

Wisconsin State Business Development Report

NATA Third Party Reimbursement Pilot Project



Wisconsin State Report- April, 2017

March Summary

The Wisconsin State Business Development activity in the month of March has focused upon the following objectives.

1. Payor Specific Developments

WPS

WPS has included athletic training in their Certificate of Coverage at this point. The certificate of coverage defines what is covered and what is excluded. We anticipate a positive decision shortly from this important state based payor. Their review of their certificate of coverage is in the final stages

Unity/Quartz

Unity/Quartz has reviewed the new AT specific codes and will be continuing their policy of recognizing these codes. AT CPT codes have been recognized for over 14 years by Unity. Quartz is the new brand of insurance product that now encompasses Unity and Gundersen. It continues to grow aggressively geographically in WI and IL and now has over 300,000 covered lives.

UnitedHealthcare

Unfortunately, UHC of Wisconsin and Michigan has continued to decide to not recognize outpatient rehabilitation services delivered by athletic trainers. This communication came from the President and CEO of UHC over WI and MI.

Efforts remain ongoing. We have asked their leadership for reasoning behind their decision, but have not received any feedback at this time. We will consider alternative options and strategy moving forward as we had a very good introduction to their leadership.

Despite this decision, UHC in IN does recognize athletic training services as required by state law in IN.

Dean Health Plan

Pilot sites and other sites that use athletic trainers as autonomous outpatient rehabilitation providers are coordinating communications to Dean Health Plan. Dean continues to cover athletic training, but recent denials have occurred because of interpretation inconsistent with the current scope of practice of athletic training in WI. Joe Greene and OrthoVise have been in touch with DHP, SSM and Magellan specific to this issue as well.

Parity Language

Work on anti-discrimination/parity language to be included within an amended practice act continues. Joe and Scott will be meeting with the Office of the Insurance Commissioner on Thursday, February 16th to ask key questions related to this.

WEA Trust

Joe Greene is working on a meeting with the CMO for WEA Trust. Tim Bartholow. Matt Phillips is working to coordinate

Scope of Practice Interpretation

Tom Shorter, the attorney (Godfrey and Kahn) for the WATA is initiating work on a document that defines athletic training scope of practice to employers and payors with a particular effort on defining the ability to practice in the outpatient rehabilitation arena. This will be developed in consultation with the State of Wisconsin.

2. Wisconsin Implementation Progress

A focus on the implementation and maintenance of successful programming within health systems, hospitals, and independent practices across the pilot states continues in Wisconsin. Active communication with the sites below is ongoing with OrthoVise advisor Steve Allison and Joe Greene. This service will be marketed in an upcoming newsletter.

Aurora Sheboygan Memorial Medical Center – Phone Conference call with Adam Brill, Director of Rehabilitation Services and Debra Yahr. Discussed at length implementation strategies for AT rehabilitation at this facility. Felt following the meeting they had enough information to start the process of presenting the idea to Administration and initiate AT clinical competencies. Hoping to start with Worker's Comp. patients initially. Will support and advocate as needed through their start-up process.

Agnesian Healthcare – Have had on going communication with Kate Krantz – Director of Rehabilitation with Agnesian. They are working through their final AT clinical competencies, established through our assistance. They have reached out to their providers and appear to have support of medical staff, and we have established a working flowsheet for receptionists/schedulers to route the appropriate patients to AT. They have an anticipated “go live” date of 1/30/2017, with AT rehabilitation services. Performing evaluation, plan of care, treatment and billing of Worker's Comp. patients.

Aspirus Therapy Services – Phone conference call with Nate Weiler, Aspirus Outpatient Therapies Supervisor. We discussed at length implementation strategies as an overview and identified opportunities within Aspirus to move forward with implementation. This will likely involve continued support and advocacy. Looking to initiate AT rehabilitation services with the WC population.

Minnesota Athletic Trainers Association – Was asked to speak at their annual symposium to discuss barriers and strategies in implementation of AT rehabilitation services. Will speak at their conference in April 2017. They also asked that I sit in on their legislation update meeting as they put together plan for updating their State Practice Act.

GLATA – Was asked to speak at GLATA in March 2017 on AT rehabilitation: summary of pilot study, implementation strategies, documentation, billing and coding. (Not sure how to cover all of this in 50 min ☺)

Aspirus Riverview Hospital & Clinics – This organization recently reached out to begin discussing AT rehabilitation services. An AT who now works at this clinic attended our Nov. Third Party Reimbursement Symposium.

