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## HIPAA Help

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The following includes a brief review of the American Psychological Association's (APA) *HIPAA for Psychologists* online course as well as some brief tips to help neuropsychologists in small private practices to deal with the new HIPAA-generated Privacy regulations that went into effect on April 14, 2003.

### Brief Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) resulted in sets of federal rules governing the transmission and protection of health information. These rules are divided into Privacy Rules, Electronic Transaction Standards and Code Sets, Security Rules, and Employer Identifier Standards (the latter do not go into effect until August 1, 2005). The focus of the APA course (reviewed below) is the Privacy Rules, as these will have the biggest impact on small private practices. In addition to the Privacy Rules, neuropsychologists should review the text of the Electronic Transaction Standards and Code Sets (<http://cms.hhs.gov/hipaa/hipaa2/regulations/transactions/finalrule/txfinal.pdf>) as well as the Security Standards (<http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/pdf/03-3877.pdf>). The entire text of the Privacy Rules may be found at <http://www.hhs.gov/ocr/combinedregtext.pdf>. Responses to frequently asked questions, or FAQs, regarding the Privacy Rules can be found by going to [http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std\\_alp.php](http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php) and selecting Privacy of Health Information/HIPAA under "Category". The actual text of the Health Insurance Portability and Accountability Act can be read at <http://cms.hhs.gov/hipaa/hipaa1/content/hipaasta.pdf>.

### APA's *HIPAA for Psychologists*:

APA's online training course was designed specifically for psychologists. In addition, there is state-specific information regarding the interplay between HIPAA regulations and state laws. This includes information regarding the release of **raw test materials** in cases where states have rules governing their release (go to the state Compliance Resources, select "Notice" and scroll to the sections on Disclosures). Forms required by HIPAA regulations are available as part of the course, and these forms are specifically tailored to each state's current laws. The forms can be downloaded and modified very easily to include your specific practice information.

The online course, not including the CE examination, is very concise, and can be

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completed in 2-3 hours. Most of the written information presented in the course can be printed. The online course additionally allows you to write your own electronic notes.

The *HIPAA for Psychologists* course can only be purchased online at [www.APApractice.org](http://www.APApractice.org). If you have technical trouble making the purchase, you may contact Dr. Leslie Rosenstein at the NAN Professional Affairs and Information Office (PAIO) via email at [PAIO@nanonline.org](mailto:PAIO@nanonline.org). Dr. Rosenstein can contact the APA Practice Directorate Office directly on your behalf. A CD ROM version of the course can be purchased *in addition* to the online course. The continuing education course may only be taken via the online version.

#### **Who Must Be In Compliance and When**

To be in compliance with the Privacy Standards, there are several things that must be done, though most of these are relatively easy to comply with. According to the APA Practice Directorate, anyone who transmits patient health information electronically (e.g., electronic claims), does business with or has a contract with a covered entity (e.g., a 3<sup>rd</sup>-party payor), participates in 3<sup>rd</sup>-party payment plans, or uses a billing service that becomes or is entirely electronic, should comply with the HIPAA-generated rules. The following website, created by the Centers for Medicare and Medicaid Services (CMS), provides a simple test for determining whether your practice is a HIPAA-covered entity: <http://www.cms.hhs.gov/hipaa/hipaa2/support/tools/decisionsupport/default.asp>. Pay careful attention to the definitions for “covered transactions” and “in electronic form”, as participation in electronic billing is not the only criterion for determining whether a practice is a covered entity.

You should be in compliance when you see your first patient that results in your being a HIPAA-covered entity. As soon as you become a HIPAA-covered entity, you must be in compliance, with no grace period for preparation; therefore, it is recommended that you go ahead and implement the standards now.

#### **A Summary of To-Do's:**

1. Familiarize yourself with the rules.
2. Appoint a HIPAA compliance officer in your practice; for small practices, this may be the office manager, receptionist, or the psychologist.
3. Create, store, and follow written policies and procedures. Consider using the prepared form for psychologists in your state available through the APA course, *HIPAA for Psychologists*.
4. Create a notice to inform patients of the policies and procedures relating to the potential uses and disclosure of their health information. This should be given to every patient, and you should obtain signed documentation that they were informed. Again, consider using the APA prepared form for your state.
5. Post the written notice in a prominent location in your office.
6. Post the written notice on your web page if you maintain one with information about your practice.
7. Train your staff regarding the privacy standards, and document that this has been done and how.
8. Have and apply appropriate sanctions against any staff members who do not comply with the written policies and procedures, and document those sanctions.
9. Allow patients to request that changes be made to incorrect information in their records, but only if you are the originator

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**From the President**

**Eric A. Zillmer, Psy.D.**

“Neuropsychological Operations”

This is a good time to reflect on the fact that there are over 500 psychologists and neuropsychologists in the Armed Forces, many of whom are NAN members. The Armed Forces provide real-life experience, responsibility, and exposure that are seldom available to civilian neuropsychologists. The Armed Forces recognize the need for neuropsychology training and offer pre-doctoral assessment rotations during the normal course of military internships as well as postdoctoral neuropsychology fellowships in order to further train their military psychologists. Military neuropsychologists are indispensable in the military. They are able to view situations from a neuropsychological perspective but also have significant experience in psychopathology, stress (e.g., combat stress and prisoners of war), substance abuse, and treating transient conditions in operational environments.

In recent decades, the landscape of the field of military psychology has changed. This is related to the psychological, military, and political complexities that were ushered in with changes in the geo-political climate and the role of the U.S. military post-Cold War, but also to changes in warfare observed during the Persian Gulf War and the Iraq War.

In general, military neuropsychology can be divided into two major areas, namely clinical applications and psychological operations.



Most psychologists and neuropsychologists in the Armed Forces provide clinical services that focus on assessment, diagnosis, and health intervention. This area of military psychology may be viewed as the more traditional side in terms of content and scope. Flexibility is a key for any neuropsychologist serving in the military, since he or she may be asked to provide a variety of services and need to adapt to different situations. Those services can include the evaluation of fitness for duty, potential for suicide and homicide, special privileges, inpatient and outpatient therapy, and the treatment of alcohol and drug use.

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## In Memorium

*Editors Note. Over the past year, we were saddened to lose two important contributors to our field. Harold Goodglass, along with Norman Geschwind, Edith Kaplan, and their colleagues in Boston, played a central role in the American "rediscovery" and development of behavioral neurology, aphasiology, and cognitive neuroscience. Ted Blau, in contrast, played a central role in teaching us all how to take psychological science out of the laboratory and into other challenging settings, particularly within the field of forensic psychology. Although their legacy lives on through their students, we will miss their spirit and contributions.*

**Harold Goodglass, Ph.D.**, Professor of Neurology and Director of the Boston University Aphasia Research Center, 1969-1996, passed away during March of 2002 secondary to complications associated with a fall at the age of 81. Dr. Goodglass was born in New York City, August 18, 1920, graduated from Townsend Harris High School in 1935, and received a BA from City College of New York in 1939. He served in the Army Air Force from 1942 to 1946, and was discharged as a Captain. He then continued his education, receiving an MA in Psychology from New York University in 1948 and a Ph.D. in Clinical Psychology from the University of Cincinnati in 1951. Dr. Goodglass developed a special interest in aphasia early in his career and with the research support of the Veterans Administration and the National Institutes of Health he published research articles on disorders of naming in aphasia, on category specific disorders of lexical comprehension and production, on the comprehension of syntax, and on the syndrome of agrammatism. He also carried out a program of studies on cerebral dominance. Among his many collaborators were Fred Quadfasel, Jean Berko Gleason, Edith Kaplan, Martin Albert, Sheila Blumstein, Nelson Butters, Norman Geschwind, Joan Borod, Arthur Wingfield, and Kim Lindfield. Dr. Goodglass became director of the Boston University Aphasia Research Center in 1969, and remained in

the post until his partial retirement during 1996. He was Professor of Neurology at Boston University School of Medicine. He was the author of over 130 research articles, and of the books Understanding Aphasia, Psycholinguistics and Aphasia (with Sheila Blumstein), the Assessment of Aphasia and Related Disorders and the Boston Diagnostic Aphasia Examination (with Edith Kaplan), and Anomia (with Arthur Wingfield). Among his many honors, he received the 1997 Gold Medal for Life Achievement Award for Contributions to the Application of Psychology from the American Psychological Foundation. Dr. Goodglass was a founding figure in the development of the field of neuropsychology, establishing Division 40 (Clinical Neuropsychology) of the American Psychological Association and serving as its first president (1979-1980). He was also a founding member of the Academy of Aphasia and the International Neuropsychological Society. He was recently awarded a five year grant from NIH to continue his studies of aphasia. He is survived by his wife, Dr. Helen Denison of Newton, his daughter Carolyn of California, his son Lawrence, and stepson, Steven Pitts, both of Maine, his stepdaughter, Jennifer Pitts Axelrod of Ann Arbor, Michigan, and eight grandchildren.

Contributions in his name may be made to a scholarship fund: C/O The Academy of Aphasia  
[www.academyofaphasia.org](http://www.academyofaphasia.org)

**Ted Blau, Ph.D.**, an early member of NAN and long time contributor to NAN, especially at its annual program, and the first true practitioner to be President of APA, recently passed away. The family has arranged with the American Psychological Foundation and the Tampa Orlando Pinellas (TOP) Jewish Foundation, Inc. to create a special chari-

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**Annual Meeting News**  
**South Beach, Miami, FL 2002**

A wonderful time was had by all (or at least most) in scenic South Beach at October's meeting. Award winners included:

**Early Career Award****Roy Martin, Ph.D.**

University of Alabama at Birmingham

**Distinguished Neuropsychologist Award****Carl Dodrill, Ph.D.**

University of Washington

**Distinguished Service Award****Larry Hartlage, Ph.D.**

Augusta Neuropsychology Center

There was a tie for the **Butters Award** for Best Paper Presentation. This award went to:

**Robert McCaffrey, Holly Westervelt, & Richard Haase** for their paper entitled "Serial neuropsychological assessment with the National Institute of Mental Health (NIMH) AIDS Abbreviated Neuropsychological Battery"

and to

**Antolin Llorente, Alfred Amato, Robert Voigt, Marcia Berretta, Kennard Fraley, Craig Jensen, & William Heird** for their paper entitled "Internal consistency, temporal stability, and reproducibility of individual index scores of the Test of Variables of Attention in children with attention-deficit/hyperactivity disorder."

Finally, **Student Research Awards** were won by:

**Monica Lewis** for "Methylmalonic acid elevation is related to cognitive functioning among older adults,"

**Elizabeth Zeigler** for "A new application for neuropsychologists in liver disease," and

**Sejal Vyas** for "Wada test recognition memory scores are influenced by language laterality."

Honorable mention for the Student Research Award was awarded to Zarabeth Golden for "The differential impact of Alzheimer's dementia, head injury, and stroke on personality dysfunction."

