

# The INDIANA Third Party Reimbursement Strategic Plan



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## Executive Summary

### Project Purpose

Third party billing and reimbursement for services provided by Athletic Trainers (ATs) has been a national topic and goal of the AT profession for over two decades. Over that time multiple NATA, district and state committees and some of the brightest individuals in the profession have been dedicated to the successful accomplishment of this goal. There have been strategic accomplishments: AMA recognition of ATs as healthcare professionals; AMA CPT code clarification for AT utilization, as well as the establishment of AT Evaluation Code 97005 & Re-evaluation code 97006; successful legal action with the APTA; ability to apply for and retain National Provider Identifier (NPI) numbers; and individual state legislative changes to discourage discrimination of ATs in the insurance market place. These accomplishments are important. Yet to date, recognition of ATs as Qualified Health Care Professionals and approval for compensation for services provided by ATs by insurers/third party payors nationally is the exception, not the rule.

The purpose of this pilot project is to focus the resources of our profession on the accomplishment of the stated goal. A strategy has been developed for the NATA to work with a select number of states that have practice acts that are non-restrictive to reimbursement, member support for reimbursement and resources, and to focus concentrated national resources on these states. The goal of this pilot is to develop and implement strategies for successful reimbursement of services, which are listed in insurers benefit plans, when services are provided by athletic trainers. Successful strategies developed and proven in this pilot will be utilized as best practices to expand successful third party reimbursement to other states.

This pilot is a collaboration between the NATA and individual states. The NATA involvement is important because this issue affects all members of the association in one manner or another. Success will affect nationally all AT specialty practice settings in one manner or another. Individual states are involved because this is where the "rubber hits the road" from a regulatory standpoint for all stakeholders, i.e., insurance companies, Workers' Compensation, employers and healthcare professionals. Success at the state level will drive job stability, as well as driving more jobs and improved compensation for ATs in that state. The NATA brings resources that individual states do not have, both professional and financial. NATA professional staff and consultants bring expertise, consistency and time. Financial resources available to and through the NATA are significant enough to make a concentrated, focused campaign in a finite time period. States bring already honed AT practice acts, local state leadership and connections, "boots on the ground" passionate volunteers, as well as financial resources of their own. The NATA is providing a "bolus" injection of resources to push individual states through to success. The individual state must "learn how to fish" during the time of the pilot to carry on the program independently on a long term basis.

Success of third-party reimbursement for services provided by ATs is important far beyond the clinical/hospital/physician specialty practices. ATs in secondary schools, college/universities, professional sports, performing arts, the military and occupational health specialty practices can utilize the third-party billing and reimbursement model as well. ATs who do not chose to utilize, or are not in a right position to do so, would benefit from the improved branding and recognition. A rising tide raises all ships!

Proportionately, the national successes of reimbursement for direct services provided by ATs are few, and the needs are many. For every successful example there are thousands of ATs who want and need improvement in this revenue model. As school and athletic budgets are slashed and decreases in reimbursement rates impact clinics, hospitals and physician practices, all business administrators are seeking methods to increase revenue and decrease expenses. If ATs cannot demonstrate ability to bring in revenue or demonstrate return on investment value, positions will be eliminated or go unfilled when vacated. For growth programs, ATs are being stretched thinner by being asked to do more with no additional support.

The question is posed by some as to why ATs continue to seek recognition and reimbursement from insurers in light of the Affordable Care Act, and obvious changes in health care reimbursement. The thinking is that Accountable Care Organizations (ACOs), Bundling Reimbursement Models and Patient Centered Home, three methodologies being implemented under the Affordable Care Act, will eliminate or reduce the fee-for-service reimbursement model. While no one knows the future in this constantly evolving landscape, it is known that commercial ACOs developed by Anthem Blue Cross Blue Shield, Cigna, Aetna and others utilize the same tracking and recognition methodologies they have used in the fee-for-service model to pay and track services in the new Affordable Care Act payment system. They continue to utilize these systems because of the investment they have in them and to change would be significantly costly. They are simply modifying systems to meet new challenges. Therefore, recognition of ATs as Qualified Health Care Professionals by insurers continues to be imperative in the new health care reimbursement methodology.

Athletic Trainer leadership at the national and state level must decide whether the financial and human resource cost of implementing this strategy is justified. It is recognized that only a small percentage of the AT profession is currently directly affected by third party reimbursement. However the question that must be asked: if athletic trainers become recognized as qualified health care professionals by third party payors, how would this recognition effect, change the brand, of the entire profession? Regardless of whether ATs are employed in a third party reimbursable setting, it is the contention of Strategic Business Development that this recognition would drive enhanced recognition and compensation across the profession, elevating the brand of Athletic Training.

An inclusive application process was utilized in the selection process, with nine states submitting responses to an RFP. Three of these states have been selected by the Selection Committee as the initial pilot states: **Indiana, Ohio & Wisconsin**. These states demonstrated their AT practice acts are not restrictive in clinical practice or reimbursement for that practice; state leadership and members are supportive of the third-party reimbursement model; and they demonstrated willingness to devote financial and human resources into the program.

An executive strategic plan and three year budget to accomplish the mission of this pilot has been developed by the National Manager of Strategic Business Development in collaboration with the pilot states' leadership. Upon NATA Board of Directors review and action, the BOD's action be presented to each of the pilot states' AT leadership for their review and actions.

#### **Project Mission**

Recognition of Athletic Trainers as Qualified Health Care Professionals by Insurers/Third Party Payors, leading to successful reimbursement by said Insurers/Third Party Payors for services provided by ATs in the state of Indiana.