



The following is the NATA strategy for approaching insurers.

A folder with this information and brochures to be left behind is available to state groups who will be meeting with insurers. This online version just has information for the athletic trainer.

To request a folder please contact Patty Ellis and copy Delilah Garcia on your email. pattye@nata.org; delilahg@nata.org

Dear Member:

Thank you for seeking information on ways to advance the profession on matters of importance to every athletic trainer. NATA staff has worked to create a resource packet with information about third party reimbursement, creating a new athletic training position, or seeking legislative changes to upgrade the profession.

We have selected the information in this folder to answer your specific questions. If you do not find what you need here, please contact the staff immediately.

Before you start the review of this packet, we offer the following information of a general nature – regardless of your specific goals.

STRATEGIES FOR NATA MEMBERS

Members wishing to strengthen or update state laws, or forge a relationship with employers and third parties (insurers), should first develop a strategy that takes into consideration the following:

What's the problem?

Unless you can clearly define the problem, you're not ready to seek a solution. A careful examination of the issues will reveal if a legislative, regulatory (administrative), or other remedy is best. Separate the facts from the conventional wisdom or myths that are created around certain issues – make no assumptions. Obtaining reimbursement may mean approaching the insurance companies, the insurance commissioner, or the legislature depending on the current insurance law and the athletic training practice act. Fixing an employment problem could be as simple as talking with the HR Department or as difficult as updating the state practice act.

Is what you want to accomplish in the best interest of those you serve? If not, it will be a hard sell. If so, you will be able to attract support from many quarters.

A clearly defined mission, professional assistance (lobbyist and/or attorney) as well as NATA staff, a fully developed plan, and institutional memory are essential.

What's been done?

Effective action must involve the state association. Do not approach an insurer or legislators without the knowledge of the profession's leaders. Speaking with a unified voice is one of the most powerful political tools available.

The association provides the institutional memory for your plan. There will be leaders or former leaders, and perhaps a lobbyist, who know what's been

attempted and why it did or did not work. They know some of the minefields ahead and may have ideas on how to avoid them. Associations are always looking for willing volunteers, especially those with new enthusiasm, energy, and ideas for tackling an old problem. The institutional memory and the fresh energy combine to create a potent force!

Do the other members in the state support what you want to do? Do others have the same problem? An organized grassroots is critical to legislative success, and uninformed or apathetic members can kill the effort. Your association's mission statement should support the goal.

Who can help?

NATA's volunteer leaders and staff in revenue (COR) and governmental affairs (GAC) constantly monitor trends in reimbursement and state practice acts. In addition to this resource packet, you'll want to make sure you talk with them to be sure you know what's going on in surrounding states and the nation.

The GAC has a Legislative Toolkit which outlines the basics of political action. It's available in the members-only section of www.nata.org (look under the Government Affairs tab), as is your state's athletic training practice act.

NATA may have financial grants available to help as well. For more information on grants, contact Judy Pulice at judyp@nata.org.

What is needed?

Some efforts can be undertaken with only member involvement and others require commitment of time, money, and political capital. Before you begin, make sure you have enough resources to carry through. An aborted plan can do more damage to the ultimate goal than one that never got started. As the saying goes, timing is everything.

Going it alone?

Employment matters are typically unique and may not lend themselves to a broader effort. Often, a new employee has raised questions about the existing athletic trainer's scope of practice or education or licensure. Other licensed disciplines may not understand that athletic trainers also have the legal ability to utilize the same or similar modalities or procedures. Too, other health practitioners make the mistake of thinking their practice act governs everyone, not just their discipline.

Or, you may be trying to create a job where none currently exists. This will mean educating the potential employer about the efficacy of athletic training services. Again, NATA has resources that document the current state of athletic training education and licensure.

Do not be shy when touting your professional preparation or skills! Do not assume the employer knows what an athletic trainer does. Go to the meeting armed with a professional looking packet of information and a carefully prepared presentation on the value an athletic trainer can bring to the organization.

Let the NATA help!

Though we've worked hard to create a complete packet, we don't expect this to answer every question. We want to assist you in any way possible, so please call on us anytime.