**MARK YOUR CALENDARS NOW FOR THIS YEAR'S CONFERENCE**  
**OCTOBER 15 - 18, 2003**  
**DALLAS, TEXAS**

## Connecting in a Virtual World: Listservers in Neuropsychology

*We are delighted to have Drs. Philip Schatz and David Loring to discuss two neuropsychology listservers ("listserves"). From personal experience, we have found such listserves to be a valuable way to stay connected to others in our profession, providing a mix of individuals from all segments of practice (e.g., private practice, academic), stages of career development (from current students to nationally known figures), and geographic locations (including many individuals practicing in countries other than the US). For each of us, participation in these listserves has led to research collaborations, friendships, and a wealth of information ranging from the practical information (e.g., billing information, test administration issues) to the theoretical. Listserves provide easy access to many opinions and a wealth of knowledge, although one must put up with the occasional dispute over controversial issues. Particularly when one practices in a setting relatively isolated from other neuropsychologists, it is easy to become encapsulated in one's own worldview: listserves help to keep us in touch with the range of opinion and practice found in the neuropsychology community.*

*Before getting to the formal discussion of listservers, Dr. Wilma Rosen transitions us from the Conference report with a description of one of the most concrete social benefits of the MCG listserver: The List Lurker's Lounge.*

*Dr. Schatz has put together a background on listserves in general as well as a brief overview of a couple of new listserves created by NAN for its membership. These lists are intended to disseminate information to NAN members and to serve as forums for discussion of relevant topics in neuropsychology. These listserves have only recently been launched, and are still developing the "critical mass" necessary to produce a lively discussion.*

*Dr. Schatz has also assembled a list of other neuropsychology listserves of which he is aware. We highly recommend that neuropsychologists try these lists and others that may be available, recognizing that certain lists will fit better with one's individual style and interests. As the list compiled by Dr. Schatz is not exhaustive, we would be glad to provide information for other listserves as they are made known to us.*

*Dr. Loring is the creator and administrator of the NPSYCH listserve that is operated out of the Medical College of Georgia. This list is devoted primarily to practice and research in adult neuropsychology and is one of the more active neuropsychology listserves in operation.*

### **The List Lurker Lounge Wilma G. Rosen, Ph.D.**

List Lurkers Lounge (LLL) is an outgrowth of David Loring's neuropsychology list server. As the number of active contributors and lurkers (readers only), Joanne Max and Karen Steingarten posted the following question on the server: Would list members (writers and lurkers) be interested in getting together at the NAN conference in San Antonio? Because of numerous affirmative and enthusiastic replies, Joanne and Karen arranged the first LLL in a bar in the conference hotel. It appeared to be an immediate success. People seemed so pleased to meet each other and amused to find they had conjured up completely incorrect mental images of each other based upon their missives to the server. Fiona Bardenhagen, who brought her camera from Australia to record her visit to the U.S., photographed this gathering, which Jeff Browndyke voluntarily posted on his website (see this year's pictures at [www.neuropsychologycentral.com](http://www.neuropsychologycentral.com)). Karen and Joanne even had us put small orange dot stickers on our conference badges to identify us to each other and to mystify non-LLL attendees. Unbeknownst to us at the time, a tradition was born.

I have a somewhat hazy recollection of how I more or less inherited making the arrangements for LLL at the next NAN conference in Orlando. Because that gathering also worked

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**Listservers: A Backgrounder****Philip Schatz, Ph.D.**

E-mail and Internet-based mailing lists, also called discussion lists or ListServes, are an automated way to send email to a group of people. Such lists make it possible to send mail to everyone subscribed to the group, through an automated program at the site hosting the list, which automatically copies the incoming email and sends it to the email address of each person in the group or List. These automated programs allow automatic processing of administrative tasks, such as SUBSCRIBE and UNSUBSCRIBE by e-mail messages, or through Internet-based pages which are used to manage the list.

ListServes may be moderated, in that messages submitted to the list serve are first inspected or approved by an administrator who determines whether or not to broadcast the message to the list. With unmoderated lists, all messages are automatically broadcast without prior approval. ListServes allow for open discussions with up to thousands of other subscribers on all kinds of topics, using only email or a web browser. List serves are a very time efficient means of monitoring and engaging in discussions with a group of people that have shared interests.

NAN has recently created two ListServes, NANtalk and NANinfo. The NANtalk listserv was developed as a forum for discussion of neuropsychology- and NAN-related issues. The NANinfo list was developed as a one-way means of disseminating information from the NAN Office to members, but subscribers cannot post messages to the NANinfo list. **To subscribe, simply send e-mail to majordomo@nanonline.org, leave subject line blank, and place “subscribe NANtalk your-email” or “subscribe NANinfo your-email” in the body of the message.**

There exist numerous other ListServes, which are listed below. More detailed

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**NPSYCH: The Grand-daddy of Adult Neuropsych Listservers**  
**David Loring, Ph.D.**

NPSYCH is an internet listserver, or email list, that provides a forum to exchange information with colleagues in neuropsychology and related fields. It is not formally affiliated with any organization or group, so there is no agenda, hidden or implied. Support for NPSYCH is provided by the Department of Neurology at the Medical College of Georgia.

NPSYCH began in 1994 after my department purchased its initial listserver software and successfully launched NEURO, a sister list for neurologists. One of the positive features of NPSYCH is the same as any other professional list—that is, the ability to post a question and get very rapid feedback, often within minutes. The topics of discussion are wide ranging in scope and have included patient/disease specific discussions, functional MRI, billing and coding conventions, statistical and methodological problems, medication questions, discussions of new (and old) tests, links to recent articles in the clinical neurosciences, and even job postings. Still, NPSYCH is not for everyone. As of this writing, there are approximately 200 persons who have unsubscribed from the list.

The membership that comprises NPSYCH is diverse with respect to theoretical approaches and biases, seniority and experience, and even geographical location. There are over 1250 subscribers from over 25 countries, and personally, the non-North American perspective is always appreciated. Students are large beneficiaries of the list since it provides them with exposure to multiple theoretical and practical approaches to neuropsychology, which often times is not available in graduate school (this is in addition to the job postings <g>).

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## A Medicaid Primer

Leslie D. Rosenstein, Ph.D.

### **Disclaimer**

*This document has not been sponsored, reviewed, or approved by the Centers for Medicare and Medicaid Services or any Medicaid carrier. Any errors or omissions are the sole responsibility of the author.*

### **History**

Medicaid is a national health care program run by the Centers for Medicare & Medicaid Services (CMS), which is a federal agency within the United States Department of Health and Human Services (<http://cms.gov/about/overview.asp>). Medicaid was created and made into law in 1965 by Title XIX of the Social Security Act. It is described by CMS as a joint venture between the Federal and State governments, and was originally designed to serve low-income individuals. It has since been expanded to also cover many elderly individuals, children, pregnant women, and people with disabilities in the United States.

### **State Programs**

Within the guidelines set by CMS, each state Medicaid program is run individually. According to CMS, each state administers its own Medicaid program, establishing its own eligibility standards, determining type, duration, and scope of services, and setting fee schedules. Thus, there is considerable variability between the states, particularly with respect to services provided by psychologists and neuropsychologists. For instance, in New York psychologists are able to bill for psychological testing, CPT code 96100, but not for neuropsychological testing, 96117, while physicians may bill for the latter. In Texas and similar states, psychologists are reimbursed for both psychological and neuropsychological testing, as well as for therapy services, though at rates significantly below those of other carriers in the state. In Illinois, psychologists are currently not reimbursed for services to Medicaid patients, though that status is currently being challenged through legislative changes. Missouri only recently began reimbursing psychologists for services provided to Medicaid patients, and only as the result of a lawsuit by that state's psychological association. In Georgia, psychologists are only reimbursed for seeing patients who are 21 years of age or younger.

Information regarding each state's current Medicaid program can be found online at <http://cms.hhs.gov/states>. Contact information for state Medicaid directors, as well as contact information for obtaining provider enrollment applications can be found at <http://cms.hhs.gov/medicaid/mcontact.asp>. Direct links to each state's Medicaid program can be found at <http://medicaid.aphsa.org/links.htm#states>.

All Medicaid programs are funded by both State and Federal dollars. Each state is mandated by the Social Security Act and federal regulations to provide minimum levels of coverage. In every state, all payments are made directly to health care providers or managed care organizations. Payments are never made directly to the recipients of the care.

### **Plans within Medicaid**

Each state is required to meet specific coverage level requirements by the Federal government. They can also provide optional coverage to individuals in their state. The states can meet Federal requirements in a variety of ways. Thus, most states have developed special programs, including managed care programs for specific groups. Being a Medicaid pro-

vider does not make one automatically eligible to see and be reimbursed for patients in all of the plans. You must check with your state Medicaid agency to determine if you need to enroll in each program individually, and how to do so in order to become a provider for each plan.

### Technicians

Whether one can use and bill for technician time varies by state. There are state Medicaid programs that clearly prohibit the use of technicians (e.g., Arkansas, Texas). Be certain to check with your state's Medicaid agency to determine whether you may use technicians. You could be charged with fraud and/or fined for each case in which you bill for technician time if such is prohibited.

### Diagnoses and Procedures Covered

Your state's providers' procedures manual or handbook (sometimes available online) will outline which, if any, diagnoses and procedures psychologists may utilize and bill for. Claims will be denied if the wrong diagnosis or procedure code is used. For instance, you may be able to diagnose Cognitive Disorder NOS (CPT 294.9), due to traumatic brain injury, but not Traumatic Brain Injury (854.1) or Encephalopathy (348.3). Likewise, your state's Medicaid program may permit you to bill for 96100, but not 96117.

### Hourly Testing Limit

Your state's Medicaid program may also limit the number of hours of testing that can be completed in one day or one year. Hours billed beyond that limit will not be paid. However, some states may allow you to request additional hours if medical necessity can be documented. Again, check your state's procedures manual.

### Whether to Become A Medicaid Provider

Why would one choose to be a participating Medicaid provider?

### Advantages

- Potential for broader patient/referral base: Many physicians will refer patients with any type coverage to you, knowing that you are a Medicaid provider. Physicians may not want to take the time to go through their list of specialist consultants to see who accepts which insurance. Knowing that you take most third-party insurance, including Medicaid, will be to your advantage if your concern lies in increasing your referral base.
- Opportunity to see more patients with TBI: Many potential patients, particularly those with chronic conditions such as TBI, have Medicaid as their insurance. Being a Medicaid provider will allow you to provide services to more of those individuals.
- Availability of electronic claims filing: You may file claims electronically. This offers multiple advantages. First, you will know immediately if certain types of claims errors were made, and those can be corrected on the spot. Secondly, claims filed electronically will generally be paid very quickly, sometimes within one week of submission.

### Disadvantages

- Lower insurance reimbursement: Generally, the Medicaid fees, when services by psychologists are covered, are low. In addition, you may be limited in the number of hours of testing that may be performed and billed for in one day.
- A contract to serve as a Medicaid provider is a contract with the Federal government. As such, audits can be performed at any time. The potential fines and prison sentences for errors considered as fraud are a bit intimidating.

