



## **The NATA Third Party Reimbursement Initiative (TPRI)**

### **Call to Action Checklist for State Associations**

### **State Association Leadership Guide**

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## The NATA Third Party Reimbursement Initiative (TPRI)

### Call to Action Checklist for State Associations

1. Establish communication and develop relationships with your NATA TPRI Regional Coordinator.
  - a. Coordinate an introductory teleconference with your stakeholders and your regional coordinator. Joe Greene will join this initial introductory call.
2. Determine interest and commitment to a Third Party Reimbursement Initiative within your state.
  - a. Consider development of a survey (Sample in **Exhibit D**) to:
    - i. Assess the interest of your membership in pursuing third party reimbursement activity
    - ii. Assess the current status of third party reimbursement activity in your state
    - iii. Establish baselines of employers who use ATs as reimbursable providers, the number of ATs who are currently billing and the payors that are recognizing and reimbursing for reimbursable services rendered by ATs.
    - iv. Identify gaps in education, practice act, and barriers to success.
3. Work to align state leadership in support of your respective TPRI effort.
  - a. President
  - b. Board
  - c. Committees
    - i. Reimbursement
    - ii. COPA
    - iii. Governmental Affairs
    - iv. Education
4. Begin to assess your state practice act and create a long-term plan to optimize language that is supportive of reimbursement activity. (**Exhibit E**)
  - a. Eliminate restrictive language to reimbursement
  - b. Broaden the available patient base and remove barriers
  - c. Consider anti-discrimination or parity language development
5. Identify and establish a lead for your state TPRI effort. Potential options follow:
  - a. Compensated TPRI Facilitator and Advocate: Recommended
  - b. Committee Chair or Committee
  - c. Executive Director
  - d. See Template Position Description for lead Volunteer or Compensated individual (**Exhibit B**)
  - e. Provide the Name(s), email addresses and phone numbers of your leads to your Regional Coordinator as we are establishing a national distribution list.
6. Apply for NATA TPRI Grant Funding to assist financially with your efforts.
  - a. Consider anticipated TPRI related expenses in your next state budget cycle.
  - b. The NATA TPRI Grant Program is based upon the July 1 – June 30 NATA fiscal year and will reimburse 50% of eligible state expenses incurred during that period up to \$10,000.
  - c. If you have questions or are in need of assistance in completing this grant request, please contact Kyle Scharer at [krscharer@gmail.com](mailto:krscharer@gmail.com) or via phone at (419) 356-6849.
  - d. See NATA TPRI Overview and Application (**Exhibit C**)

# **The NATA Third Party Reimbursement Initiative (TPRI)**

## **State Association Leadership Guide**

### **Overview**

In January 2018, The NATA Board of Directors approved the ongoing implementation of a coordinated initiative to advance the utilization of athletic trainers as billable providers and to enhance recognition of athletic trainers by insurers. Learnings from the recently completed NATA Third Party Reimbursement Pilot Project will be shared and applied with respective state leadership.

Additionally, in January 2018, the NATA Board of Directors approved the creation of the NATA Third Party Reimbursement Initiative Matching Grant Program to assist states financially in funding efforts supportive of coordinating and advancing third party reimbursement activity within their respective state.

The NATA TPRI Initiative is a long-term investment by the NATA that will involve enhanced coordination across states and nationally. This work will cross many areas of athletic training including but not limited to governmental affairs, education, and marketing at the state and national level, as well as an enhanced focus upon lobbying and advocacy work with both payors and employers of athletic trainers.

A desired outcome of the initiative is to place a focus upon the development state structures that are support and sustain the initiative. Additionally, NATA TPRI team members want to share general and specific learnings with identified state leaders. Specific questions that come forward from employers will be addressed. However, NATA TPRI team members to direct employers and NATA members back to their identified state TPRI leaders as a coordinated state effort is essential to progress and ultimate success.

This overview will help provide some key background information and resources that a state should have specific to third party reimbursement. As states establish their support structure, the focus and emphasis will begin to shift accordingly to advocacy work with insurers, payors, and legislators as indicated.

## **The NATA TPRI Reimbursement Philosophy**

At this time, the NATA has chosen to focus its advocacy efforts specific to third party reimbursement upon the autonomous delivery of physical medicine and rehabilitation services by athletic trainers in the outpatient rehabilitation setting/structure. The NATA is cognizant of the fact that other types of billing processes are being delivered in other emerging settings. However, there is a great deal of work to be done in settings traditionally understood from a billing perspective by employers and payors alike. When consistent utilization and recognition is achieved in this area, the focus may expand accordingly as directed by the NATA Board of Directors.

Additionally, transparent billing by athletic trainers for services they deliver is ultimately in the best interest of the profession, and will optimize the recognition of the profession beyond billing under the supervision of other types of healthcare providers.

In accordance with this, the NATA is resourcing advocacy efforts that primarily are in alignment with CMS policies and processes. Despite CMS not recognizing athletic trainers currently as providers of physical medicine and rehabilitation services, the NATA believes that it is the best interest of athletic training from a strategic, regulatory, and compliance perspective to align with CMS guidelines. In June, the NATA Board is reviewing an enhanced Billing and Reimbursement Guide that will provide enhanced direction specific to Third Party Reimbursement Initiatives that that NATA is supporting regardless of the billing setting.

## The NATA Third Party Reimbursement Pilot Project

As a prelude to the NATA TPRI Initiative, the NATA Board of Directors approved the NATA Third Party Reimbursement Pilot Project in 2014. The Pilot was approved, launched, and implemented as a joint venture between the NATA and three individual state athletic training associations (Indiana, Ohio and Wisconsin). The Pilot had a specific aim of advancing recognition of athletic trainers as qualified healthcare professionals by payors/insurers, and also driving the utilization of athletic trainers by employers as billable providers. The project utilized matching funds from the NATA and participating state associations to professionalize advocacy at the state level.