Sincerely,

Patty Ellis, CPC

National Manager
Markets & Revenue

Judy Pulice, CAE

National Manager, State Legislative
& Regulatory Affairs

Dear Athletic Trainer;

NATA has put together this packet of information to assist you in your efforts to gain third party reimbursement.

As you plan your approach to gaining recognition and reimbursement from insurers, we suggest a method used by other athletic trainers and their teams of experts. NATA has many resources available on the website, we have only included the most relevant information in this packet. This packet can be used as a leave behind from your initial meeting or mailed to your contact just prior to your meeting. We do not suggest that you mail this without first making initial contact with a high level representative at the insurer.

Organization:

This packet is divided into two sections; the left side contains information for the athletic trainer and the team approaching the insurers.

The right side contains brochures and information for the insurer.

Once you have reviewed all of the information contained, you may remove the material from the left side and give the remainder of the packet to the insurer plus any additional documents you may want to include.

Steps to take:

- Review the "Assemble your Team" sheet included in this packet
- Read the Reimbursement Manual on the Website
- Read the enclosed information
- Follow the Model

Good luck and please don't hesitate to contact us for more assistance.

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Third Party Reimbursement-

Abbreviated Version

What is third party reimbursement? Athletic training programs in various settings that use full or part-time certified athletic trainers and that want to bill third party payers and receive financial reimbursement for services provided to their policyholders and members.

Objective- For certified athletic trainers to be readily viewed and accepted as reimbursable allied health care professionals by third party payers and to receive reimbursement from those organizations.

Typical Services Provided-Rehabilitation therapies, mobility training, gait training, work hardening, counseling and evaluations. Note most third party payers only reimburse for covered (by benefit design) and medically necessary services.

Patient Population-Any third party insured or covered individual, including those covered by PPOs, Indemnity plans, HMOs*, and self insured programs.

*To bill an HMO you normally must be a member of the network. You must have a contract with the HMO and your contract would spell out how much and under what conditions you would be compensated. To bill services to a PPO or indemnity program you do not have to be a member of their network.

Who Pays-Third party payers to include but not limited to, HMOs, PPOs, traditional insurance programs and third party administrators.

First Steps-Pursuing reimbursement from third party payers should not be taken lightly. NATA has a reimbursement manual available to members online. Reading this manual is a must before undertaking any billing activities. You can find this on the website under Revenue Resources.

The critical question that needs to be asked is "who is my patient and what will I bill for?" This makes the reimbursement process become reality. This brief version provides information to assist your decision of whether to pursue reimbursement. ATs currently receive reimbursement working in a variety of settings, including hospitals, physicians' offices, sports rehabilitation clinics and college and university settings. Some ATs have received reimbursement on 60 percent to 85 percent of billings. Some have fared less favorably. Licensure is key to successful reimbursement from third party payers.

Most insurance/managed care contracts are filed with the state declaring whom the company will reimburse for services. A large number of these organizations list "licensed health care professionals" as the only reimbursable entities, which typically encompasses certified athletic trainers.

Recommended or Required Tools-

- 1) Computer software and hardware systems used to track patients and maintain clinical records, a billing system and billing staff or a billing service.
- 2) A policy and procedure book, HIPAA compliance manuals (should be included in your P&Ps)
- 3) NATA revenue and reimbursement information found on the web.
- 4) Code manuals- CPT-current procedural terminology, ICD-9 international classification of diseases.
- 5) Training materials and guides for ATs and other staff on documenting files, submitting claims and working with reimbursement and the insurance industry.

Licenses and Regulations- It is essential to review and know your practice act and licensure law. As the services you provide must be within the legal limitations. However, the legal limitations of each state's practice act are, many times, open to interpretation.

There are states where a legal review can be helpful in defining scope of practice, setting and audience. Prior to billing third party payers, check your state insurance commission codes. Check for anti-discriminatory or any willing provider laws or regulations, as these would prevent a health care company from arbitrarily not including athletic trainers in their provider panels. You also need to verify that any other city, county or state licenses would not be required for you to legally bill for services.

Obtain your **NPI**- National Provider Identifier <https://NPPES.cms.hhs.gov>

Determine Costs/Set A Budget- Practice settings for ATs are varied so projecting accurate costs is difficult. The following are some items or costs that will probably be universal.