### How to Become a Medicaid Provider

First, be sure to check whether your state's Medicaid program reimburses psychologists for services. Next, obtain and complete your state's Medicaid enrollment form (see <http://cms.hhs.gov/medicaid/stprovrel.pdf> for a list of provider enrollment phone num-

bers). Generally, you will need copies of your license, board certification (if relevant), and your liability insurance face sheet. In some states, to become a Medicaid provider you must first become a Medicare provider. Medicare Provider Enrollment forms can be found at <http://www.cms.hhs.gov/providers/enrollment/forms> or by calling your local Medicare contractor (see <http://www.cms.hhs.gov/providers/enrollment/contacts/> for phone numbers in your state).

### **The Intake of a Medicaid patient**

At the time of the initial referral, obtain a copy of both sides of the insurance card/paper or all pertinent information from the card (name of insured, DOB of insured, plan name, etc.). Many referral sources have this in their files and are accustomed to providing this to their specialist consultants, so be sure to ask at the time of referral. Make sure you are a provider for the specific Medicaid program in which the patient is enrolled. Also, find out if the patient's plan requires referral by a primary care physician (PCP). If yes, then you must obtain such a referral as well as the PCP's Medicaid identification number for claims filing. In addition, make sure that the patient has not gone over their annual limit for mental health encounters; if they have, the requested evaluation or other service may need to be pre-authorized. Lastly, be sure to ask for the date of expiration on the current Medicaid card, and whether their enrollment will be automatically renewing if it expires before you can see them.

As with any patient registration, verify all demographic/insurance information – including complete information on the name/address/phone/DOB/SS of the insured, for each insurance policy, and clear information on the order of benefits (e.g. which policy is primary, secondary, tertiary, etc.). Make sure the patient or guardian signs a statement agreeing to have Medicaid and any other insurance

company pay the provider, namely you, directly. There is a field on the HCFA 1500 for such a signature (Field 12), but you can have the patient simply sign a generic statement, and indicate on the HCFA that there is a "Signed statement on file."

### **Process of Claim Submission: General Procedures**

Claims in most states must be submitted on a HCFA 1500 form or via electronic transmission. Your state's Medicaid carrier can tell you how to enroll for electronic transmission.

When you see the patient, be sure to make a photocopy of both sides of their Medicaid card. If you are filing a paper claim (e.g., HCFA 1500), consult your Medicaid procedures manual or handbook for the claims submissions address.

For claims for which Medicaid is a secondary payor, the claim to Medicaid will usually need to include the remittance statement from the primary insurance carrier. However, some carriers will automatically forward the claim to Medicaid so you don't have to. This is the case when Medicare is primary and Medicaid is secondary.

### **Claim Problems**

Maintain awareness of claim denials; many carriers require a response to claim denials, or incorrectly processed claims, within a specified time period (e.g. 60 days, 6 months, etc.). Follow up every denial—in many cases you will be able to complete an appeal by phone. Your Medicaid procedures manual (which may be available online; if not, call and request a copy if one is not sent to you) should give you the appropriate phone numbers for this. In some instances, you will be told you need to re-file the claim from scratch. Be aware of reasons for rejection, and avoid those in the future. A common cause of denial for neuropsychologists relates to using diagnostic codes that are not covered for specific procedures. Again, check your provid-

ers' manual for a list of diagnoses that are covered for each procedure. Although in our profession we are often told to use non-mental health codes, many Medicaid carriers will only allow us to use mental health codes. Until and unless you get the policy changed in your state, you must follow your state's Medicaid carrier's guidelines if you wish to get reimbursed.

In addition to claims being rejected, you may also have claims paid incorrectly. These could be either in your favor, or Medicaid's. For instance, you may bill 4 units of 96117, and be paid for 1 unit. This happens when the claims are processed by hand, and someone enters 1 unit into the system out of habit. Likewise, decimals can be misplaced on the charge amount; you will be paid for the lesser of the charged amount or the fee multiplied by the units. Thus, if you charge \$800 for a 4-hour evaluation, and the decimal is inadvertently entered after the 8, you will receive \$8.00, not 4 times the scheduled fee.

When errors are made in your favor, it is your responsibility to catch this, inform your Medicaid fiscal intermediary, and send them a reimbursement check. If they catch the error later, you could be assessed interest charges and fines in addition to the original amount of overpayment.

#### **Medicaid Providers in Large Institutions**

If you have a central office filing your claims for you, you may not be aware which claims are being rejected, or why. Claims may be rejected or processed incorrectly for countless different reasons. These include typographical errors on the part of your billing office, processing errors made by an individual at your state's Medicaid fiscal intermediary, or incorrect coding of a diagnosis (e.g., a mismatch between diagnosis and procedure, or between diagnosis and provider type). Many of these can be corrected easily,

either through a phone appeal or by re-filing the corrected claim. The few minutes it takes to correct a claim error is miniscule in comparison to the time it takes to complete an evaluation and prepare a report. If you've done the work, you should take these extra steps to see that you and your institution are reimbursed for your time and expertise. While you will likely be held accountable for your own accounts receivable, there may not be anyone watching for your Medicaid claim rejections. Institutions may simply write these off; you need to be proactive so that you receive the proper credit for your work.

#### **Final Thoughts**

Becoming and remaining a Medicaid provider is not an easy decision. The fees are generally low, barely covering costs. Scheduling may be difficult as patients may have transportation problems. You may even have a higher than usual no show rate if you don't provide phone reminders a day or two before the scheduled appointments. Getting paid can be cumbersome at times, and finding a live human being to answer your questions can sometimes be frustrating. Finally, you run the risk of becoming overwhelmed with Medicaid referrals if you advertise the fact that you are a Medicaid provider; the latter situation may occur if you find yourself in the not unusual situation of being the only Medicaid provider in a 100-mile radius. On the other hand, Medicaid patients need our services, perhaps more than any other group we serve. Having the opportunity to help these individuals can certainly be rewarding. Some neuropsychologists have opted to see occasional Medicaid patients on a pro bono basis, without becoming Medicaid providers. This allows them to avoid some of the pitfalls and complications, but still serve some of these individuals.

Ultimately, the decision is yours, unless you work in a large setting. If you are a Medicaid provider, or you become one, be sure to know the rules of the game. Again, get

your own copy of your state's Medicaid providers' manual or handbook. It should contain most of the answers you need, as well as various contact information.

### **Instituting Changes in Your State's Medicaid Program**

If your state's Medicaid program does not reimburse neuropsychological services adequately, or at all, it may be possible to institute changes. In the event that there is no coverage, or the fees are inadequate, changes will likely require legislative action. For instance, in Illinois, the Illinois Psychological Association worked diligently with legislators to fashion a bill which was passed unanimously by the House and had strong voting support to also pass unanimously through the Senate. However, despite the votes in the Senate, a simultaneously occurring and untimely budget crisis in Illinois occurred. This resulted in a fiscal note being attached to the bill and it was then held on the floor of the Senate. It will be re-introduced again in January 2003.

Changes in policy (e.g., with diagnoses, hourly limits, and technician use) may not require that level of action, but your legislators, particularly your own representatives, and those on the committee that oversees your state's Medicaid program (e.g., Health and Human Services Committee) may be able to help. Ultimately, non-legislative changes will probably be made by the state's Health and Human Services Commission, or its equivalent, which administers the Medicaid program. In some states, though, changes have been made through the judicial system, such as in Missouri, where a lawsuit (Missouri, 2002) resulted in psychologists being reimbursed for services. Similarly, a federal lawsuit has brought about an expansion of Medicaid services in Louisiana to reimburse psychologists for services to developmentally disabled children (Shuler, 2002).

Before approaching your legislators or the

commission that administers Medicaid in your state, it is recommended that you contact your state psychological association to inquire whether the same issue is already on their legislative agenda. If it is not, you might request consideration of the issue, and offer your assistance and support. NAN's Professional Affairs and Information Office is also available to answer questions and provide support in various forms.

### **References**

Centers for Medicare and Medicaid Services.

<http://cms.hhs.gov>

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Texas Health and Human Services Commission (2002). *Texas Medicaid in Perspective, 4<sup>th</sup> Edition*, Austin, TX. (<http://www.hhsc.state.tx.us/Medicaid/reports/PB/2002pinkbook.html>)

## Letters to the Editor

### ***Normalization problems with Matrix Reasoning?***

Dear Editor:

I was concerned about the untimed nature of the Matrix Reasoning (MR) subtest of the WAIS-III and ended up getting information from PsyCorp that I thought would be of value to all practicing psychologists. I originally asked PsyCorp to distribute the information, but they don't seem to be interested. Hence, I am using this forum.

We noticed when we first started using the WAIS-III that some of our patients were taking a very long time to complete the test. The record was 45 minutes! I realized that this couldn't possibly be what PsyCorp intended when designing this test so I undertook a detailed reading of the technical and user's manuals to see if I could get any information and direction.

What I found was confusing. While the manual stresses the untimed nature of the subtest, page 44 of the administration manual states that for most untimed subtests one should use a 15-20 second time limit. I called PsyCorp to get a clarification and spoke to several people before getting a person who said she would investigate and get back to me. After a couple of days, she called and said that the people who normed the test used a 20 second time limit. They allowed a few seconds more if it appeared the subject was close to coming up with a response. I was dumbfounded and asked repeatedly if she was certain about this. She assured me that she spoke to the researchers who were involved in the work and that is what was done.

I felt that this information was vitally important and asked PsyCorp to consider notifying test purchasers. They never did this and I don't understand why. At any rate, I hope this information is helpful to the

membership and might spur the publisher to clarify this issue to all test users.

Nick DeFilippis, Ph.D.

### ***Psych Corp responds -***

Dear Editor:

We understand that some confusion has been expressed regarding the issue of time limits for the WAIS-III Matrix Reasoning subtest. Clinicians using the WAIS-III should be aware of the fact that the Matrix Reasoning subtest was not standardized with any time limit.

Our experience with the development and standardization of matrix reasoning tasks has shown that skilled clinician can successfully administer the subtest without any need for imposing stringent time limits. (Dr. Zhu was one of the Research Directors for the development of the WAIS-III and Dr. McCloskey directed the development of several tasks using a matrix reasoning format).

The results of tryouts and standardizations of matrix reasoning tasks have taught us that most examinees respond to items within 10-30 seconds. The longer an examinee takes to provide an answer beyond 30 seconds, the more likely it is that that response will be incorrect. In a tryout study for the WAIS-III, the data suggested that most examinees could provide answers within 30 seconds. For those who could not provide an answer within 30 seconds, most did not get the correct answer even when they were given more time (up to 180 seconds).