Major advancements achieved during the pilot from October 2014 – September 2017 included:

- 1,657 more athletic trainers in IN, OH, and WI now have their NPI Number.
- 69 more athletic trainers are billing autonomously using Athletic Training Evaluation and Re-Evaluation CPT Codes along with associated Physical Medicine and Rehabilitation Codes in the pilot states.
- 22 more employers are using athletic trainers as billable providers.
- 143 more total payors are reimbursing for autonomously delivered Physical Medicine and Rehabilitation services delivered by athletic trainers.

### **\*Please see Exhibit A for the Executive Summary of the NATA Third Party Reimbursement Pilot Project**

While gains were made by the specific states participating in the pilot, the long-term vision of the project has been to utilize the lessons learned within these states to drive forward similar success across the country. Key learnings included the following:

- Alignment of leadership, membership, advocacy team members, governmental affairs and legal representatives is critical for progress within a state.
- Governmental affairs and state practice act language can serve as either a catalyst or barrier to effective progress.
- Once individual state alignment is achieved, coordinated national efforts remain essential to aid in generating success with key regional and national payors.
- Ongoing professional advocacy efforts will remain necessary to keep up with the continually changing world of health care reimbursement.
- Financial resources needed to fund professional advocacy and educational efforts specific to reimbursement by state associations are challenging to secure. Financial assistance from the NATA would be a catalyst to secure accountable professional advocacy resources and drive growth of progress for respective state and national efforts.

With the progress and learnings derived by the NATA Third Party Reimbursement Pilot Project and the key learnings that were identified, the Third Party Reimbursement Initiative (TPRI) has been approved by the NATA Board of Directors as a means to continue to facilitate this effort nationally. The intent of NATA TPRI is to continue to support state level advocacy for athletic trainers with payors and employers, while building and maintaining coordinated efforts nationally.

## The NATA TPRI Regional Coordinator

The primary role of the Regional Coordinator will be to assist states in developing a structure to support third party reimbursement advocacy with employers and insurance companies that allows for progress

related to the recognition and reimbursement of physical medicine and rehabilitation services delivered autonomously by athletic trainers. This includes the delivery and billing of Athletic Training Evaluation and Re-Evaluation CPT Codes, and subsequent physical medicine and rehabilitation services.

The Regional Coordinators will work within a larger team to develop and execute ongoing strategy with payors and employers that advance utilization of athletic trainers as billable providers by employers and advance recognition by the insurance industry. The Regional Coordinators will also assist in coordinating and standardizing approaches across the states within the respective districts they are assigned. Best practices identified from the NATA Third Party Reimbursement Pilot that ended on October 1, 2017 will be disseminated to allow for the greatest consistency attainable across districts and states.

When the Regional Coordinators reach out to you, they will be communicating and answering questions specific to the items below among others:

1. NATA TPRI Initiative Support
  - a. NATA TPRI Grant Programming
  - b. Knowledge Dissemination
2. NATA Pilot Results and Lessons Learned
3. The Critical Role of the State in Reimbursement
4. Governmental Affairs Considerations
5. Regulatory Affairs Considerations
6. Payor and Employer Advocacy Strategy
7. Payor and Employer Implementation Strategy

Finally, please also know that your respective Regional Coordinator or other TPRI Representative is available to attend an upcoming state or district meeting/symposium to present to your membership and meet with your leadership.

## **Regional Coordinator Distribution**

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## Payor Cost Outcome Study Design

The following is a proposal to partner with a payor or payors on a cost outcome study. This study design has been developed to help payors understand the cost of care to them when an episode of care is delivered by an athletic trainer. Communications with payors has been initiated at this time. Evidence of this type has been identified as a gap over the course of the NATA Third Party Reimbursement Pilot Project.

## Health Care Utilization Cost Outcomes for Athletic Training Episodes of Care

**Version 1.0 March 20, 2018**

**Principal Investigator:** Stephanie Kliethermes, PhD

**Co-Investigators:** Joe Greene, MS ATC; Kyle Scharer, MS, ATC; Steve Alison, ATC

### I. BACKGROUND

Since 1990, The American Medical Association (AMA) has recognized athletic trainers as allied healthcare professionals [1]. Athletic trainers commonly practice in many types of settings where their skill set and knowledge is utilized. These employment settings include athletic departments, professional sports teams, high schools, physician offices, outpatient rehabilitation clinics, in industry, and in many other more unique roles across the system of healthcare service delivery.

Athletic training practice is regulated in 49 states with California being the only state where regulation has not yet been achieved. This regulation effort is in process. When regulation is not in place, the athletic trainer practices consistent with their Board of Certification (BOC) credential, education, and training. At this time, BOC certification requires completion of a CAATE accredited undergraduate athletic training program, and the athletic training candidate must then pass the BOC Exam. Subsequent CE requirements are also in place which require the athletic trainer to complete fifty (50) CEU's every two years. Ten (10) of these CEU's must be evidence based CEUs. Athletic training regulation in regulated states also requires BOC certification to be achieved and maintained.

According to the Indiana State Athletic Training code, athletic training is defined as "the practice of prevention, recognition, assessment, management, treatment, disposition, and reconditioning of athletic injuries under the direction of a licensed physician, osteopath, podiatrist, or chiropractor" [2]. With an increase in healthcare use among individuals and the population at large, athletic trainers are increasingly being used to provide outpatient rehabilitation care. A growing number of examples exist of commercial, capitated, and HMO payors that currently recognize athletic trainers as providers of physical medicine and rehabilitation services. These payors subsequently reimburse for services rendered by athletic trainers when delivered consistent with other allied health providers such as physical therapists and occupational therapists when functioning with their respective state scope of practice.

Despite the acceptance of athletic training services by a growing number of commercial payors, Medicare and most Medicaid programs currently do not recognize athletic trainers as covered providers. Therefore, the overall objective of this study is to assess the effect and cost for outpatient rehabilitation care on the health care system when physical medicine and rehabilitation services are delivered by athletic trainers consistent with other allied health care providers. Using large claims-based data from commercial payors, our aim to quantify the “cost” and resource utilization among patients seen by athletic trainers as compared to physical therapists or occupational therapists.

## II. SPECIFIC AIMS

1. **Aim 1:** To characterize and describe resource utilization among for episodes of care delivered by athletic trainers in an outpatient rehabilitation environment.