Moundview Memorial Hospital – Have had ongoing communication with this organization. Currently with their payor base being a high percentage of Medicaid patients. They are in a holding pattern with respect to AT rehabilitation services, but are very open to the idea to better utilize their AT's and offer improved access to rehabilitation.

Aurora St. Lukes (New Berlin and Summit Locations) – Phone Conference Meeting with Carrie Brungraber, Supervisor of Physical Therapy at these two locations. Initial meeting to discuss implementation strategies of AT rehabilitation services within these 2 locations. Very interested in getting started. She reported the CPT's codes for AT services, which had been removed from Aurora's Charge Master, are now back online. She interpreted this as good news to move forward with AT billing within Aurora. Joe, this is likely due to our on-going communication with Mary Gunther, Charge Master within Aurora Healthcare. Carrie expects to utilize ongoing advocacy from our group at OrthoVise to move forward with AT rehabilitation and billing.

3. Third Party Reimbursement Educational Activity

Educational presentations that are upcoming, or have recently been delivered include:

- Steve Allison presenting at the Minnesota Athletic Trainers Association Meeting in April, 2017.
- Steve Allison speaking @ the District 4 Meeting on March 9, 2017. Joe Greene was in attendance at the meeting
- Joe Greene speaking with Wisconsin Rural Healthcare Cooperative on March 16, 2017.
- Joe will be speaking with the UW ATEP Program on April 20, 2017
- Joe will be speaking and attending the 2017 WATA Meeting and speaking on Thursday, April 13th.
- Kyle Scharer speaking with Concordia University students in March, 2017.
A presentation to be used for presentation to payors has been created. It will be updated as indicated for payor discussions. It has been used with the State of Wisconsin Medicaid Office and with Anthem Blue Cross and Blue Shield of Wisconsin to date.

4. NATA MARCOM Update

Joe met with Jordan Grantham (NATA MARCOM) in November and an initial article that summarizes the NATA TPR project and what we are learning was drafted. It has subsequently been published in the January NATA News. Wisconsin's efforts were certainly highlighted.

Additional specific articles as described below will be developed for future newsletters and displayed in other outlets over the next 6 months. The accountable individuals below will work on these items with Jordan and other respective NATA staff.

1. Rick Shaw and Steve Allison : Indiana and Ohio Pilot Site Case Studies

2. Rick Shaw and Kyle Scharer : Pilot Site Summaries from Indiana and Ohio respectively.
3. Joe Greene and Epic Representative : Epic and EHR Foundation Content

5. NATA Practice Advancement Chapters

Many of the NATA Practice Advancement Chapters have now been posted on the NATA web presence. They can be found at the following link:

<https://www.nata.org/practice-patient-care/revenue-reimbursement/billing-reimbursement>

6. New Athletic Training Codes went live on January 1

Steve Allison and Joe Greene created a document that can be used with payors to provide education and updates related to the new AT codes that went into effect on January 1, 2017. The content is included below and has been distributed to relevant payors that already recognize athletic training services, but also to other payors.

If any entity is having issues with these codes, please contact Joe and Steve immediately.

American Medical Association CPT Code Update 2017 Athletic Training Evaluation Codes

Until the present, insurance companies that recognize Athletic Training Services have been reimbursing for Athletic Training CPT Codes; Evaluation 97005 and Re-Evaluation 97006. Athletic Trainers billing these codes in the rehabilitation setting have provided excellent care, improved access and patient satisfaction in many institutions across Wisconsin.

New for 2017, the American Medical Association has updated their 97000 series CPT codes for all rehabilitation disciplines. Current insurance companies who formally recognize and reimburse for Athletic Training services delivered in the outpatient rehabilitation setting, reimburse Athletic Training Evaluation and Re-Evaluation codes 97005 and 97006.

Effective January 1, 2017 you will see new Athletic Training Evaluation codes 97169, 97170 and 97171 as well as Re-Evaluation 97172 CPT codes submitted for reimbursement. We would like to formally request making the appropriate modifications within your system, to the new 2017 CPT Athletic Training evaluation/re-evaluation codes. This will allow for a smooth transition as we move into 2017.