Because some clinicians raised concerns about the timing of Matrix Reasoning subtest immediately after the WAIS-III was published, an article entitled "Is there time limits for Matrix Reasoning on the WAIS-III?" by David S. Tulsy and Hsin-Yi Chen was published in The Psychological Corporation's Assessment Focus Newsletter (Fall 1998) and widely distributed to psychologists. The information relevant to the timing issue contained in that article is as follows:

*Because Matrix Reasoning is an untimed task, some clinicians have raised concerns about the length of time that it may take to administer this subtest. Theoretically, an examinee could scrutinize every item, and the subtest could be impractical to administer. Comments have been posted on listservers questioning the potential length of an untimed performance task.*

*Time estimates obtained during the standardization showed the opposite effect, as most individuals will provide answers within 10 to 30 seconds. Moreover, examinees tend to complete the Matrix Reasoning test quickly, generally in 7 minutes or less. These time estimates indicate that the median time for the subtest is 6.4 minutes, with 90% of examinees completing the subtest in 11.9 minutes.*

*At the item level, the data indicate that 90% of the items (across all of the standardization responses) were completed within 30 seconds. There were some individuals, however, who took longer to answer the items. Based upon the data obtained from the 2,450 examinees who comprised the standardization sample, it seems that the additional time will not increase scores. Of those examinees who took longer than 60 seconds per item, the responses were wrong two-thirds of the time. This rate would be higher if the guessing factor were considered.*

*This finding can be generalized to clinical practice and used to help guide examiners when administering the test. If an examinee has performed quite well on the task and then takes additional time to solve the items as difficulty increases, the examiner should probably allow the extra time as needed. Alternatively, if an examinee who has not made many correct responses tends to ruminate on items without any perceived benefit, the examiner should encourage the examinee to respond after 30 seconds or so, and definitely move along after 45 to 60 seconds.*

*Using these guidelines, the examiner can manage the administration time of the Matrix Reasoning subtest while using clinical judgment to ensure that a time factor does not constrain unduly an examinee's performance. The benefits of having a performance subtest that*

*measures abstract, fluid ability in an untimed measure clearly outweigh the potential problems of a prolonged administration time on a few rare occasions.*

We hope the information we've provided will help clear up any confusion clinicians may have on the issue of time limits.

Best wishes.

J. J. Zhu, Ph.D.  
Senior Research Director  
Psychological Measurement Group

George McCloskey, Ph.D.  
Senior Research Director  
Psychological Measurement Group

### ***Where are my issues of Archives of Clinical Neuropsychology?***

Dear Subscribers to ACN:

We at NAN are continuously working with Elsevier to resolve the delivery problems of the Archives of Clinical Neuropsychology. We finally have a new Society Coordinator at Elsevier who is responsible for reestablishing the links between Elsevier and NAN that were broken during Elsevier's reorganization. Most ACN subscribers should have received v.17, nos. 6-8 by now. Elsevier is short several v. 17 printed copies, and they are printing those journals now. If you still have undelivered back issues, please contact Marcia Stauffer or Heather Santos at NAN's Central Office (email - office@NANonline.org), and they will forward your back order request to NAN's new Society Coordinator.

Although a few subscribers have received some v. 18 issues, Elsevier has been waiting for an updated mailing list of NAN members from NAN before sending out the remaining journals. This list was given to Elsevier on April 9th; thus, v. 18 should begin to flow from Elsevier's production

*continued on page 18*

## HIPAA - from page 2

of the record/incorrect information, and only if it is actually incorrect.

10. Obtain special written consent before you release psychotherapy notes. You may keep psychotherapy (process) notes in a file separate from the rest of the patient's record. 3<sup>rd</sup>-party payors may not require disclosure of psychotherapy notes, and release of psychotherapy notes to patients or designated parties is afforded special provisions under the Privacy standards. State laws that require less access to psychotherapy notes by patients will be preempted by HIPAA, while state laws that allow greater access (and greater patient protection) will take precedence over HIPAA.
11. Keep an accounting of disclosures of patient health information for the past 6 years (beginning on 4/14/03 or when you first become a HIPAA-covered entity), and provide patients with access to that accounting pertaining to their records upon their request.
12. When you disclose information, disclose the minimum necessary.
13. Mitigate the harmful effects of any breach in the privacy procedures, such as by informing patients when records are sent incorrectly or in error, and also requesting that the sent records be returned.
14. Permit patients to request that you restrict the use and disclosure of their protected health information for treatment, payment, and healthcare operations. Patients may also request you to restrict information released to their family.
15. Develop and implement a complaint process (e.g., receive, document, and store complaints, and give the complainant information on how to contact the US Department of Health and Human Service).

16. Develop and apply administrative and physical safeguards to protect protected health information (e.g., use password protection for electronic files, keep files in locked filing cabinets, and document that only you have access to the computer with original files as well as backup electronic files). Pay careful attention to PHI residing on computers which may be connected to a network; security measures will likely require institution of encryption techniques.

17. Follow the Security rules (see beginning on page 42 of the Federal Register, Volume 68, Number 34 at <http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/pdf/03-3877.pdf>) if you transmit any protected health information electronically. Transmissions of paper via facsimile, or voice via phone are not considered electronic transmissions. The Security Rules are effective April 21, 2003; the compliance deadline for the Security Rules is April 21, 2005.
18. Sign a written agreement with any business associates with whom you share protected health information (e.g., accountant, attorney, billing service, collection agency). Follow the guidelines in the Appendix to the Preamble of the Privacy Standards (pages 84-86 of the Federal Register, Volume 67, Number 157 at <http://www.hhs.gov/ocr/hipaa/privrulepd.pdf>).
19. Retain HIPAA documentation for 6 years from the date it was written or the last date it was in effect, whichever is later.

#### Raw Test Data

The Privacy Rules themselves make no mention of raw test materials. According to the APA Practice Directorate, though, decisions regarding the release of raw test materials should be made on the basis of your state's laws. The NAN Policy and Planning Committee is currently revising the NAN Test Security position paper, particu-

larly addressing the HIPAA requirements and the new APA ethics code. The NAN PAIO is also attempting to obtain written guidelines directly from the Office of Civil Rights (OCR) in the Department for Health and Human Services regarding the release of raw test materials, particularly for neuropsychologists whose states' statutory codes do not directly address the release of raw test materials. However, we have been informed that any written responses will come in the form of a FAQ (frequently asked question) on the OCR web site ([http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std\\_alp.php](http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php)). Furthermore, we were informed that the OCR publishes FAQ's only in response to large numbers of requests for the same information. Therefore, NAN members are encouraged to help with this effort by requesting guidance regarding the release of raw test materials either via phone (1-866-627-7748) or email (OCRPrivacy@hhs.gov).

#### **Failure to Be in Compliance**

There are posted fines and penalties for failure to comply with the HIPAA-generated rules, particularly aimed at entities not demonstrating good faith effort. However, at least where small private practices are concerned, the emphasis will reportedly be on educating and providing technical assistance. Entities will be audited in response to complaints that are interpreted to reflect failure to comply with the standards.

#### **Disclaimer**

The NAN PAIO provides this information in hopes of easing your compliance with HIPAA guidelines. However, the information above is not exhaustive, and you should rely on the actual rules in establishing your compliance. This information has not been endorsed or approved by the United States Office of Civil Rights, the Centers for Medicare and Medicaid Services, or the APA Practice Directorate.

*ROSEN - from page 6*

out well with Joanne's assistance, I then continued in my "Pearl Mesta" role for San Francisco and most recently, Miami Beach. By now, I've become an expert in dealing with the hotel employees who make LLL possible. Even the ID stickers have taken on special meaning as they reflect the conference locale (suns wearing sunglasses for Orlando, hearts for San Francisco, seashells for Miami Beach). Jeff Browndyke continues to place the photos on his website, and none of us look older.

IMHO, three key ingredients contribute to the success of LLL:

1. Location, location, location. The hotel bar (or a bar in a separate room) seems most conducive to the spirit of LLL.
2. The ease of socializing. A willingness to meet others, curiosity about contributors, surprise at connecting a name with a face, and already knowing something about somebody having read their posts (the good, the bad and the ugly) make the gathering so comfortable.
3. The conversations. Discussions on serious topics occur, but people also use this gathering to get to know one another on a more informal basis, to schmooze, and, yes, to gossip.

Many professional and personal relationships have developed as a consequence of LLL. And the networks continue to grow as more and more people enjoy LLL at the NAN conferences. Cheers to a growing tradition; let it always remain as delightful as it has been.

*Loring - from page 7*

Student postings are responded to by more senior members with the same thoughtfulness as postings from established neuropsychologists.

There is no cost for membership, and persons interested in subscribing should visit [www.npsych.com](http://www.npsych.com) and choose the "Join or Enter NPSYCH" option. Since this is a closed list, a screening email is used to screen membership eligibility. However, I do not perform administrative functions on a daily basis, and the entire subscription process often takes more than one week, particularly if I am facing an important deadline, out of the office, or receive many membership requests at the same time.

The software that runs NPSYCH (Lyris) not only accepts and copies messages, but also determines if a message is from a valid subscriber. Thus, the use of aliases by an ISP may create problems in posting. In addition, Lyris will put a person's subscription "on hold" if their email storage allocation has been exceeded and messages are "bounced back." Interestingly, both MSN and Hotmail seem to create the biggest problems with regards to these issues.

NPSYCH has a web and newsgroup interface that allows alternate methods of accessibility. NPSYCH may be accessed using the web interface at [www.npsych.com](http://www.npsych.com). You will be required to enter your email address and password, and if you have forgotten your password, there is an option on the login screen for it to be sent to you.

There are multiple options for receiving NPSYCH postings, and these can be easily changed by the member at anytime with the web interface. These options include receiving separate emails as they are

posted or a digest form consisting of a single daily email that contains all NPSYCH postings for that day. There is also an index option that consists of a daily email containing only the title of each posting. Finally, there is a "nomail" option in which no messages are delivered, although members remain subscribed to the list. Nomail is used when a subscriber is out of the office for an extended period and prefers not to receive NPSYCH postings. A searchable archive also exists at this website.

A list of rules and regulations is sent to new members once their membership is approved. Since this is a restricted list intended for a relatively informal exchange of opinions, I do not allow messages to be passed to persons who are not qualified to become NPSYCH members. In particular, anyone who uses postings as part of a legal proceeding immediately has their membership terminated. Inappropriate use of the list to harass individuals or posting messages that contain inappropriate personal accusations or profanity will also lead to membership privileges being revoked. Fortunately, there have only been a handful of individuals who have violated these guidelines.

By in large, most individuals are able to disagree professionally although there are one or two topics that that seem to regularly recur (e.g., symptom validity, cognitive sequelae of mild TBI). These areas are controversial and consequently tend to engender a higher degree of emotional debate. Thus, the use of good subject lines becomes an important part of posting, allowing subscribers to quickly recognize postings in an area that they find either uninteresting or a rehashing of a topic that has appeared many times before. Such postings can be deleted based upon the subject line or who posted the message.

There is often a desire to forward emails of general interest to friends and colleagues.

*Loring - from page 17*

Because a sense of kinship often develops with other members of the list, comments that are not strictly neuropsych related (e.g., news or humor) are allowed if there is an appropriate subject line identifying the subject of the post to be "Not NP." NPSYCH provides a way of maintaining contact with other neuropsychologists, which at times may be difficult when engaged in a busy practice. I welcome interested persons to join NPSYCH and participate in this unique professional community.

