropriately choose the “neuropsychologist” taxonomy code only. Remember that you can also add or change taxonomy codes at this time. To make your online application to obtain an NPI, visit <https://nppes.cms.hhs.gov/NPPES/Welcome.do> or call 800-465-3203.

As always, please visit the Division 40 Practitioner’s Corner on the webpage ([http://div40.org/Committee Activities Pages/Advisory Committee/prac\\_corner.htm](http://div40.org/Committee_Activities_Pages/Advisory_Committee/prac_corner.htm)) as well as the APA Practice Directorate website ([www.APApractice.org](http://www.APApractice.org)).