**Hypothesis:** Athletic trainers will have comparable resource utilization from a volume and overall cost perspective when compared to physical therapy and occupational therapy for the same diagnosis codes when adjusted for case mix and co-morbidity.

## III. APPROACH

**Study Design:** This study is a cross-sectional retrospective analysis of health care use among individuals seeking athletic training services compared to physical therapy and/or occupational therapy.

**Inclusion/Exclusion criteria:** Members who have evidence of continuous enrollment for 6 months prior to their episode of care and 2 months after their episode of care will be included in the study. Only one episode of care will be used per individual. If a patient has multiple episodes, we will randomly select one episode for inclusion. Only outpatient episodes will be considered and individuals must be between the ages of 14-64. We will exclude cases where care of a patient switches from an AT episode to that of a new provider. These cases will presumably represent a situation outside of the scope of practice of an athletic trainer and will be identified by a new evaluation code within the appropriate window for an episode of care.

Diagnoses associated with each episode will be defined via the primary International Classification of Disease, 9<sup>th</sup> and 10<sup>th</sup> Revision, Clinical Modification (ICD-9-CM, ICD-10-CM) diagnostic code recorded on the *initial evaluation*. Eligible diagnoses will be limited to those that can be reasonably seen across AT, PT and OT providers and determined based on the top 20 primary diagnoses for an AT episode of care. Once a comprehensive list of AT diagnoses codes is defined, PT and OT episodes will be limited to the same diagnoses so as to help guard against selection bias in comparing resource use among the different healthcare providers.

**Data Sources:** Our goal is to enter into a data use agreement with Anthem Health Insurance in Indiana. This provider has been chosen because it has an established history of providing reimbursement to athletic trainers for the services provided. The complete dataset will cover claims adjudicated from July 1, 2014 through June 30, 2017. The data warehouse will include information on members and claims. Individuals will be identified by a unique (but not-

identifiable) number, which can be used to track one individual's claims over time. The membership files should include monthly information on whether or not the individual had health care coverage on each month of the year. In the claims database, individual claims (one CPT code per claim) should be included and contain outpatient claims, office claims and claims from other service locations. Individuals will not be identified directly by name, SSN, or any other direct identifiers. Only year of birth will be provided; however, dates of service will not be masked.

***Episode of Care:*** Athletic training services will be identified via Current Procedural Terminology (CPT) codes and provider specialty type. The episode of care will begin when the patient receives an initial evaluation by a licensed AT (e.g; CPT 97169-97171 or 97005) with no visits to an AT with the same diagnosis code at least 30 days prior to the initial visit. The end of the episode of care will be the date of the last AT claim when no further AT claims are seen within 60 days.

Physical therapy episodes of care and occupational therapy episodes of care will be defined in an analogous manner using CPT codes (e.g. 97001 for PT) pertinent to each specialty.

***Primary Outcome Variables:*** To assess health care use among athletic trainers as compared to physical therapists and occupational therapists, we will focus on two primary outcomes: (1) number of visits per episode of care, and (2) "total cost" of the episode of care.

***Number of visits:*** One visit will be equivalent to a unique date of at least one AT/PT/OT claim record for respective service(s).

***"Cost" of Episode of care:*** Each payor has a different way of capturing cost and most likely won't provide a true cost. Anthem's primary variable to capture financial burden will be used. Often allowable amounts, defined as the maximum amount a healthcare plan will pay for a medical claim, can be used as proxies for total cost. Assuming this information is available, allowable amounts will be summed for the entire episode of care to identify "cost" per episode. Total allowable amounts can include provider visits, procedures, and durable medical equipment and supplies with a supporting diagnosis code matching that of the episode. Total costs will be assessed by summing the costs for all claims during AT/PT/OT episode of care.

***Variables of Interest:*** In addition to the primary outcome variables, we will also capture pertinent demographic data including age and sex. ACG software will be used to adjust for potential differences in ambulatory case mix/morbidity burden among individuals seeing different provider types (see description below).

***Clinical Classification Software (CCS):*** Clinical Classification Software is a family of databases and software tools created by the Agency for Healthcare Research and Quality (AHRQ) through a federal-state-industry partnership [3]. It is designed (in part) to collapse ICD-9 and ICD-10 codes into a smaller number of clinically meaningful categories. (e.g. codes can be collapsed into categories such as arthritis/join issues, fractures, spine, sprain and strain, etc).

***Adjusted-Clinical Groups (ACG):*** The Adjusted-Clinical-Groups (ACG) system, developed at the Johns Hopkins Bloomberg School of Public Health, is a commonly used case-mix/risk adjustment licensed software used in health research [4]. The system is diagnosis-based and is used to describe a particular population's past healthcare utilization and costs. The system measures the

resource use of certain populations based on prior disease patterns, age and gender as well as other potential predictors. ACGs are widely used by both private and public insurance sectors, various provider organizations, consultants and research teams. The ACGs themselves are a set of 93 discrete and mutually exclusive categories defined minimally by morbidity, age and sex. This will allow us to compare individuals who experienced similar patterns of morbidity and resource use over the year prior to the initial AT, PT or OT visit. Individuals will need a 6-12 month history to determine their ACG category. The assumption is that AT, PT and OT episodes of care will be similar with respect to ambulatory case-mix/comorbidities and types of conditions requiring treatment.

**Statistical Approach:** Uni-variable descriptive statistics will be used to provide simple summaries of the episodes of care. We will also consider multivariate analysis in an attempt to control for self-selection bias. Multivariable models will control for variables such as patient age, patient sex, year of initial AT/PT/OT visit, previous health history (ACG), and diagnosis (CCS group). Two-way interactions will be assessed and included if relevant. To model the number of visits in an episode of care, negative binomial regression methods will be used. The highest 1% of visits will be excluded as outliers. Observations with less than 12 months of enrollment history before the first visit will be down-weighted accordingly. Allowable amounts will be modeled similarly via a log-transformed regression model. To describe “average” cost, the least square means in the log scale will be exponentiated to return to the original U.S. dollar scale (geometric mean). Sensitivity analysis will be conducted via propensity score analysis to assess impact of self-selection bias among the different treatment providers. Propensity scores will be created using age, gender, provider type, year, ACG category and place of service (facility or practitioner’s office). Individuals who see AT, PT or OT will be matched on these scores using a 1:1:1 algorithm and results will be compared to the original generalized linear models.