*BLAU- continued from page 4*

table fund in Ted's memory. At the Blau family's request, TOP will accrue contributed donations to fund ABF's establishment of the Theodore H. Blau Early Career Award for Outstanding Contributions to Professional Clinical Child Psychology. APF will administer this annual honorarium, which will be awarded to promote scholarship and foster achievement among bright young professionals who have demonstrated both talent and commitment to the field of Child Psychology. Donations should be made payable to "TOP Jewish Foundation, Inc." and sent to Dr. Lili Blau, 213 East Davis Boulevard, Tampa, FL 33606.

*Letters - continued from page 14*

facility in Ireland.

On behalf of NAN, please accept my apologies for the continued journal delivery problems you have experienced. We will continue to work with Elsevier until these problems have been resolved.

Gregory P. Lee, Ph.D.  
Chair, NAN Publications Committee

### ***Fond Remembrances of Harold Goodglass***

It all began in graduate school at Clark University when I took Harold Goodglass's highly recommended course in aphasia and related disorders. Not only through reading and lectures did Harold expose us to this fascinating world, but he held one class at the Boston VA where he demonstrated with admirable clinical acumen the language deficits in a patient who had suffered damage to Broca's area. After writing a paper on cerebral dominance for this course, I became totally hooked and decided to pursue this area for my dissertation research. Harold agreed to be my major advisor, a role he undertook with unfailing support, enthusiasm, good humor, and intellectual excitement. Harold made his VA resources available to me, which included getting a piano to record random musical sequences. When I remarked how out of tune the piano was, Harold gently admonished me with something like, "You don't know the strings I had to pull to get that piano!" Harold provided me with his state-of-the-art three-field tachistoscope and his two very capable research assistants, one of whom was Ted Peck, an undergraduate at the time. In addition to my personal and professional interactions with Harold, it was so obvious that he was magnet for many competent psychologists who came to work with him at the Aphasia Research Center. In one of my last conversations with Harold at a NAN meeting where he had a poster (still!), he spoke about his findings and then added, with his characteristic laugh, "As always, research raises more questions than it answers." -A wise statement from a knowing individual, of whom I will always have fond memories and abiding respect.

Wilma G. Rosen, Ph.D.

**Summary of Minutes, Board of Directors Meeting  
Austin, TX May 3-4, 2002**

**May 3, 2002**

**Present:** Barth, Cullum, Elliott, Gouvier, Harris, Hom, Korzora, Lee, Perry, Pliskin, Reynolds, Rosenstein, Ruff, Schatz, Troster, Uzzell, Wilkening, Zeifert and Zillmer.

**Absent:** Eschemendia, Koffler, and Puente

**PRESIDENT'S WELCOME** (Jim Hom)

Dr. Hom called the meeting to order at 9:05 a.m., May 3, 2002 and welcomed everyone to Austin, Texas. The agenda was reviewed.

**SECRETARY REPORT** (Robert Elliott)

**Minutes from the November, 2001 Board Meeting.** Discussion of the minutes from the November 2001 Board Meeting took place. A number of minor changes were made to the document.

**MOTION: Moved by Zillmer and Seconded by Uzzell that Zillmer be replaced by Prigatano in the Motion on page 7 of the May 4, 2001 Minutes.**

**VOTE: PASSED Unanimously.**

**MOTION. Moved by Ruff and Seconded by Gouvier to approve the minutes of the November 2001 meeting, as amended.**

**VOTE: PASSED Unanimously.**

**TREASURER REPORT** (Greta Wilkening)

**Audit 2000:** The audit for fiscal year 2000 has been completed. A copy of the report is contained in the agenda booklet.

**Revenue:** Membership revenue is slightly down. Conference revenue is down approximately \$50,000. For 2001 revenue was \$678,458 and expenses were \$680,158. \$783,385 was budgeted for 2001.

**Allocation:** There was discussion of monies that are not currently in accounts that draw income. There is \$104,000 negative balance at this date. NAN needs to plans how to allocate the \$1.4 million that NAN has in various accounts.

NAN has approximately 14 different accounts. Some of these accounts are not insured and some are not income producing. There was discussion about a need to have a consolidated report that details information on how much each account generates in income.

Dr. Hom led discussion on the need for NAN, as a nonprofit organization, to obligate the monies that are generated. Creation of a developmental fund to seed new projects may be a solution.

**MOTION: Moved by Uzzell and Seconded by Ruff that the Finance Committee develop a comprehensive financial plan of NAN assets and liabilities to be presented to the Board of Directors on May 4, 2002.**

**VOTE: PASSED Unanimously.**

**Action Item:** Finance Committee will meet 5/4/02 to discuss the status of each NAN account and how to consolidate the monies.

**Foundation:** \$5000 has been allocated to the Foundation.

**Office:** The NAN By-laws state that the Treasurer signs all checks. If the Treasurer is not located in Denver (central office) efficiency is reduced. The auditors have expressed concern about having two major check writing sites (i.e., central office and Treasurer). The accountant recommended that all check writing be transferred to the executive director's office with oversight by the Treasurer.

**Action Item: Table this discussion. Refer this issue to the Finance Committee for discussion.**

**Audit 2002:** An audit of fiscal year of 2002 will be conducted in 2003. An audit midway through the Treasure's tenure was approved during the last board meeting.

Commendations to Dr. Wilkening for her effort as Treasurer.

**Action Item: The Treasurer will contact the NAN accountant regarding employee status for contracted chairs. Stipends are currently issued to six chairs.**

**CONFERENCE PROGRAM** (Alex Tröster )

**Program 2002:** Dr. Tröster led discussion about plans for the 2002 program. New for the year will be CE for the Town Hall meeting and for Dr. Puente's CPT presentation. The honorarium costs will be less for 2002 compared to 2001.

**Continuing Education:** The number of CE workshops has increased (23 workshops in 2001 to 28 in 2002).

There was discussion about offering an ethics workshop that will satisfy the requirement of the California and Washington licensing boards for an ethics course.

Dr. Zeifert led discussion about CME and the need for renewed membership of NAN's physician members. A need to advertise in physician publications was discussed. Last year NAN had 11 physicians attend the annual conference. The Executive Director will explore marketing to physician organizations.

Commendations to Dr. Tröster for his exceptional work organizing the annual conference.

**EXECUTIVE DIRECTOR'S REPORT** (Josette Harris)

**Office:** April has resigned from her employment with NAN. Heather Santos is the new full time Office Manager.

**Website:** David Kutcher and Don Black visited the office in April 2002 to review use and cost of technology used in the central office. Costs of these consultations have been covered by the Executive Director's office but in the future consultation may take place via email/phone contact.

**Lease:** A new three-year lease has been signed. An early termination clause was negotiated.

**Professional Issues/PAIO:** A few members have requested dues/special assessment waivers. The Executive Director is acting in an advisory role for PAIO.

**Conference and Site Selection:** The 9/11 attack significantly impacted the 2001 Conference. A number of cancellations resulted in \$25,898 being refunded. Conference revenues (\$319,000 after refunds) were down almost \$51,000, although NAN still made a profit for 2001. We did not meet our room block and the hotel initially requested a \$40,000 penalty fee. Dr. Harris was successful in negotiating a cancellation of all penalties. Last year NAN had no conference insurance policy.

**NAN Foundation:** Provision tax-exempt status has been granted.

**Action Item. Dr. Hom will schedule the Foundation Board meeting during the NAN annual conference.**

**Future sites:** Conference sites selected are Seattle for 2004 and Tampa for 2005.

**Gronwall Scholarship Fund donation.** Dr. Harris led discussion about the request for this scholarship fund. There was discussion about the NAN Foundation handling such requests in the future. No action at this time.

**POLICY AND PLANNING REPORT** (Jeff Barth/Neil Pliskin)

**Definition:** A definition of Clinical Neuropsychologist was approved by the Board at the last Board meeting.

**Position Papers:** The Cognitive Rehabilitation White Paper was approved last meeting. Dr. Pliskin led discussion about publishing the paper. The paper will be submitted to the Archives of Clinical Neuropsychology.

Other White Papers being worked on include a guideline for conducting pediatric neuropsychological assessments and guides for parents and physicians.

Dr. Barth led discussion about publishing a monograph on NAN's White Papers. A possible publication vehicle would be the Archives of Clinical Neuropsychology.

**MOTION: Moved by Reynolds and Seconded by Gouvier that the Policy and Planning Committee research and draft a White Paper for dissemination on the issue of psychologists who are not neuropsychologists providing pre-certification of neuropsychological testing and other neuropsychological services on behalf of managed care or related companies.**

**VOTE: PASSED (6 in favor, 2 abstentions).**

**Liaison Committee:** There was discussion about coordinating work efforts between organizations working on the same project/issue. An ad hoc liaison committee needs to be appointed to lend leadership for coordinating efforts between neuropsychology organizations. The Intra-organization Committee (IOC) (President, Past President, and Chair of Policy and Planning were recommended to the President as members but the President would make the appointment) would include members of this liaison committee. The appointed Chair would pull together all of the liaisons and compile a comprehensive/inclusive report.

**Action Item:** *Dr. Hom will organize a meeting of a inter-organization liaison committee for the 2002 annual conference and at APA 2002.*

**Starter Set:** Dr. Pliskin needs feedback on the starter set. The paper, Essentials of a Neuropsychological Evaluation, is still in committee and will be presented to the Board at the 2002 Annual Conference. The Test Security paper is on hold until APA ethics changes are published. The Informed Consent in Neuropsychology paper is still a work in progress.

New members of the committee include Dr. Joseph Ricker, Dr. Preston Harley and Dr. Deborah Koltai. New consultants include Dr. Sharon Arfa and Dr. Lynn Blackburn. The committee currently has approximately 100 grassroots members participating in various discussions.

**Chair assignment:** Jeff Barth's and Neil Pliskin's term of office will be over in November 2003. Replacement chairs or renewal will need to be considered by the President within the next year.

**PROFESSIONAL AFFAIRS AND INFORMATION OFFICE (PAIO) COMMITTEE** (Leslie Rosenstein)

**Billing survey:** Dr. Rosenstein reported that Dr. Puente needs a survey of billing practices from a subset of at least five NAN members for presentation to AMA. The use of the Policy and Planning grassroots network to volunteer for the survey was discussed

**Action Item:** *Dr. Hom will send Board members additional information.*

**Definitions:** Dr. Puente is working on a definition of supervision for Center for Medicare/Medicaid Services (CMS) and limited use of the term "medical diagnosis" by neuropsychologists.

**Liaison role:** Dr. Ted Peck and Dr. Dawn Schlegel have volunteered to sit in on medical organization meetings in the Washington D.C. area. Currently, Dr. Joe Fishburne is providing such support.