The new Athletic Training Evaluation and Re-Evaluation codes are as follows (please reference page 667 of the AMA CPT Code manual for specifics related to the new codes):

- 97169 Athletic Training Evaluation (low complexity)
 - A medical history and physical activity profile with no comorbidities that affect physical activity
 - An examination addressing 1-2 elements from: body structures, physical activity, and/or performance deficiencies.
 - Clinical decision making of low complexity using standardized assessment instruments and/or functional outcomes.
- 97170 Athletic Training Evaluation (moderate complexity)
 - A medical history and physical activity profile with 1-2 comorbidities and affect physical performance.

- An examination addressing 3 or more elements from: body structures, physical activity, and/or participation deficiencies.
- Clinical decision making of moderate complexity using standardized assessment instruments and/or functional outcomes.
- 97171 Athletic Training Evaluation (high complexity)
 - A medical history and physical activity profile with 3 or more comorbidities that affect physical activity.
 - A comprehensive examination addressing 4 or more elements from: body structures, physical activity, and/or performance deficiencies.
 - Clinical presentation with unstable and unpredictable characteristics.
 - Clinical decision making of high complexity using standardized assessment instruments and/or functional outcomes.
- 97172 Re-Evaluation of Athletic Training established plan of care
 - Assessment of patient's current functional status when there is a documented change. A revised plan of care with an update in management options.

7. WSHHRA

The WSHHRA is the Wisconsin Society of Healthcare Human Resources Administration. The current WSHHRA job description for an athletic trainer reads as follows:

Job 304: Athletic Trainer

Assists staff Physical Therapists in treating patients and provides on-site athletic training services for area athletic teams. This includes conducting seminars and developing relationships with sports and medical organizations on behalf of the facility.

We are asking them to amend their language in alignment with NATA Language. Steve Allison is leading this initiative. This language is still in the approval process, but it will be close to the following:

Athletic Training

Healthcare professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the states' statutes, rules and regulations. As a part of the healthcare team, services provided by ATs include injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

8. Epic Foundation System

Joe is working with Epic Foundation representation to insure that appropriate athletic training codes, consults, and documentation templates are present within the Epic Foundation System. We have received word that the enhancements specific to athletic training will go live in September or very soon afterward. Release notes will be published specific to this for Epic client analysts to utilize. Please look for more information soon.

What will be included:

1. Athletic trainer will be included as a specific provider within Epic consistent with PT, OT, PA, RN, etc. This means that an athletic training user and template will be included in Foundation. This was not present previously.
2. Relevant Coding specific to athletic training services
 - a. 97005 and 97006 are already in Foundation
 - b. Via Epic, Revenue Code 951 apparently is provided via third parties as are other revenue codes and is not in Foundation, but should be used.
3. Athletic Training Evaluation and Re-Evaluation Documentation templates
4. Athletic Training Consult and Physical Therapy or Athletic Training Consult

9. WATA Web Presence

Joe Greene and Kyle Scharer continue to meet with Alyson Kelsey, WATA Website Coordinator to discuss content that will be included on both the OrthoVise and the new WATA web presence. We will be transitioning content from the OrthoVise Web Presence to the WATA web presence specific to third party reimbursement activity. This content will be redundant on both sites in some cases.

Alyson will be placing information on the payors that recognize athletic training services with prior authorization or fully recognize. This is an example of Wisconsin specific content on the web presence that will have real time insurance information and employer information. Additionally, we will link to NATA web content that is currently in development.

10. Pilot Site Data Aggregation

Kyle Scharer has aggregated the Wisconsin pilot site data and a summary will be included by the spring of 2017 in the NATA News.

Kyle has also compiled some talking points specific to the results of the pilot. These talking points follow:

Wisconsin Third Party Reimbursement Pilot Project

Pilot Data Collection Talking Points

Pilot Overview

- Pilot project collected data on outpatient rehabilitation services provided autonomously by Licensed Athletic Trainers between July 1, 2015 and June 30, 2016
- Data collected included:
 - Financial data: Gross charges & reimbursement by CPT code
 - Functional outcomes data
- Data from each site was reported to project team members quarterly
 - Last report was submitted to the project team in September 2016
- Data is presented in aggregate format to protect confidentiality of individual financial information of each participating organization

