

HEA 1467 Athletic Trainer Reimbursement Summary

Effective July 1, 2011, House Enrolled Act ("HEA") 1467 will create opportunities for Licensed Athletic Trainers ("LAT") to receive reimbursement from accident and sickness insurers and health maintenance organizations ("HMO"). While the new law will not mandate or require reimbursement for particular services, it will make certain that insurers cannot avoid paying for otherwise covered services merely because the services were provided by LATs (assuming the services properly fall within the LAT scope of practice). It will also add LAT services to the list of potentially reimbursable HMO services.

1. Under current accident and sickness insurance statutes, "health care services" mean services rendered by a provider within the scope of practice of the provider's license. This now includes services provided by LATs. Although Medicare does not cover LAT services, and this new law will not change Medicare's policies, it will create opportunities for LATs to receive reimbursement from other insurers and HMOs.
2. HEA 1467 requires insurers that cover physical medicine and rehabilitative services to cover those services if they are provided by a LAT within the LAT scope of practice. This law takes away the ability of an insurer to refuse to cover services provided by LATs, if the insurer covers those services generally and the services fall within the LAT scope of practice.
 - a) In other words, HEA 1467 will not require insurers to reimburse for any particular service. The law simply states that if an insurer **does** cover certain services, it must reimburse for those services if provided by a LAT, provided the services are within the LAT scope of practice.
 - b) HEA 1467 will also add LAT services to the list of health care services potentially covered by HMOs which means LATs may go through the credentialing process to become a participating provider.
3. LATs interested in third-party reimbursement should prepare educational materials and form letters to begin communication with various stakeholders. Areas to cover in these discussions include: explanation of licensure and scope of practice, benefits and efficiencies of LAT services, and the existing *or upcoming* opportunity for reimbursement provided by HEA 1467.
 - a) Before entering the world of reimbursement, LATs must get the necessary institutional/employer approvals, prepare for a system of billing, prepare a process for medical documentation, consider and establish policies on patient privacy under the Health Information Portability and Accountability Act ("HIPAA"), and consider a fee schedule for services, among others.
 - b) In the clinical setting, where LATs are already providing services as part of an existing health care team, the law will provide opportunities for new revenue streams with minimal change or disruption to existing practice arrangements. LATs and their employers should work together to contact insurers and HMOs early to discuss the upcoming changes. Attorneys, contract managers and billing managers in charge of the renewal and/or claims process should be informed of the amended law and should plan to negotiate accordingly.
 - c) Implementation of HEA 1467 will be gradual, it will apply to existing plans and contracts when they are renewed or amended and applying to new agreements after July 1, 2011.

Please keep in mind that scope of practice concerns, physician direction or referral/order requirements and other compliance issues are unaffected by this law – LATs must continue to meet the state and federal laws governing their services.