**Leadership.** Dr. Rosenstein led discussion about assignment of leadership roles in the PAIO and contracted pay for leadership of the PAIO Committee. Dr. Wilkening raised an issue about stipends/salaries paid to any NAN Chair and the need for a contract. Dr. Reynolds raised an issue about the difference between a 1099 and a W-2 employee. An accountant may be able to provide advisement of the IRS Rule regarding the regulations guiding the definition of employee status. The only employees who currently receive a W-2 are the two office employees. No Board member can receive a stipend from NAN for services as a Board member.

Dr. Rosenstein stated that under the proposed organization of PAIO, the Director and the Assistant of the PAIO Committee will receive a stipend. A letter of agreement is recommended by Dr. Rosenstein. There was discussion about the job description including the stipend amount. The exact amounts of the stipends for the PAIO Committee have not been specified.

There was discussion about a need for full disclosure of the process used in selecting the leadership of the PAIO Committee and the operational/financial aspects of the office. There is consensus by the Board and Chairs that development of the PAIO Committee should move forward.

There was discussion about the PAIO Committee report submitted to the Board for review (submitted by Leslie Rosenstein 4/15/02). Discussion centered around the need for a document that could be modified to include three documents: Document #1 would include a Mission Statement (Purpose of the Office) and job descriptions, Document #2 would list PAIO planned activities, and Document #3 would list financial considerations.

**Action Item:** *Leslie Rosenstein will modify the PAIO document and resubmit to the Board for consideration.*

**Budget:** \$120,500 is the proposed budgeted amount for the activities of PAIO. At this time the budget for PAIO cannot exceed the funds specifically collected for PAIO through the special assessment process.

**MOTION:** Moved by Gouvier and Seconded by Zillmer to approve

the PAIO Committee purpose and budget document.

**AMENDED MOTION:** Moved by Ruff and Seconded by Perry to add general job descriptions to the duties of the PAIO officers.

**VOTE:** Passed Unanimously, as amended

**MOTION:** Moved by Reynolds and Seconded by Gouvier to alter the proposal to have two Directors with the titles of Director of Professional Advocacy and Director of Professional Affairs and Information who will jointly manage the budget and report to the Board of Directors.

**VOTE:** Passed Unanimously.

**MOTION:** Moved by Reynolds and Seconded by Zillmer to adopt a budget that includes a stipend of \$10,000 for the position of Director or Professional Advocacy, a stipend of \$25,000 for the position of Director of Professional Affairs and Information, and a budget of \$15,000 for the Special Advisor position. The total budget will be \$118,500, spent at the discretion of the Directors in accomplishment of the goals of the office.

**VOTE:** Passed Unanimously.

The budget for the PAIO Committee will be jointly managed by the two Directors.

**Website articles.** Dr. Elaine Hanson, a neuropsychologist and attorney, will develop a legal page on the website. Dr. Shanna Kurth will be writing an article on collection issues.

Selected PAIO issues were scheduled to be discussed/acted upon on May 4, 2002.

**PUBLICATION COMMITTEE** (Gregory Lee)

**Bulletin Editors.** The two Bulletin editors currently receive \$2,000 for each issue (\$1,000 for each editor). Dr. Lee led discussion about the stipend for the editors of the Bulletin. There was consensus that \$2,000 per edition of the Bulletin was excessive.

**MOTION:** Moved by Zillmer and Seconded by Ruff to restructure the Bulletin editor stipend to \$2,000 per year with the expectations of providing two program issues.

**VOTE:** Passed Unanimously.

**Electronic Format.** If the Bulletin was offered in electronic form it is estimated that 15% of the NAN membership would not receive the publication. Printing and postage for mailing the Bulletin is budgeted at \$5,600 per year.

**Infomatics Update:** Dr. Lee led discussion about the possibility of using Infomatics for dissemination of NAN printed information. Taylor and Francis have offered NAN members a discount of 50% off the publication Brain Injury if NAN agrees to specified conditions. The offer by Taylor and Francis was rejected.

Dr. Gouvier stated that Elsevier and other major publishing houses are providing publications to third world countries at a substantial cost reduction.

**Journal:** The Journal is being tracked in an efficient manner. There are 120 new submissions since Dr. Gouvier has assumed the editorship office.

**EDUCATION COMMITTEE** (Penelope Zeifert)

**APA CE Approval:** NAN continues to maintain APA approval for the annual conference workshop offerings. California MCEP has approved APA Approved Sponsors for California MCEP requirements.

**Committee Chair:** Dr. Zeifert will be stepping down as Chair of Education. Dr. Zeifert has offered two candidates for the Chair position.

**Book Series.** The tests will be on-line. The charge will be \$10 per chapter. No vote from the board for approval is needed since there is no budget implication.

**MEMBERSHIP COMMITTEE** (Elizabeth Kozora)

**Membership status:** As of 4/30/2002 NAN has 2,738 active paid members. As of 4/24/01 NAN had 2,880 active paid members. We currently have 1,341 delinquent members. Dr. Harris reminded the Board that the final dues notice has not yet been mailed to those who are delinquent.

**Waivers:** Dr. Kozora led discussion about the issue of hardship waivers for the PAIO special assessment waivers. There was consensus that the Membership Committee is empowered to make a decision regarding waivers.

**Chair assignment:** The Chair is at the end of her term. Three individuals expressed an interest. The President will make a

decision

Commendations to Dr. Kozora for a fine job as the Chair of the Membership Committee.

**FELLOWS COMMITTEE** (Barbara Uzzell)

The Fellows Committee received nominations for 22 applicants. The Fellows Committee recommended 10 of the nominees for Fellow status.

**Note:** Subsequent Minutes on May 3-4, 2002 were taken by Dr. Josette Harris in Dr. Elliott's absence.

Dr. Uzzell reported on a procedural change implemented in the processing of Fellows nominations for 2002. Only those nominees who received two or more nominations were asked to submit applications. There was discussion about this policy change. There was a lack of consensus on the Fellows Committee for implementing this change. The Board asked that nominees who had received a single nomination be given an invitation to submit an application.

**Action item:** *The letter will be sent from the Executive Director's office and nominees responding to the letter will be forwarded as additional applicants to the Fellows Committee for immediate processing.*

**MOTION:** Moved by Zillmer and Seconded by Gouvier to approve the current nominations recommended by the Fellows Committee to receive Fellow status.

**VOTE:** PASSED Unanimously.

**MOTION:** Moved by Ruff and Seconded by Wilkening that the meeting of the Board of Directors be adjourned.

**VOTE:** PASSED Unanimously.

The Board adjourned at approximately 5:00 p.m. for the remainder of the day.

The Board of Directors and Committee Chairs will reconvene May 4, 2002 at 9:00 a.m.

**May 4, 2002 (Day 2)**

**PRESIDENT'S WELCOME** (Jim Hom)

Dr. Hom called the meeting (day 2) to order at 9:00 a.m. May 4, 2002 and announced that Dr. Schatz would join the meeting via teleconference at 9:00 a.m. Dr. Echemendia would participate at 9:30 a.m. It was announced the Investment Committee would convene later in the day for planning purposes.

**INFORMATION TECHNOLOGIES** (Phil Schatz)

**Organization:** Dr. Schatz announced all was going well from a technological perspective. There was a meeting at the office of the Executive Director earlier in the year to plan the transition of NAN databases to the new web-based applications. David Kutcher of Confluent Forms, Don Black, the original programmer of the current NAN databases, and Dr. Harris attended the meeting. The new system will be an on-line equivalent of the current system used for dues entry, membership updates, and conference registration. The system will include other member-restricted access and services. Dr. Schatz emphasized that NAN would have a unique website with capabilities that will serve the organization well. Dr. Schatz provided a breakdown of the allocation of funding for Technology expenditures. There was discussion about the monies allocated for DistanCE versus NAN Technologies. Dr. Wilkening noted recent efforts to separate the two for accounting purposes.

**DistanCE:** Dr. Schatz projected expenses of \$38,000 for FY 2002. He referred to a detailed report previously submitted by David Kutcher that described the various phases of web-based development. There was discussion concerning the annual losses by DistanCE over the years since its inception. Dr. Schatz pointed out that, if the initial start-up costs are excluded, DistanCE has done well financially on average over the years. Dr. Schatz requested funds to meet the current expenses and reminded the Board that monies were not allocated at the November 2001 meeting.

Dr. Wilkening summarized the 2002 revenue for DistanCE. Discussion ensued about the low revenue and the low enrollment of DistanCE. There was agreement that the courses are excellent. Dr. Zeifert noted that CE is not approved for DistanCE at this time and that the CE application for California has not been completed. There was discussion that the ability to offer CE through DistanCE would probably increase enrollment. Dr. Perry suggested that, for example, the Ethics course once developed, would be a popular offering. Dr. Zillmer voiced concern that the allocation of financial and other NAN resources to DistanCE were excessive, particularly in comparison to the annual program, given the limited number of individuals served by DistanCE.

**MOTION:** Moved by Gouvier and Seconded by Uzzell that DistanCE be revamped, including completion in two years (by 5/04) of financial self-sufficiency, CE offerings, modularized courses with partial credits, finances based on a budget coordinated with the Treasurer's office, and that DistanCE be brought under the oversight of the Education Committee.

**MOTION TO TABLE:** Moved by Zillmer to table the Motion until October 2002.

**VOTE:** PASSED: ( 5 in favor; 2 abstentions)

**Book CE Program:** Dr. Schatz announced that the Book CE program is two hours from completion. Currently, the system creates tests and scores results, but does not generate a CE certificate. Payment on-line will occur for Book CE, membership, and conference charges.

Dr. Perry pointed out that increased credit card use would mean an increase in credit card service fees to NAN.

**NAN Bulletin:** There was discussion about sending the membership an e-mail notification that the NAN Bulletin is available on-line. Dr. Reynolds recommended that a deadline be set for a transition from hard copy to electronic dissemination method for publications. Dr. Harris and Dr. Lee noted that this was discussed at the November 2001 meeting and that Publications had been given the decision-making authority on this topic.

**DistanCE courses:** Dr. Hom communicated via teleconference with Dr. Schatz that there are concerns the Board of Directors would like to address about DistanCE revenue. Dr. Schatz reported that three courses are either being offered or are in development and nearing completion in 2002: Neuroanatomy, TBI, and Ethics. Based on one additional offering of the Neuroanatomy course this year, Dr. Schatz believes DistanCE will break even or generate a profit in 2002. Dr. Schatz reported that DistanCE is awarding CE to registrants. Dr. Zeifert informed Dr. Schatz that the 1999 to 2004 APA application for CE approval only pertains to the NAN annual conference. Dr. Zeifert and Dr. Schatz agreed to complete the CE paperwork for DistanCE approval from APA within two weeks.

**Future development:** Dr. Schatz was asked if he would be agreeable to assign the DistanCE program under the Education Committee. Dr. Schatz expressed his agreement.

Dr. Zillmer asked about Dr. Schatz's long term plans for DistanCE and his own involvement with the program. Dr. Schatz commented that registration, payment, and communication with registrants are time consuming tasks, but that otherwise administering the program is workable. He believes this will improve with the e-commerce capabilities currently under development.