- _ Computer & set up, accounting and billing software, \$4000-\$10,000.
- _ Billing service-Flat fee rates can vary between \$175-\$400 per month and percentage of collections fees range between 7-11%.
- _ Added staff for working with insurance companies and others and for maintaining accounting data and files, expect to pay at least \$8-\$12 per hour plus benefits if they work full time.
- _ Extra phone/Internet and fax lines, privacy and security of the patient's privacy are essential.
- _ A secure fax machine and computer printer due to privacy regulations.

Education and Training-In addition to maintaining and renewing your NATABOC certification, you may want to take other adjunct classes to enhance your knowledge. The AT and staff will need to know the third party reimbursement process, how to complete and maintain clinical records, how to document and how to bill and work with third party reimbursers.

Documentation-For medical and legal reasons the medical documentation criteria listed should already be a part of your daily work habits. When you are billing and receiving reimbursement, these guidelines definitely need to be followed.

- _ Initial evaluation, including plan of treatment and goals (SOAP notes)
- _ Appropriate patient medical history
- _ Patient examination results
- _ Functional assessment
- _ Type of treatment and body part(s) to be treated
- _ Expected frequency and number of treatments

- _ Prognosis
- _ Goals-should be functional, measurable and time based
- _ Precautions and contraindications should be noted
- _ A statement that the treatment plan and goals were discussed and understood by the patient and possibly by the guardian
- _ Maintain daily treatment records
- _ Record any changes in physical status, physician orders or treatment plan or goals
- _ Weekly progress notes especially on goals should be kept (SOAP or function based)
- _ Copies of notes to or from the referring physician's office whether by fax, e-mail, and U.S. mail or by phone.
- _ A prescription or other state mandated documentation from a physician.

Pricing-When you determine your fee schedule for services, understand they probably will not match the third party payer's fee schedule. Most third party payers will reimburse UCR-usual, customary and reasonable. This is a fee schedule based on the average or UCR costs for procedures in a geographical region. Some payers are now using RBRVS-resource based relative value scale. This fee schedule is written and maintained by CMS (Centers for Medicare and Medicaid Services). There are published UCR fee schedules but some companies write their own so variances are always possible.

If the payer has reimbursed you up to the contracted amount, additional amounts owed would have to be collected from the patient. You may also wish to use your cost(s) for services, $\text{cost} = \text{time} + \text{materials} + \text{overhead/expenses} + \text{profit}$.

Revenue Potential-The revenue you receive from third party payers is limited by your setting, your time available to treat patients and what third party payers are reimbursing. Working in an AT friendly state with broadened insurance regulations and laws helps tremendously. The size and abilities of your staff is a factor in increasing revenue.

Resources-There are resources available to assist you the NATA staff and volunteer members working with COR can be real assets.

The various reimbursement materials developed by NATA is available to members. The Web is another great source of billing and third party payer information. The billing department at your institution is an additional resource. The billing department should know the payers and can help you learn the billing process.

Assembling Your Team of Experts

NATA suggests using a team approach to seeking third party reimbursement. These key players are suggested for maximum results:

Athletic Trainers

You will want to include athletic trainers who are active members of your state and district. State President(s), District representative to the NATA Board of Directors, state Committee on Revenue members, members who are actively billing and have experience with submitting claims to the payers you are approaching. (Sometimes it helps if you have a denial from the payer as an example.)

Legal Counsel

Hire an attorney who has experience dealing with insurers and healthcare issues. Having an attorney sign your letters can get you more attention than a letter sign by your district representatives. You will most likely get negative feedback from other allied healthcare providers, an attorney can help if they cross the line and disseminate false information.

Lobbyist

If you have a lobbyist they should be a part of your team. Often lobbyists have connections that can be used in your favor, both political and in the insurance industry. If you seek to improve reimbursement legislatively, a lobbyist is a must.

Supporters outside of the profession

Hospital Administrators

Physicians

Physical Therapists

Practice Managers

Politicians

Community Leaders

Patients (who are also one of the above would be best)

NATA Staff

Patty Ellis, National Manager of Markets and Revenue

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Model for Approaching Third Party Payers

Create your team (See Assembling your team)

Meet with your team to create your strategy and:

Create a Position Statement that describes what you are seeking from the insurer, who your supporters are and why the insurer should comply with your request. This will assist you when gathering the materials needed to prove your point to the insurer and help your team respond to questions in a uniform manner.