**Limitations:** With self-selected populations, there will always be some methodological issues. Self-selection bias is an issue in retrospective claim analysis and thus we will use ACG risk groups and multivariable modeling in an attempt to adjust for the effects of individual characteristics. Claims data are limited in the sense that they do not contain patient self-reported symptoms, measures of severity, results of tests/procedures, treatment goals, information on goal achievement upon discharge, and other measures of effectiveness of treatment. As a result, cost-effectiveness studies cannot be conducted using claims-based data alone. We will not be able, nor is it our goal, to assess the cost-benefit of AT treatment compared to that of PT or OT. We will be able, however, to characterize healthcare resource utilization among individuals who seek athletic training services in comparison to those who seek physical therapy or occupational therapy.

#### IV. REFERENCES

1. American Medical Association Policy H-470.995 (July 1998) “Athletic (Sports) Medicine. Available at: [https://www.nata.org/sites/default/files/ama\\_support.pdf](https://www.nata.org/sites/default/files/ama_support.pdf).
2. Indiana Athletic Training Act. 2015. Accessed March 7, 2018. <http://www.iata-usa.org/resources/Documents/Indiana%20Code%20-%20Athletic%20Trainers.pdf>
3. Agency for Healthcare Research and Quality (AHRQ). 2015. “Clinical Classifications Software (cCS) for ICD-9-CM” Available at: <https://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp>.
4. The John Hopkins Bloomberg School of Public Health. 2018. The Johns Hopkins ACG System, Version 11.1, March 2018. Baltimore, MD. Available at <https://www.hopkinsacg.org>

## **Exhibit A**

### **Executive Summary**

#### **The NATA Third Party Reimbursement Pilot Project**

This Summary highlights the Primary Achievements, Learnings and Recommendations of the NATA Third Party Reimbursement Pilot that spanned the timeframe of October 1, 2014 – September 30, 2017. Based upon the results and experiences we have attained, we believe it is the best interest of the NATA to initiate the Recommendations in the earliest possible time frame.

#### **TPR Project Highlights**

##### **1657 More Athletic Trainers in IN, OH, and WI now have their NPI Number.**

NPI Attainment for licensed athletic trainers increased from 48% to 80% in IN, 40% to 82% in OH, and 32% to 68% in WI.

##### **69 More Athletic Trainers are Billing in IN, OH, and WI.**

The number of athletic trainers billing increased from 19 to 63 (231%) in IN, 10 to 22 (120%) in OH, and 20 to 33 (65%) in WI.

##### **22 More Employers are Billing in IN, OH, and WI.**

The number of employers billing for athletic trainers increased from 7 to 18 (157%) in IN, 5 to 8 in OH (60%) and 7 to 15 (115%) in WI.

##### **143 More Total Payors are Reimbursing in IN, OH, and WI.**

The number of payors recognizing for AT PM&R delivered services increased from 4-110 (2750%) in IN, 12 to 17 (42%) in OH, and 21 to 53 (152%) in WI.

**In WI, Gross Charges Per FTE was \$264,838.00 and Net Revenue per FTE was \$182,515 at Pilot Sites.**

#### **Key Achievements and Learnings**

##### **1. Alignment of Philosophical, Strategic and Financial Resources**

We have made substantial progress with all of the key metrics that we were asked to track as part of the strategic plan for the pilot project. Payor recognition, employer adoption, NPI attainment and many other metrics have shown substantial growth. This would not have occurred without alignment at the national and state leadership level, and without financial resource assistance.

##### **2. Payor Recognition Progress Will Be Driven by Consistent Advocacy**

We have achieved recognition by more than 150 payors in the three pilot states. This has ultimately been driven by ongoing and consistent advocacy efforts, but also driven by many other factors to include favorable historical governmental affairs initiatives. We have achieved many new payors, but have also have spent a great deal of time working with payors who have recognized AT services for years. The need for ongoing advocacy will not go away, even if 100% recognition is achieved.

##### **3. NPI Attainment Growth**

All pilot states doubled the number of licensed athletic trainers obtaining their NPI due to focused advocacy efforts with regular and student members. Growth is certainly attainable, but tracking is painstaking. We believe that 100% compliance without a mandate is a goal that will not be possible, but can reach 85-95% with the right efforts in place.

#### **4. Governmental Affairs Review and Evolution**

The role of governmental affairs in the ultimate success of third party reimbursement efforts should not be under-estimated. Anti-discrimination/parity language (IN) will accelerate and secure the progress we desire. This should be model language, but is challenging to secure. Language that does not hinder the ability to deliver reimbursable services also is also of primary importance. It is easier to achieve, but less effective.

#### **5. Reimbursement Specific Educational and Implementation Initiatives**

An enhanced focus on creating and collaborating to evolve and deliver educational content specific to the administration and clinical delivery will be essential to ongoing growth and success. There are many employers and ATs that are interested, but need implementation assistance operationally, and assistance in education specific to the clinical delivery of reimbursable services.

### **Recommendations**

#### **1. Establish the NATA Third Party Reimbursement Initiative**

This initiative will have a mission of securing third party reimbursement and recognition consistent with other allied health providers when the athletic trainer delivers Physical Medicine and Rehabilitation Services under their respective state scopes of practice. We recommend that this initiative be formally launched to the membership in the first quarter of 2018.

#### **2. Establish National Level Program Leadership and Facilitation**

Progress will be accelerated if third party reimbursement efforts are coordinated and standardized to the greatest extent possible nationally and across all states. This will not only stimulate interest and focus, but it will also help to diminish ineffective or misdirected efforts.

#### **3. Establish the NATA Third Party Reimbursement Grant Program**

A grant program that allows for financial assistance to state organizations that support reimbursement advocacy should be established in early 2018 and announced concurrently with the launch of the NATA Third Party Reimbursement Initiative.