**DistanCE stipends:** Dr. Uzzell raised a question concerning monies allocated to course development. Dr. Schatz explained that presenters are paid a stipend. Monies are also traditionally allocated for DistanCE individuals to represent NAN at the conference via an exhibit booth. Dr. Hom mentioned that all stipends are being reviewed by the Finance Committee. Dr. Hom also stated that the Board of Directors plans to look over DistanCE in the coming months and more carefully evaluate its role within NAN. He informed Dr. Schatz that a Motion concerning a critical review of the DistanCE program was tabled until the October, 2002 Board meeting.

**AWARDS COMMITTEE** (Ruben Echemendia)

Dr. Echemendia recommended that Dr. Peter Arnett be named the new Chair of the Awards Committee.

**Executive Board closed session:** Called by the President to discuss nominees and award recipients. After discussion of nominees, the full Board and committee members reconvened.

Dr. Echemendia announced the Award's Committee's recommendation that Dr. Larry Hartlage be awarded the Distinguished Service Award.

**MOTION:** Moved by Gouvier and Seconded by Reynolds that Dr. Larry Hartlage be awarded the Distinguished Service Award.

**VOTE:** Passed: (7 in favor; 1 abstention)

Dr. Echemendia reminded the Board that the Board had previously voted that Dr. Dordrill receive the Distinguished Neuropsychologist Award for 2002.

Dr. Erin Bigler was recommended by the committee to receive the Nelson Butters Award. However, his article was an invited article and in keeping with the tradition of the Nelson Butters Award, two other papers were recommended to receive the award. Llorente et al. and McCaffrey et al. received tied ratings for their papers.

**MOTION:** Moved by Gouvier and Seconded by Ruff that Llorente et al. and McCaffrey et al. share the Nelson Butters Award.

VOTE: Passed (7 in favor; 1 against)

**DIVERSITY COMMITTEE** (Ruben Echemendia)

Dr. Echemendia announced the Diversity Committee was pulling together and a mission statement is being drafted first to define the committee and its' focus. The next step will be to develop specific recommendations that will aid the committee to move forward to fulfill its mission. A budget of \$500 was requested. The committee has discussed a mentoring program, student training, and the provision of services for ethnic minority patients. By October, 2002, the Committee plans to have a more solid direction. Dr. Perry recommended working with the Ford Foundation.

**MOTION: Moved by Cullum and Seconded by Ruff to allocate \$500 to the Diversity Committee to bring the committee together at the NAN 2002 meeting for planning and development purposes.**

**Discussion:** There was discussion that a smaller budget could be allocated to accomplish the initial goals.

**AMENDED MOTION: Moved by Cullum and Seconded by Ruff to amend the motion to set the funds for the committee at \$250.00.**

VOTE: PASSED Unanimously.

**GRANTS COMMITTEE** (Charles Golden)

Dr. Reynolds reported for Dr. Golden. A substantial number of grant requests were received and reviewed by the Grants Committee. Dr. Golden compiled reviewer ratings, and sent the top half of the grants to all reviewers for re-review. Final decisions were reached by taking the highest ranked grants and working down from the Grants Committee budget. Four grants are proposed for funding for a total of \$52,000.

**MOTION: Moved by Gouvier and Seconded by Ruff to accept the Grants Committee recommendations for the grant award.**

VOTE: PASSED (6 in favor, 2 abstentions)

**MOTION: Moved by Reynolds that the Grants Committee budget be reduced to \$25,000, that grant funds not be used for professional salaries, purchase of computers, or travel to the NAN annual conference.**

**MOTION: Moved by Perry that Dr. Reynolds' motion be split into 2 motions.**

**MOTION: Moved by Reynolds and Seconded by Perry that grant funds not be used for professional salaries, purchase of computers, or travel to the NAN annual convention.**

**AMENDED MOTION: Moved by Reynolds to amend his motion to state that travel funds to NAN be restricted to a maximum of \$500.00.**

VOTE: PASSED (7 in favor; 1 against)

**MOTION: Moved by Reynolds that the Grants Committee budget be reduced to \$25,000 per year.**

**Discussion:** Dr. Harris expressed concern that Dr. Golden was not present for the discussion of this motion. In addition, Dr. Harris reviewed the Articles of Incorporation of the Foundation and expressed concern that because the Grants program has been moved to the Foundation, it may not be appropriate for the NAN Board to make decisions relevant to budget, funding, and awards that fall within the purview of the Foundation. Dr. Harris requested that this motion be tabled until the October 2002 meeting of the Board when Dr. Golden would be present.

**MOTION: Moved by Ruff and Seconded by Perry that the Motion to reduce the Grant Committee's annual budget be reduced to \$25,000 be tabled until the October 2002 Board meeting.**

VOTE: PASSED Unanimously.

**Action Item:** Dr. Golden will be contacted by Dr. Hom to renegotiate budgets for the current year such that computers be excluded from the budget and travel be limited to \$500.

**Action Item:** Dr. Harris will address the role of the Foundation in relation to NAN and the Grants Program.

PROFESSIONAL AFFAIRS AND INFORMATION OFFICE (PAIO)

continued on page 27

Schatz- from page 7

information regarding subscribing to these lists is available on the NAN web page at: <http://nanonline.org/content/pages/online/listserve.shtm>. Please report any ListServes to which you are subscribed and/or that are not listed to [info@nanonline.org](mailto:info@nanonline.org)

Neuro and Npsych ListServe (<http://www.npsych.com>)

Clinical Psychophysiology and Biofeedback ([majordomo@listp.apa.org](mailto:majordomo@listp.apa.org))

Clinical Research Coordination ([g.crcsig-request@milwaukee.va.gov](mailto:g.crcsig-request@milwaukee.va.gov))

Current issues in psychology/psychiatry ([listserv@maelstrom.stjohns.edu](mailto:listserv@maelstrom.stjohns.edu))

Employment - Medical ([jobs-med@execon.metronet.com](mailto:jobs-med@execon.metronet.com))

Geriatric Neuro ([listserv@maelstrom.stjohns.edu](mailto:listserv@maelstrom.stjohns.edu))

Neuro-psych ([majordomo@psyc.com.net](mailto:majordomo@psyc.com.net))

Neuropsychology of HIV/AIDS (email: [listserv@maelstrom.stjohns.edu](mailto:listserv@maelstrom.stjohns.edu))

PED-NPSY - Pediatric Neuropsychology ([pnlowner@tc.umn.edu](mailto:pnlowner@tc.umn.edu))

Psyber-L: Exploring Psyche in Cyberspace (<http://psybernet.co.nz/psyber-l.htm>)

Psychologists,Clinical ([listserv@listserv.nodak.edu](mailto:listserv@listserv.nodak.edu))

Rorschach ([listserv@maelstrom.stjohns.edu](mailto:listserv@maelstrom.stjohns.edu))

*Zillmer - from page 3*

Currently military psychologists are deployed as part of combat stress units in Iraq where they evaluate and manage combat stress "on site." Hospital ships deployed in the Persian Gulf feature inpatient mental health units and consultation-liaison services. What I find of particular interest is that each operating Navy aircraft carrier has a "resident" psychologist on-board. I had the opportunity to tour the USS Roosevelt when she was docked at the Navy base in Norfolk. It is overwhelming to understand the mechanical as well as social complexities that the crew must confront in operating such a vessel.

A different side to military psychology is related to operational procedures and populations. This winter I had the opportunity to visit Bosnia, which is considered a hostile war zone, and meet with Pennsylvania National Guard troops who were participating in NATO peacekeeping missions. As a neuropsychologist, I was particularly intrigued in how our troops would "hold up" far from home in an ambiguous peacekeeping job, which I expected to be physically harsh and politically complicated. In Bosnia, I introduced myself to the troops as a psychologist. A common response was that "we have a psychologist here too!" by which they meant the

concept of psychological operations, which includes the distribution of propaganda leaflets and a radio propaganda campaign to educate the population.

In general, Psychological Operations or PSYCOPS are planned operations to convey selected information to ultimately influence the behavior of organizations, groups, and individuals. An example of one of the millions of propaganda leaflets that were dropped as part of Operation Iraqi Freedom can be found at <http://www.centcom.mil/galleries/leaflets/showleaflets.asp>.

Operational neuropsychology plays an important role in the area of combat stress, the training of prisoners of war, hostage negotiations, terrorism, critical incident stress management, and the psychological effects of nuclear, and biological and chemical warfare. There is a secret nature to PSYCOP and PSYCWAR (psychological warfare), which makes it difficult to write about since the psychologists who do this type of work don't talk about it!

But I did ask LT Carrie Hill Kennedy (who is not only a Naval officer but also a NAN member) about her work in the military. As a Navy Psychologist stationed in Okinawa, Japan at the United States Naval Hospital, her clinical duties include being the Department Head of the Substance

Abuse Rehabilitation Department, which sees approximately 3,000 Marines, Sailors, Soldiers, and Airmen. In addition she functions as a mental health provider on the Inpatient Mental Health Unit admitting and treating patients.

Although her primary duties are not of a neuropsychological nature, she stated that her neuropsychology training has assisted in better decision making about individual patients. During the two years that she has been in Okinawa, she has had to make determinations regarding fitness for duty for individuals diagnosed with depressive disorders, substance use disorders, learning disorders, attention deficit/hyperactivity disorder, and anoxic sequelae following suicide attempts. Her neuropsychology training has greatly enhanced her ability to make such decisions, as cognitive demands of various military occupations must be weighed carefully with the individual's presentation. In addition, she routinely educates Sailors and Marines on such topics as combat and operational stress in environments such as the jungle and how to optimize cognitive performance.

Operationally, she is attached to the 3rd FSSG Surgical Company. "In case of a combat situation, I am trained to staff a Combat Stress Platoon, which is designed to preserve our fighting force by returning battle-fatigued

troops to full duty quickly and to prevent the development of mental illness (i.e., PTSD). The Combat Stress Platoon is designed to return almost 70-80% of battle fatigued troops to full duty within 72 hours and is a critical component of forward care for our service members."

During my stay in Bosnia I traveled to Camp McGovern via Black Hawk, which is a forward operating base in northern Bosnia on the border of Croatia and a former war "hot spot." At Camp McGovern, which resembles foremost a bunker, I spent my day with LT David Calhoun and LT Mitchell Drucker. "What psychological skills are necessary here to survive?" I asked them. "You have to be able to work in groups and in small teams. That is something that comes in very handy here. Communication is very important here. We think of our jobs here as 'learning by doing.'" Without actually experiencing it, it is difficult to convey how complex of a job LT Calhoun and LT Drucker have. Every day they fly around Bosnia, roughly the size of Maine, in helicopters visiting various Army bases and ensuring that everyone is on the same page.

But they seem to love every minute of it. "Good leadership inspires me," they explained. These days I am back at Drexel. Once in a while I receive an e-mail all the way from Bosnia, from my new friends LT Calhoun and LT Drucker.

Blessed are the Peacemakers.

## Random Discharges from the Editors

### A Bad Moon Arisin'?

From the adult and peds neuropsych listservs this month, a couple of distressing developments were described that may have substantial impact on neuropsych practices in New York and in the Southeast.

Ken Perrine, Ph.D., ABPP-Cn of New York City noted that New York State has passed a law revising the psychology board regulations in December, 2002 that becomes effective September 1, 2003. The new law now includes protection (restriction?) of "the practice of psychology" as well as the formerly protected title "psychologist." The board is interpreting this law to mean that:

1. The use of psychometrists will be completely prohibited, unless they are licensed psychologists, have a temporary permit (ie, PhD in psychology and accumulating hours for licensure), or are enrolled in a psychology doctoral program and engaging in such testing as requirements of said program.
2. The use of research assistants to administer psychological tests will be completely prohibited, unless they are licensed psychologists, have a temporary permit, or are enrolled in a doctoral program of which "research" is a component and related in some vague way to the research testing. This basically prohibits the use of any research assistants giving any psychological tests unless they meet the foregoing criteria, whether for psychological research, drug studies, etc.
3. As is the case in most, if not all, states, physicians can administer all tests as part of their assessments in the practice of medicine.

Concerns about such an interpretation of the law include the potential financial impact on many non-exempt neuropsychology practices (e.g., private practice, for-profit hospitals such as NYU and Beth Israel) as well as the possibility that many grants (even NIH grants) will be restricted to hiring licensed psychologists or currently matriculated doctoral program students as research assistants.

=====  
There has been a great deal of chatter on the listservs about a potentially disturbing issue:

In the southeast (specifically, Florida, Georgia, Alabama, Mississippi, Tennessee, Louisiana), a major insurer, particularly in military towns, has decided that, in retrospect, they should not have paid for neuropsychological testing under "med/surg" but should have paid the claims as "mental health." Apparently, "until recently, 96117 was deemed a "medical service", with the fee schedule listing 96117 for MD's to file, so when neuropsychologists submitted 96117 claims, they were paying "medical" reimbursements, not "psychological". An audit is underway by PGBA of neuropsychologists to recoup this money. Essentially, they are stating that they are revising the fee schedule for that period of time (2000 - 2001), and are reprocessing the claims to recoup from the provider the difference in fees." Letters from the insurer demand repayment of sums ranging up to thousands of dollars within 30 days.

If you have any information relevant to these issues, you may contact Dr. Leslie Rosenstein at the NAN Professional Affairs and Information Office (PAIO) via email at [PAIO@nanonline.org](mailto:PAIO@nanonline.org).

## Terrific Opportunity for NAN Members

### Earn CE credits while learning ways to help payors understand what we do

The National Academy of Neuropsychology has initiated a book series with the goal of providing practical information that we can put to use right away in addition to earning continuing education credits for learning this information. This series is entitled ***Neuropsychology: Scientific Bases and Clinical Application***. The first book of the series, ***Clinical Neuropsychology and Cost Outcome Research: A Beginning***, is now available.

Neuropsychologists are being increasingly called upon to demonstrate the value of their services. This edited book introduces clinical neuropsychologists to the concepts and challenges involved in conducting cost outcome research. It provides examples of how such research can be conducted within clinical neuropsychology and therefore is a “beginning” step in what must become an interdisciplinary effort. The text suggests that more than cost effectiveness studies should be considered when demonstrating the clinical utility of neuropsychological services. The concepts of “objective” and “subjective” markers of value are emphasized, particularly as they relate to measuring the impact of a neuropsychological examination.

Chapters review the economic burdens associated with different neurological conditions commonly seen by neuropsychologists. They also provide examples of how the services provided by clinical neuropsychologists may reduce “costs” and increase “benefits” for the populations we serve. Suggestions are provided for beginning cost outcome research. Furthermore, the book summarizes the utility of various neuropsychological services that may be helpful to readers concerned with healthcare economies.

***NAN members receive a 40% discount when purchasing this book.*** The National Academy of Neuropsychology is approved by the American Psychological Association to offer continuing education for psychologists. The National Academy of Neuropsychology maintains responsibility for the program. CE credits are awarded as follows:

Psychologists can earn continuing education credits by reading chapters of the book and then taking tests on-line. One credit is offered per chapter, at \$10 a credit. The book has 21 chapters. Psychologists must take tests for at least seven chapters in one sitting. CE credit is only offered online, and payment must be made through a credit card. The number of credits allowed for this type of “home learning” varies by state and psychologists should check with their respective state psychology boards.

To access the online testing program, enter the website at <http://nanonline.org/bookce/>. Choose a chapter you have read and answer the associated questions. Scoring is automatic and items missed are identified. You can retake each test until 75% of the questions are answered correctly. Once at least seven tests are passed, complete a brief participant satisfaction form. Enter demographic information, and pay for the tests taken with a credit card. A certificate is generated online.

Enjoy!

**Board Summary - continued from page 22**

(Leslie Rosenstein)  
(continued from May 3, 2002)

Dr. Rosenstein reviewed the Mission Statement and Planned Activities for PAIO. Significant effort was placed into developing the documents. The Board thanked Dr. Rosenstein for her efforts. Dr. Rosenstein reported on the ongoing development of the PAIO web services and current data collection efforts that are being used to compile a database of state insurance carriers and reimbursement information. A network of consultants is being developed and the PAIO is planning how to network with other organizations in positions to facilitate the PAIO objectives. The Blue Cross Primer will be published in the NAN Bulletin, authored by Dr. Shanna Kurth.

**Collections:** Dr. Rosenstein and Dr. Harris summarized the status of PAIO collections. More detailed information about the response of the membership will be available by October 2002. Dr. Rosenstein presented the Board with the PAIO 2002 budget. The budget was reduced to reflect projected revenue from PAIO membership special assessment. PAIO will operate only on funds generated from the membership special assessment.

**Additional Director role:** Dr. Hom presented a summary of the Executive Board session discussion about the PAIO. The Board of Directors wishes to expand the roles within PAIO to include two directors in order to manage the multitude of projects and initiatives outlined by PAIO in its three-year plan. Dr. Neil Pliskin was asked to consider assuming a second director role.

Dr. Wilkening suggested that development of advocacy projects and other activities, as outlined in the mission statement and planned activities of PAIO, would be illustrative of the expected functions the Board would like to see Dr. Pliskin assume. Dr. Pliskin suggested he work closely with Dr. Rosenstein and with Dr. Tony Puente for the next four months to evaluate what he can accomplish in this role, to further define the role, and to determine whether he would be able to devote needed effort. Dr. Pliskin declined to accept any remuneration at this time.

Dr. Rosenstein was asked to alter the Mission statement to accommodate two Director roles.

**Action Item:** *The progress of the PAIO Directors will be reviewed during the October 2002 Board meeting, along with a general review of PAIO.*

**PAST PRESIDENT'S REPORT** (Gordon Chelune)

Dr. Chelune asked for clarification of the procedures that need to be followed when NAN members bring up issues from the floor during the annual business meeting that may impact or concern the NAN general membership, many who are not present during the Annual Conference business meeting.

**Action Item:** *Review of minutes, particularly 1992 annual business meeting, and any other policies regarding this issue.*

**President Elect's Report**

The Program Chair has not been appointed for 2003 and 2004. Three people will be considered for the position during the 2002 Annual Conference

**New Business**

Concern was expressed that Board members should be more available at the conference. In addition, it was suggested that Board members be compensated for their significant volunteer time given to the organization, via an increase in room nights covered by NAN, or other conference benefit.

Dr. Chelune asked that the Board of Directors resist the tendency to institutionalize the governing body of NAN. He cautioned against relying too heavily upon those who have significant experience on the Board and within NAN to the exclusion of new individuals who could also make significant contributions, if given the chance. He stressed the importance of bringing in junior colleagues and asked that the Board of Director's (BOD) make a conscious attempt to do so, allowing them to be exposed to the governance to allow them to participate more fully. Dr. Hom emphasized there is no attempt to exclude new individuals. Numerous individuals expressed their complete agreement with Dr. Chelune's comments. It was further acknowledged that the "one percent rule" regarding nominations potentially favors well recognized names in the field. Dr. Chelune recommended that bringing individuals onto committees allows them to become better known within the organization and to facilitate their nomination for offices.

Dr. Hom had initially asked that the BOD review NAN's long-range goals. There was consensus that the Board is already making plans to evaluate ongoing projects, such as PAIO and DistanCE.

NAN: Board Minutes 5/4/2002  
Approved by the Board 10/14/02

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**NEUROPSYCHOLOGIST  
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Drake Center in Cincinnati, Ohio, is seeking a neuropsychologist to serve as the full-time Clinical Director of the Department of Psychology. This position involves direction of a Department of Psychology located in a long-term acute care hospital serving patients with traumatic brain injury, intracerebral hemorrhage, multi-system failure, and other complex medical and neurological conditions. The responsibilities of this position include administrative leadership, provision of neuropsychological evaluation and treatment services for patients, and facility-wide behavioral and cognitive program development. Specific job responsibilities include:

- 1) Selection and training of staff for administration of psychometric testing, collection of behavioral data, and interaction with other members of the treatment team.
- 2) Design of an outpatient service delivery model for neuropsychological evaluation of patients with neurological injury.
- 3) Development of a psychology business strategy that allows service to inpatients and outpatients in a cost-effective manner, and supports the interaction of the institution with government and commercial payers.
- 4) Development of a clinical internship training program.

Qualifications for this position include: A PhD in Neuropsychology, or a PhD in Psychology with a post-doctoral fellowship in Neuropsychology; 3 to 5 years experience in a programmatic leadership role or department managerial role; and interest in cognitive and behavioral disorders acquired through neurological injury.

This Neuropsychologist will be encouraged to promote clinical research within his/her department, and will be encouraged to interact with referral sources and clinical collaborators. He/she will also be expected to direct the post-doctorate educational internships and recruit candidates for those internships. There is ample opportunity to collaborate with academic faculty in the College of Medicine at the University of Cincinnati. Drake Center serves as the teaching site for numerous academic programs, including the Physical Medicine and Rehabilitation Residency at the University of Cincinnati College of Medicine.

Cincinnati, Ohio, is a region of growth, with major league sports, a world-famous zoo, and professional arts and culture. Housing and living costs are very affordable, and recreational options are unlimited.

Drake Center offers competitive benefits and room for advancement. This individual will report to the Vice President of Drake Center Professional Corporation and will work collaboratively with the Medical Director of Neurorehabilitation Services at Drake Center. The successful candidate will be fully credentialed through, and a member of, the Drake Center medical staff.

Please direct inquiries to: Ernie Prater, Director of Human Resources, Drake Center, 151 W. Galbraith Road, Cincinnati, OH 45216. Phone: 513-948-2616. Fax: 513-948-2619. E-mail: eprater@drakecenter.com. EOE

[www.drakecenter.com](http://www.drakecenter.com)

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*Send change of address to:*

Administrative Assistant, National Academy of Neuropsychology,  
2121 South Oneida Street., Suite 550, Denver CO 80224-2594  
[e-mail: office@nanonline.org].

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