Participating Pilot Sites

- Participating sites met initial requirements for participation which included:
 - Athletic Trainers operating within scope of practice as outlined in the State of Wisconsin Athletic Training Practice Act
 - This included the Athletic Trainer treating patients under the referral of a MD, DO or other various providers outlined within the practice act
 - Athletic Trainers utilizing the 97005 & 97006 codes and general 97000 Physical Medicine codes consistent with the practice of other rehabilitation providers within their organization
 - Utilization of standard metrics within the rehab practice for collection of financial and functional outcome data
- 7 different organizations participated in some capacity
- Final reporting utilized the data from 5 of these organizations as financial and outcome data was not available for the full time range of the study from the remaining 2 organizations
- Of the 5 organizations included in the final data set:
 - 4 had employed athletic trainers within their outpatient rehabilitation practice prior to the study
 - 1 implemented the use of an athletic trainer with the launch of the study
 - Combined FTE of Athletic Trainers from whom data was collected:
 - 7.45

Financial Data

- Over \$1.9 million in charges and \$1.3 million in reimbursement
- 66% reimbursement rate noted with commercial payers
- 78% reimbursement rate noted with workers compensation payers
- 90+% reimbursement rate with work hardening
- Reimbursement per FTE for the project was over \$180,000
 - This is roughly 2 – 2.5 x the average salary + benefits of an athletic trainer in Wisconsin (assuming rough estimate of 70k)
- 7 commercial payers regularly reimbursed athletic trainers

- 36 workers compensation payers reimbursed athletic trainers

Functional Outcomes Data

- In general data reported did support that functional outcome score improvement and number of visits to discharge was consistent with individual organization targets for rehab providers
- Data is difficult to present in aggregated format due to utilization of different tools by different organizations
- 1 pilot site retrospectively reviewed functional outcome data across disciplines (AT, PT, OT) and reported no significant differences between the groups relative to improvement in outcomes scores and time to discharge

Key Takeaways

- Evidence supporting the financial and clinical viability of Athletic Trainers functioning as an autonomous provider in an outpatient rehabilitation setting was established across multiple organizations in Wisconsin
- Athletic trainers can play a role in increasing access at an outpatient rehabilitation facility while also hitting organizational targets relative to clinical outcomes
 - This model may be of particular interest to organizations in rural areas where access may be of concern
- Athletic Trainers functioning autonomously in an outpatient rehabilitation setting were found to more than double their return on investment.
 - This data provides evidence for consideration when seeking Athletic Training job creation and compensation review

11. Payor Recognition : As of 4/1/2017

Commercial Recognition: Not on Plan Exclusions: 7

Anthem Blue Cross and Blue Shield of Wisconsin

Dean Health Plan

Quartz (Unity/Gundersen)

Physicians Plus

Aurora BayCare: Self Insured

FortCare Cerner: Self Insured

Sysco: Self Insured

Commercial: Prior Authorization Required: 9

Cigna

Group Health Cooperative

Health Partners

Aetna

Humana

Medica

United

WEA Trust

WPS

Workers Compensation : 36

Acuity
Aegis
AIG
America WC
Amtrust North America
Argent
Berkley Agri-Business
Broadspire
Chubb
CBCS
CCI, Columbia County
Cincinnati Insurance
CNA Claims Plus
Corvel
Frankenmuth Mutual
Gallager Bassett
Heartland
Horizon Management Group
Liberty Mutual
Pekin Insurance
Preferred
Secura
Sedgwick
Sentry
Society Insurance
State of Wisconsin
Travelers Indemnity
Travelers Property
Tyson
United Heartland
United WI
Wausau
West Bend Mutual
Western National WC
WI State Historical Society
Zurich American

12. Employers

Employers that utilize athletic trainers as billable providers in outpatient rehabilitation

Past and Current

Aurora BayCare
Baldwin Area Medical Center
Columbus Community Hospital
Crossing Rivers Health
Divine Savior Healthcare
Fort HealthCare
Grant Regional Health Center
Prevea Health System

Ripon Medical Center
St. Clare Hospital
Upland Hills Health
UW Hospital and Clinics
Wausau Sport and Spine

13. Social Media

Please follow updates and communications via the following social media resources. Monthly updates also exist in the WATA Members Only Section.

1. **OrthoVise Web Presence:** <http://www.orthovise.com/watasbd>
2. **Twitter:** Follow us via @joegreeneov
3. **Facebook:** Search for OrthoVise or follow the link below and Like us.
<https://www.facebook.com/pages/OrthoVise/335420689882742>
4. **Linked in:** Search company pages for OrthoVise, or follow the link below and Follow us.
<https://www.linkedin.com/company/orthovise?trk=biz-companies-cym>