#### **4. Create and Publish Payor Cost Outcome Peer Reviewed Manuscript(s)**

Peer reviewed manuscripts evaluating outcomes from a cost perspective would be very helpful in advocacy efforts with employers, payors, and legislators.

#### **5. Review and Optimize Practice Act Language Across All States**

The need for all states to review current language and consider introduction of language that benefits reimbursement indirectly or directly is essential.

#### **6. Support the Creation and Delivery of Educational Content Specific to Reimbursable Activity**

This content should come in many forms and be delivered in many potential venues, but specific content related to the mechanics and formal delivery of reimbursable activity is clearly necessary.

#### **7. Recommend Enhanced Regulatory and Compliance Review by Employers**

The NATA cannot control all activity, but should aggressively encourage the membership and their employers to secure appropriate legal counsel from health care attorneys and compliance specialists in order to help ensure their billing practices are compliant for their structure and environment. This is particularly critical in emerging billing settings in order to help ensure short-term and long-term success.

## Exhibit B

### NATA Third Party Reimbursement Initiative (TPRI) Template: TPRI Lead Position Description

The Name of State Association is interested in engaging the services of Contractor. The purpose of this engagement is to deliver the project management services for the Name of State Association Athletic Training Third Party Reimbursement Initiative. This engagement is defined by the Engagement Overview, Objectives, and Deliverables below.

#### Engagement Overview and Objectives

- Lead, coordinate and facilitate the Name of State Association Third Party Reimbursement Initiative.
- The Name of State Association Third Party Reimbursement Initiative will focus upon achieving payor recognition of athletic training specific codes for autonomous billable services rendered by athletic trainers.
- Regulatory policies and compliance will drive recommendations, efforts, and communication internal to the Name of State Association and external to the Name of State Association.
- Facilitate the growth and development of a standardized approach to reimbursement initiatives across the Name of State Association, respective employers, and payors.
- Facilitate alignment and communication across the Name of State Association leadership, committees, as well as external industry and stakeholders.
- Recruit and retain other independent contractor assistance as indicated by the shifting needs of the Initiative. These needs include assistance in managing the operational, mechanical, educational and marketing needs of the initiative.
- Direct and conduct educational and advocacy efforts with payors, employers, and industry.
- Support the implementation of billable athletic training services with employers of athletic trainers.
- Develop partnerships with targeted employers and commercial third-party payors for specific pilot projects that will demonstrate economic and patient benefits when utilizing athletic trainers to their fullest scope of practice.
- Continue to improve hospital, clinic and third-party payor credentialing and contracting of athletic trainers.
- Develop and implement strategies to meet the metrics/goals established for the Initiative.
- Other work as mutually agreed upon that directly or indirectly supports the Initiative. This will include, but not be limited to, addressing member inquiries specific to third party reimbursement.

#### Engagement Deliverables and Outcomes

- Prepare a quarterly written report to a designated primary contact, which summarizes activities performed pursuant to this agreement. Provide pertinent accomplishments, information, and

potential issues as part of the monthly report.

- Participate in a quarterly phone conference with Name of State Association leadership to discuss progress, opportunities, challenges and other issues related to the Initiative.
- Prepare an annual evaluation of the Name of State Association Third Party Reimbursement Initiative to be presented at the annual Name of State Association Meeting. Presentation content will be delivered one (1) month prior to the meeting and will address progress on the deliverables of the project.
- Educational programming in workshop, webinar and other indicated formats will be developed. This content will evolve as needs of the Name of State Association membership indicate and as new knowledge is attained.
- Educational content will be current and optimized on the Name of State Association web presence.
- Presentation materials will be created and optimized for use in advocacy efforts with employers and payors.
- Establish and track the following metrics:
  - The number of payors at the state level that recognize and reimburse for athletic training services
  - The number of employers at the state level that utilize athletic trainers in reimbursable capacities.
  - The number of athletic trainers that are functioning as autonomous billable providers.
  - Other metrics as mutually agreed upon.

## **2. Primary Contract Services, Fees and Expenses.**

- The Name of State Association National Athletic Trainers' Association shall compensate the Contractor a fixed sum of \$\_\_\_\_\_ quarterly for services provided hereunder. It is exclusive of travel and other expenses.
- No usual and customary business expenses, including without limitation, printing, postage, and telephone, will be charged to the Name of State Association. Other business expenses, including without limitation, travel, mileage, and marketing, must be approved in advance to ensure reimbursement of said expenses. Further, the Contractor and/or its subcontractors must provide proper documentation of such expenses. Approved expenses will be invoiced separately and approved in advance by the Name of State Association per current standard travel policies.
- The Contractor will invoice the Name of State Association quarterly for the agreed-upon fees and any pre-approved expenses. The Name of State Association agrees to pay the Contractor for such fees and expenses with fifteen (15) days of receipt of such invoices, provided, however, that any disputed amounts shall not be due and payable until such dispute has been resolved.
- This agreement includes unlimited remote electronic communications as indicated and regular teleconferences as mutually agreed upon by the Name of State Association and the Contractor in order to achieve the objectives outlined in the Engagement Deliverables and Outcomes.



## Exhibit C

# NATA Third Party Reimbursement Initiative (TPRI) Matching Grant Program Overview and Application

### NATA TPRI Matching Grant Program

States seeking to professionalize advocacy, advance education, and generate knowledge relative to third-party reimbursement may apply for a grant as part of the NATA's Third Party Reimbursement Initiative. To encourage accountability from both the national and state level, and to share the financial burden, funding is required from both NATA and the state associations that choose to participate. Funding will be provided through a matching grant system in which, if awarded, NATA will match state association funds up to \$10,000 per year for efforts dedicated to advancing third party reimbursement within the state. Grants will be awarded on a biannual basis with the continuation of grant funding to be determined biannually based on the state's progress toward established goals related to third party reimbursement.

**Note:** The intent of the matching grant program is to match up to 50% (maximum of \$10,000) of the funds already spent by a state on third party reimbursement efforts during the NATA's fiscal year. For example, if a state incurred \$10,000 of eligible expenses relative to third party reimbursement efforts during the NATA's fiscal year, the state would be eligible for grant funding of up to \$5,000 for that fiscal year.

### Approved use of grant funds within a state include:

- Reimbursement for the time of an individual dedicated to leading third-party reimbursement advocacy efforts within the state.
- Support of legal fees necessary to secure efforts and opinions related to advancing third-party reimbursement efforts within the state. This includes efforts related to updating language in a state's practice act when applicable.
- Networking and relationship building efforts with third-party payors, employers, entities that secure prior authorization for payment, or other key stakeholders influencing third-party reimbursement efforts within the state.
- Tools utilized for data collection, marketing and communication with state and national membership.
- Development of educational content aimed at sharing key learnings with membership within the state and nationally.
- **Note:** grant funding through the TPRI matching grant program will not be approved for expenses that are eligible for reimbursement by the NATA's Governmental Affairs Grant program.

### Expectations of States Receiving Grant Funding

States receiving grant funding will be responsible for:

- Collaborating with national TPRI team representatives to identify capable individuals or teams responsible for professionally leading TPRI efforts within the state.
- Ensuring that identified state TPRI leaders are held accountable to maintaining effective communication with overall state association leadership.

- Assisting identified state TPRI leaders in developing relationships with key external stakeholders including payor representatives.
- Maintaining accurate records and reporting throughout the initiative relative to what specific payors are reimbursing and denying claims from athletic trainers within the state, which employers within the state are utilizing athletic trainers to successfully gain reimbursement and how many athletic trainers in the state are functioning in this capacity. This will need to be reported as part of the grant renewal process.
- Partnering with national and district TPRI leadership to develop and maintain a budget specific to third-party reimbursement efforts. This includes ensuring compliance with reimbursement policies set forth by the NATA and TPRI leadership for the utilization of grant related funds.
- Completion of an annual report summarizing overall TPRI effort and progress within the respective state.

## **Application Process**

Applications for the matching grant will be accepted twice during the fiscal year. A round of applications will be accepted by **April 15<sup>th</sup>** and by **October 1<sup>st</sup>** annually. Applications must be completed in their entirety and signed by the state association president to be considered. Note that states can apply for grant funding twice annually, however only new expenses not previously covered by NATA grant funding will be considered for funding. Completed applications are to be submitted to [gov@nata.org](mailto:gov@nata.org).

While not required for approval of grant funding, a key aspect of the TPRI is to track the progress made by states, in order to understand the progression of the profession relative to third party reimbursement more broadly. To assist in this process, states are asked to include in their application a current assessment relative to third-party reimbursement efforts. While it is expected that not all of the metrics requested below may be available at the time of a state's application, states participating in the grant process are asked to consider a process to begin, or continue, collecting this information. It's important to note that this data collection is not intended to be a deterrent from submitting a grant application, and state leaders should contact their TPRI Regional Coordinator with questions relative to this process. Note that applications will still be considered even if this type of information is not yet available.

When provided, the current state assessment should include objective documentation of the following metrics:

### **1. The number of payors that reimburse for Physical Medicine and Rehabilitation Codes delivered autonomously by athletic trainers within the state.**

This is defined as the number of payors that reimburse for athletic trainers that bill for Evaluation and Re-Evaluation CPT Codes (97169 – 97172) and the subsequent associated Physical Medicine and Rehabilitation codes. Revenue Code 951 should be used if needed.

- Commercial
- Government
- Workers Compensation

\*Specific payors that have provided and denied reimbursement must also be identified.

### **2. The number of employers within the state that are utilizing athletic trainers as billable providers.**

This is defined as the overall number of employers across a state that use athletic trainers to bill for Evaluation and Re-Evaluation CPT Codes (97169 – 97172) and the subsequent associated Physical Medicine and Rehabilitation Codes. Revenue Code 951 should be used if needed.

**3. The number of athletic trainers that are working in a capacity where they bill and receive reimbursement for athletic training services.**

This is defined as the overall number of athletic trainers that bill for Evaluation and Re-Evaluation CPT Codes (97169 – 97172) and the subsequent associated Physical Medicine and Rehabilitation codes. Revenue Code 951 should be used if needed.

Additional requirements as part of the application include demographic information relative to the number of athletic trainers actively practicing within the state, state practice act information, and a review of efforts relative to third-party reimbursement to date.

Please see the application for additional information and requirements. For more information on the application process, please contact Kyle Scharer at [krscharer@gmail.com](mailto:krscharer@gmail.com) or (419) 356-6849.

**Award Notification and Funds Disbursement**

Notification of grant award or denial will occur within 30 days of the receipt of a completed application by the TPRI team. Matching grants are awarded in lump sum after approval and after submission of required documentation. Please allow two weeks for processing. Checks are mailed to the individual and address indicated on the applications unless another individual / address is formally identified by the state following selection of individuals / teams who will lead the TPRI efforts for the state. All receipts with documentation must be provided by June 1 of the given year to allow for processing by close of the fiscal year. A sample documentation form is provided with the application. Documentation should be submitted to [gov@nata.org](mailto:gov@nata.org).

# Grant Application

## NATA THIRD PARTY REIMBURSEMENT INITIATIVE (TPRI) MATCHING GRANT APPLICATION

(Please submit electronically to NATA at [gov@nata.org](mailto:gov@nata.org) )

Name of State Association

Name and Title (Association Position) of Person Completing Application

Name and Title (Association Position) of Person to whom the check will be sent at the address listed below.

Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

City

State

Zip

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Phone

Email

Total matching funding requested for eligible NATA Third Party Reimbursement Initiative expenses. This requested amount should not exceed \$10,000 for the July 1– June 30 NATA Fiscal Year. Please include documentation of expected or incurred expenses. Note: funding requested should be for expenses already incurred by the state and projected future expenses should not be included.

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### Important Note:

The intent of the matching grant program is to match up to 50% (maximum of \$10,000) of the funds already spent by a state on third party reimbursement efforts during a fiscal year. For example, if a state incurred \$10,000 of eligible expenses relative to third party reimbursement efforts during a fiscal year, the state would be eligible for grant funding of up to \$5,000 for that fiscal year.

In order to assist the NATA and National Third Party Reimbursement Initiative (TPRI) team in the review of your grant request, please provide the following information below:

1. **Demographic Information** – Complete demographic questions listed.
2. **Historical Overview** – Please provide a summary of historical state specific efforts specific to third party reimbursement. (1000 words or less)
3. **Baseline Data** – Please provide baseline or current objective data as requested. While this data is not required for approval of grant funding, a key aspect of the TPRI is to track the progress made by states individually in order to understand the progression of the profession relative to third party reimbursement more broadly. Any information available to be included within this section will support the overall effort.
4. **Current Third Party Reimbursement Activity Summary** – Please provide a brief overview of third party reimbursement activity in your state during the current fiscal year of your request.
5. **Summary of Expenses** - Please provide a brief description of the expenses that your state association incurred in the current NATA Fiscal Year in support of the NAYA Third Party Reimbursement Initiative.

1. **Demographic Information:**

a. <b>Is your Association a 501(c)(6)</b> **- if yes, please attach a copy of the IRS confirming this classification	Yes_____	No_____	Date awarded_____
b. <b>EIN (Employee Identification Number</b>			
c. <b>State Association President:</b>			
Click here to enter text.			
Name			
Email		Phone #	
d. <b>State Association Treasurer:</b>			
Click here to enter text.			
Name			

2. **Historical Overview** – Please provide a summary of historical state specific efforts specific to third party reimbursement. (1000 words or less)

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3. **Baseline**

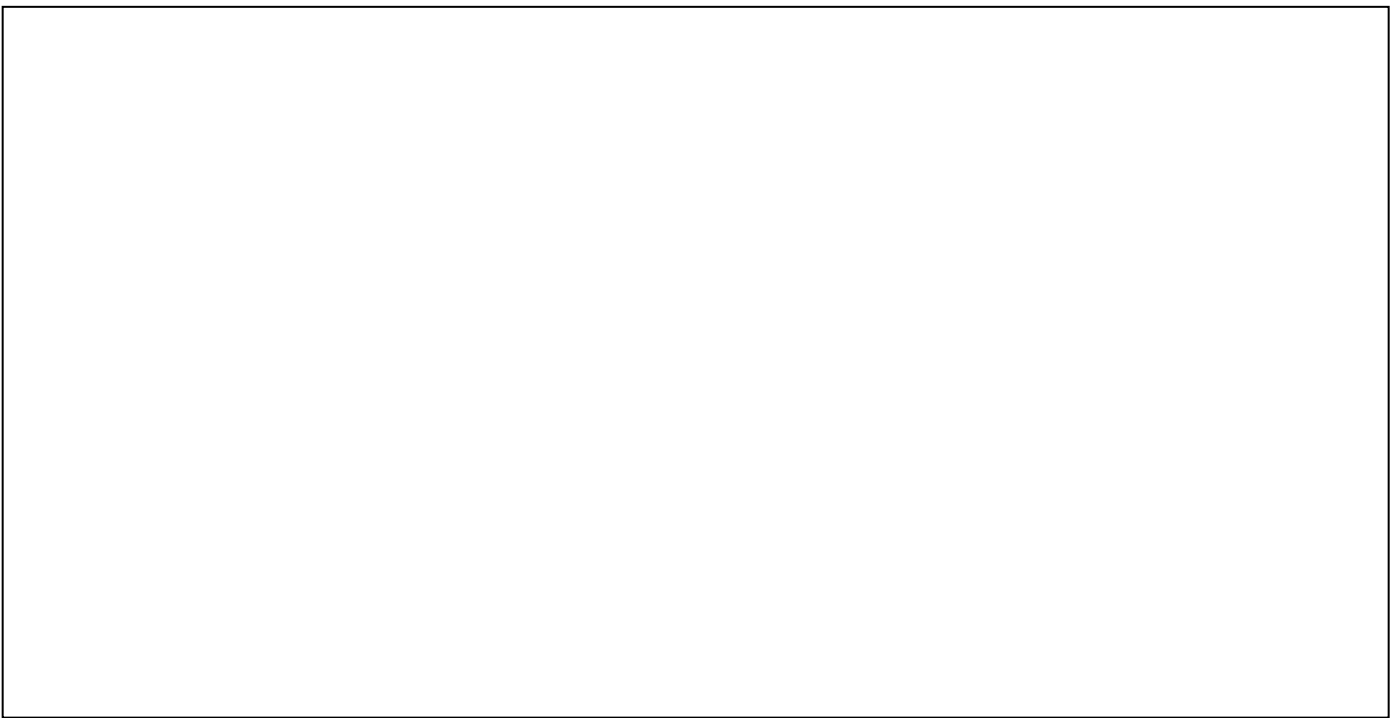
grant funding consideration.

4. **Current 1**

reimbursement activity in your state during the current fiscal year of your request.

5. **Summary**

in the current NATA fiscal year in support of the NATA Third Party Reimbursement Initiative.



Applications must be submitted electronically to NATA at [gov@nata.org](mailto:gov@nata.org).

## **Exhibit D**

### **State Association Third Party Reimbursement Sample Survey**

The intent of this sample survey is to provide essential questions to help a state establish their current volume of billing activity and subsequently collect data necessary for eligibility to apply for the recently established NATA Third Party Reimbursement Initiative Grant.

We encourage states to also use this instrument to help gauge the current level of interest in pursuing a focused third party reimbursement initiative within their state. Other questions may be added as indicated.



We do strongly encourage follow-up with all entities that reply in order to validate that the athletic trainer is billing under their own NPI number or a facility NPI number and not under another type of provider.

### **Third Party Reimbursement Project Survey**

#### **Name of State Association**

***Purpose / Methods:*** The intent of this survey is to determine the current baselines for billing activity by athletic trainers in the state of Name of State.

The following metrics are essential to track and are required to help our state qualify for NATA Third Party Reimbursement Grant Funding:

- the number of athletic trainers within the state billing third party payers
- the number of employers utilizing athletic trainers who bill third party payers
- the number of third party payers who reimburse athletic training services

To accomplish our goal, this brief online survey will be administered to athletic trainers across the state of Name of State. This survey will be open to all athletic trainers who are licensed within the state of Name of State. Member of our team will contact individuals completing the survey for additional information to insure accuracy and completeness of data. Individuals taking the survey may opt out of completing the survey and/or continued participation in data collection efforts at any point.

#### ***Survey Content:***

The following section examines your eligibility to participate in this survey. Responses will only be included in the survey from BOC certified and state licensed athletic trainers. Please answer to the best of your knowledge:

1) Name :

2) May we contact you if additional information or clarity is requested in regards to your answers of this survey?

1) Yes – Phone # & E-mail Prompts appear, survey continues

2) No – Survey continues

3) Are you BOC certified?

1) Yes – Survey continues

2) No – Survey is terminated

4) Are you licensed as an athletic trainer in the state of Name of State?

1) Yes – Survey continues

2) No – Survey is terminated

5) What is the name of your current employer?

1) Free text

6) How many athletic trainers are currently employed by your employer (exact number)?

1) Free text

7) Do athletic trainers at your current place of employment bill commercial, government, workers compensation, capitated, self-insured or other third party payers for services provided by an athletic trainer utilizing athletic training specific coding?

ie. The athletic trainer does not bill under another type of provider such as a physician or physical therapist.

1) Yes – Move on to Question 8

2) No – Skip to Question 11

8) Do athletic trainers bill third party payers for athletic training services with your current employer under their own National Provider Identification NPI number or under a facility NPI Number?

1) Own NPI Number

2) Facility NPI Number

3) Unsure

9) How many athletic trainers at your current place of employment bill third party payors for services provided by an athletic trainer?

1) Free text

10) What government, commercial, workers compensation, self-insured, capitated or other payors currently reimburse services provided by an athletic trainer?

1) Free text list

11) Please provide the names of any other employers/organizations within Name of State that you are aware of that bill and receive reimbursement for services provided by an athletic trainer:

1) Free text

12) Please provide any additional information/feedback that you would like to share:

1) Free text

Thank you for your assistance and support of the Name of State Association.

For questions and to learn more about this survey and third party reimbursement initiative project, please contact:

## Exhibit E

### Sample Practice Act Language

#### 1. Eliminate restrictive language to reimbursement:

##### Example: South Dakota

South Dakota's current practice act restricts billing third party payors:

**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) The licensee is guilty of fraud in the practice of athletic training or fraud or deceit in his admission to the practice of athletic training; or
- (2) The licensee has been convicted of a felony during the past five years. The conviction of a felony is the conviction of any offense, which if committed within the State of South Dakota would constitute a felony under its laws; or
- (3) The licensee is engaged in the practice of athletic training under a false or assumed name and has not registered that name pursuant to chapter 37-11, or is impersonating another practitioner of a like or different name; or
- (4) The licensee is addicted to the habitual use of intoxicating liquors, narcotics, or stimulants to the extent as to incapacitate him from the performance of his professional duties; or
- (5) The physical or mental condition of the licensee is determined by a medical examiner to be such as to jeopardize or endanger those who seek relief from the licensee. A majority of the Board of Medical and Osteopathic Examiners may demand an examination of the licensee by a competent medical examiner selected by the board at the board's expense. If the licensee fails to submit to the examination, this shall constitute immediate grounds for suspension of the licensee's license; or
- (6) Obtaining or attempting to obtain a license, certificate, or renewal thereof by bribery or fraudulent representation; or
- (7) Direct or indirect compensation from individuals or third party payees for services rendered;**  
**or**
- (8) Making a false statement in connection with any application under this chapter; or
- (9) Making a false statement on any form promulgated by the board in accordance with this chapter or the rules and regulations adopted by the board; or
- (10) The licensee conducts continued treatment and rehabilitation procedures on individuals other than those associated with the employing institution or athletic organization; or
- (11) The licensee has violated any provision of this chapter or the rules and regulations promulgated hereunder.

#### 2. Broaden the available patient base and remove barriers to seeing appropriate individuals as patients:

##### Example: Wisconsin

**448.95 Definitions.** In this subchapter:

- (1)** "Affiliated credentialing board" means the athletic trainers affiliated credentialing board.
- (4)** "Athletic trainer" means an individual who engages in athletic training.
- (5)** "Athletic training" means doing any of the following:
  - (a)** Preventing, recognizing and evaluating injuries or illnesses sustained while participating in physical activity.

**(b)** Managing and administering the initial treatment of injuries or illnesses sustained while participating in physical activity.

**(c)** Giving emergency care or first aid for an injury or illness sustained while participating in physical activity.

**(d)** Rehabilitating and physically reconditioning injuries or illnesses sustained while participating in physical activity.

**(e)** Rehabilitating and physically reconditioning injuries or illnesses that impede or prevent an individual from returning to participation in physical activity, if the individual recently participated in, and intends to return to participation in, physical activity.

**(f)** Establishing or administering risk management, conditioning, and injury prevention programs.

**(5m)** "Consulting physician" means a person licensed as a physician under subch. [II](#) who consults with an athletic trainer while the athletic trainer is engaging in athletic training.

**(6)** "Licensee" means a person who is licensed as an athletic trainer under this subchapter.

**(7)** "Physical activity" means vigorous participation in exercise, sports, games, recreation, wellness, fitness, or employment activities.

### **3. Anti-discrimination or parity language development**

#### **Example: Indiana**

(b) A policy of accident and sickness insurance that provides coverage for physical medicine and rehabilitative services shall provide the coverage for physical medicine and rehabilitative services that are:

- (1) rendered by an athletic trainer who is licensed under IC 25-5.1; and
- (2) within the athletic trainer's scope of practice.

(c) This section does not require a policy of accident and sickness insurance to provide coverage for physical medicine or rehabilitative services generally.

**Please contact Joe Greene or your regional coordinator for more specifics and discussion about considerations with your respective state practice act that benefit your opportunity to secure third party reimbursement for athletic trainers in your state.**