



Monthly Status Report for the:

National Athletic Trainers Association

Third Party Reimbursement Project

December, 2016

Submitted: December 13, 2016

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Summary of Activity

NATA Third Party Reimbursement Pilot Project



National Third Party Reimbursement Activity since the November, 2016 Report has focused on the following areas and objectives:

1. WATA Third Party Reimbursement Symposium

The WATA Third Party Reimbursement Symposium took place on 11/11 and 11/12 in Milwaukee, WI, at the Potawatomi Hotel and Conference Center. There were 115 attendees representing at least 27 states in attendance. The energy, enthusiasm, and overall feedback were all extremely positive. We anticipate that a number of states will begin to become more organized soon. We are planning follow-up in the near term with states to help take advantage of the momentum.

The states that were represented included:

1. Wisconsin
2. Maine
3. Illinois
4. Indiana
5. Vermont
6. Ohio
7. Minnesota
8. Pennsylvania
9. Michigan
10. Arkansas
11. Utah
12. North Dakota
13. Washington
14. California
15. Virginia
16. Kansas
17. Alabama
18. Colorado
19. Kentucky
20. North Carolina
21. Massachusetts
22. Nebraska
23. Louisiana
24. Iowa
25. New Mexico

26. Texas
27. Washington

2. Ohio Athletic Trainers' Association Executive Summary

The OATA Executive Summary of the OATA Third Party Reimbursement Business Case is attached in the same e-mail as the December report. The overall Business Case is targeted at payors and employers alike. It will be delivered on a prioritized basis in conjunction with a formal ask for recognition and reimbursement by payors, and also for employers in conjunction with a request to begin to use athletic trainers in an autonomous capacity and subsequently bill for their services.

Ohio is entering the next phase of their project in that payors will begin to be approached for recognition now that the Executive Summary is in place and the Business Case has been developed.

3. National Payor Coordination

Initial communications to the following entities has occurred and meetings were requested by Kara Gainer. We have heard from Anthem and Blue Cross and Blue Shield and are working to arrange a meeting. We are also working on a meeting with the National Association of Medicaid Director. Kara will continue to follow up with these payors and organizations until we achieve meetings or are denied meetings.

1. National Association of Medicaid Directors
2. