



**NATA THIRD PARTY REIMBURSEMENT INITIATIVE (TPRI)  
2017/2018 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

|                      |                      |                      |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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City

State

Zip

|                      |                      |
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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, 2017 – June 30, 2018 NATA Fiscal Year. Please include documentation of expected or incurred expenses.

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. This data is a requirement for grant funding consideration.
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. **Is your Association a 501(c)(6)**  
\*\*- if yes, please attach a copy of the IRS  
confirming this classification

|          |         |                   |
|----------|---------|-------------------|
| Yes_____ | No_____ | Date awarded_____ |
|----------|---------|-------------------|

b. **EIN (Employee Identification  
Number**

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c. **State Association President:**

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Name

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Email

Phone #

d. **State Association Treasurer:**

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Name

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Email

Phone #

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 Data** – Please provide baseline or current objective data as requested. This data is a requirement for grant funding consideration.

**1. The number of payers that reimburse for Physical Medicine and Rehabilitation Codes delivered autonomously by athletic trainers.**

This is defined as the number of payers 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.

- a. Commercial
- b. Government
- c. Workers Compensation

\*Specific payers 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.

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.

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

If you have questions or are in need of assistance in completing this grant request, please contact Kyle Scharer @ [kscharer@gmail.com](mailto:kscharer@gmail.com) or via phone @ (419) 356-6849