Collect letters of support from supporters in various settings.

Identify the Policy Makers and Medical Directors at the payer.

Make the initial contact.

Set up teleconferences and face to face meetings with your team.

Goals of the initial meetings:

1. Educate the insurer as to the qualifications and expertise of athletic trainers.
2. Demonstrate the importance of the athletic trainer's role in providing physical medicine and rehabilitation.
3. If you can show the positive effects on patient access, do so.
4. Set up the next steps in the process.

Follow up from the initial meeting.

Have your attorney respond to any false statements put out by those who oppose you.

Focus on the positive benefits to the insurers' subscribers and not the financial gain of athletic trainers in your discussions with the payer.

Is legislation the answer to reimbursement issues?

Vermont recently passed a bill prohibiting discrimination by third party payers towards athletic trainers as providers. Is this the best way to protect your right to practice in your state? Let's explore how three states (Vermont, Georgia, and Michigan) went about improving conditions in their states and what you can learn from them.

CMS, over the years has defined "qualified therapy providers" and restricted the professions allowed to provide physical medicine through these definitions. CMS defines a therapist as a physical therapist, occupational therapist or speech language pathologist. Can state or federal legislation that recognizes athletic trainers as physical medicine therapists reverse the restraints placed by CMS and allow athletic trainers to practice the skills of their profession?

We realize that athletic trainers' practice is regulated by their state's practice act and often these practice acts do not reflect the athletic trainers' full professional competencies. Georgia recently improved the language in their practice act to remove ambiguity in the definition of athletic injury.

'Athletic injury' means any injury sustained by a person as a result of such person's participation in exercises, sports, games, or ~~recreation~~ recreational activities, or any activities requiring physical strength, agility, flexibility, range of motion, speed, or stamina ~~or any comparable injury which prevents such person from participating in such activities~~ without respect to where or how the injury occurs. Nothing in this paragraph shall be construed to expand the scope of practice of an athletic trainer beyond the determination of the advising and consenting physician as provided for in paragraph (2) of this Code section.

Michigan approached the payer directly when Blue Cross said it was going to follow CMS guidelines and discontinue payment for services provided by athletic trainers. Utilizing the services of someone with contacts inside Blue Cross, they were able to meet with the appropriate staff. MATS also brought in other provider stakeholders who supported their goals.

Vermont championed a bill that prohibits discrimination from third party payers.

To the extent a health insurance plan provides coverage for a particular type of health service or for any particular medical condition that is within the scope of practice of

athletic trainers, a licensed athletic trainer who acts within the scope of practice authorized by law shall not be denied reimbursement by the health insurer for those covered services if the health insurer would reimburse another health care provider for those services.

What Michigan, Vermont and Georgia have in common is a strong team approach.

Lobbyists with good political connections, athletic trainers with the fortitude to fight the long, sometimes bloody battles needed to reach their goals. Legal representation, NATA contacts, allies with outside organizations and politicians all comprise a strong team.

Any Willing Provider Laws

In order to level the reimbursement playing field, some state associations have gone the legislative route to have language on the books that prohibits third party payers from discriminating based on provider.

Legislation is a long and often trying process.

Model Language:

- (a) To the extent a health insurance plan provides coverage for a particular type of health service or for any particular medical condition that is within the scope of practice of athletic trainers, a licensed athletic trainer who acts within the scope of practice authorized by law shall not be denied reimbursement by the health insurer for those covered services if the health insurer would reimburse another healthcare provider for such services



REIMBURSEMENT IN THE STATUTES

ARKANSAS

23-99-203(d), concerning definitions under the Patient Protection Act of 1995:

(d) "Health care provider" means those individuals or entities licensed by the State of Arkansas to provide health care services, limited to the following:

- (1) Physicians and surgeons (M.D. and D.O.);
- (2) Podiatrists;
- (3) Chiropractors;
- (4) Physical therapists;
- (5) Speech pathologists;
- (6) Audiologists;
- (7) Dentists;
- (8) Optometrists;
- (9) Hospitals;
- (10)
- (11-26)....
- (27) Prosthetists; and
- (28) Athletic trainers.

23-99-803(4):

(4) "Health care provider" or "provider" means an individual or entity licensed by the State of Arkansas to provide health care services, limited to the following types of providers:

(A) Physicians and surgeons (M.D. and D.O.);

(B) Podiatrists;

(C) Chiropractors;

(D) Physical therapists;

(E) Speech pathologists;

(F) Audiologists;

(G) Dentists;

(H) Optometrists;

(I) Hospitals;

(J) Hospital-based services;

(K) Psychologists;

(L) Licensed professional counselors;

(M) Respiratory therapists;

(N) Pharmacists;

(O) Occupational therapists;

(P) – (Z).....

(AA) Prosthetists;

(BB) Athletic trainers;

~~(BB)~~(CC) Licensed durable medical equipment providers; and

~~(CC)~~(DD) Other health care practitioners as determined by the department in rules promulgated under the Arkansas Administrative Procedure Act, § 25-15-201 et seq.; and

SECTION 3. Subdivision (4) of Section 5 of Act 491 of 2005, concerning definitions for enforcement of the Patient Protection Act of 2005:

(4) "Health care provider" or "provider" means those individuals or entities licensed by the State of Arkansas to provide health care services, limited to the following:

(A) Physicians and surgeons (M.D. and D.O.);

(B) Podiatrists;

(C) Chiropractors;

(D) Physical therapists;

(E) Speech pathologists;

(F) Audiologists;

(G) Dentists;

(H) Optometrists;

(I) Hospitals;

(J) Hospital-based services;

(K) Psychologists;

(L) Licensed professional counselors;

(M) Respiratory therapists;

(N) Pharmacists;

(O) Occupational therapists;

(P) – (Z)....

(AA) Prosthetists;

(BB) Athletic trainers;

~~(BB)~~(CC) Licensed durable medical equipment providers; and

~~(CC)~~(DD) Other health care practitioners as determined by the department in regulations promulgated under §§ 25-15-201, et seq

GEORGIA

(1) 'Athletic injury' means any injury sustained by a person as a result of such person's participation in exercises, sports, games, or ~~recreation~~ recreational activities, or any activities requiring physical strength, agility, flexibility, range of motion, speed, or stamina ~~or any comparable injury which prevents such person from participating in such activities~~ without respect to where or how the injury occurs. Nothing in this paragraph shall be construed to expand the scope of practice of an athletic trainer beyond the determination of the advising and consenting physician as provided for in paragraph (2) of this Code section.

NEW JERSEY

45:9-37.41. Physical therapy for reimbursement, licensing required

An athletic trainer may not practice or be employed by any individual or entity in order **to do physical therapy procedures for reimbursement** unless licensed in accordance with the "Physical Therapist Licensing Act of 1983," P.L.1983, c.296

NORTH CAROLINA

§ 90-540. No third-party reimbursement required.

Nothing in this Article **shall be construed to require direct third-party reimbursement** to persons licensed under this Article. (1997-387, s. 1.)

NEW MEXICO

RELATING TO WORKERS' COMPENSATION; AMENDING THE DEFINITION OF "HEALTH CARE PROVIDER" TO INCLUDE ATHLETIC TRAINERS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. Section 52-4-1 NMSA 1978 (being Laws 1983, Chapter 116, Section 1, as amended) is amended to read:

"52-4-I. DEFINITION-- HEALTH CARE PROVIDER.--As used in Chapter 52 NMSA 1978, "health care provider" means:

- A. a hospital maintained by the state or a political subdivision of the state or any place currently licensed as a hospital by the department of health that has:....
- B. an optometrist ...
- C. a CHIROPRACTIC PHYSICIAN...

M. AN ATHLETIC TRAINER LICENSED PURSUANT TO THE PROVISIONS OF CHAPTER 61, ARTICLE 14D NMSA 1978;

OHIO

B) **Nothing** in this chapter shall be construed **to prevent** any person licensed under (*list of various health professions including physicians, chiropractors, dietitians, and*) ...any person licensed as a physical therapist under this chapter to practice physical therapy and whose license is in good standing, or any association, corporation, or partnership **from advertising, describing, or offering to provide athletic training, or billing for athletic training if the athletic training services are provided by a person licensed under this chapter and practicing within the scope of the person's license.**

RHODE ISLAND

§ 5-60-2 Definitions. – As used in this chapter:

- (1) "Athletic trainer" means **The athletic trainer, as defined in this chapter, shall not represent himself or herself or allow an employer to represent him or her to be, any other classification of healthcare professional governed by a separate and distinct practice act. This includes billing for services outside of the athletic trainer's scope of practice, including, but not limited to services labeled as physical therapy.**

SOUTH DAKOTA

36-29-18. Grounds for revocation, suspension, or cancellation of license. The license of an athletic trainer may be revoked, suspended, or canceled upon any one of these grounds:

- (1)...

(7) Direct or indirect compensation from individuals or third party payees for services rendered; or

TEXAS

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF
TEXAS:

SECTION 1. Subchapter I, Chapter 843, Insurance Code, is amended by adding Section 843.3121 to read as follows:

Sec. 843.3121. ATHLETIC TRAINERS. A health maintenance organization may not refuse to contract with an athletic trainer, as defined by Section 451.001, Occupations Code, to be included in the organization's provider network or refuse to reimburse the athletic trainer for a covered service that a physician has requested the athletic trainer to perform.

SECTION 2. Subchapter B, Chapter 1301, Insurance Code, as effective April 1, 2005, is amended by adding Section 1301.0522 to read as follows:

Sec. 1301.0522. DESIGNATION OF LICENSED ATHLETIC TRAINER AS PREFERRED PROVIDER. An insurer offering a preferred provider benefit plan may not refuse to contract with an athletic trainer, as defined by Section 451.001, Occupations Code, to be included in the provider network or refuse to reimburse the athletic trainer for a covered service that a physician has requested the athletic trainer to perform.

SECTION 3. Section 1451.001, Insurance Code, as effective April 1, 2005, is amended by adding Subsection (8-a) to read as follows:

(8-a) "Licensed athletic trainer" means an individual licensed by the Advisory Board of Athletic Trainers.

SECTION 4. Subchapter C, Chapter 1451, Insurance Code, as effective April 1, 2005, is amended by adding Section 1451.1201 to read as follows:

Sec. 1451.1201. SELECTION OF LICENSED ATHLETIC TRAINER. An insured may select a licensed athletic trainer to provide the services scheduled in the health insurance policy that are within the scope of the athletic trainer's license.

SECTION 5. This Act applies only to a health insurance policy or contract or an evidence of coverage that is delivered, issued for delivery, or renewed on or after January 1, 2006. A health insurance policy or contract or an evidence of coverage that is delivered, issued for delivery, or renewed before January 1, 2006, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 6. This Act takes effect September 1, 2005.

VERMONT (04/08)

§ 4088f. COVERAGE FOR COVERED SERVICES PROVIDED BY

ATHLETIC TRAINERS

(a) To the extent a health insurance plan provides coverage for a particular type of health service or for any particular medical condition that is within the scope of practice of athletic trainers, a licensed athletic trainer who acts within the scope of practice authorized by law shall not be denied reimbursement by the health insurer for those covered services if the health insurer would reimburse another healthcare provider for such services. A health insurer may require that the athletic trainer services be provided by a licensed athletic trainer under contract with the insurer. Services provided by athletic trainers may be subject to reasonable deductibles, co-payment and co-insurance amounts, fee or benefit limits, practice parameters, and utilization review consistent with applicable rules adopted by the department of banking, insurance, securities, and health care administration; provided that the amounts, limits, and review shall not function to direct treatment in a manner unfairly discriminative against athletic trainer care, and collectively shall be no more restrictive than those applicable under the same policy for care or services provided by other health care providers but allowing for the management of the benefit consistent with variations in practice patterns and treatment modalities among different types of health care providers. Nothing in this section shall be construed as impeding or preventing either the provision or coverage of health care services by licensed athletic trainers within the lawful scope of athletic trainer practice in hospital facilities on a staff or employee basis.

(b) As used in this section, "health insurance plan" means an individual or group health insurance policy, a hospital or medical service corporation or health maintenance organization subscriber contract, or another health benefit plan offered, issued, or renewed for a person in this state by a health insurer, as defined in subdivision 9402(7) of Title 18. The term shall not include benefit plans providing coverage for specific disease or other limited benefit coverage.

See the Revenue Resources page on www.NATA.org for state revenue contacts.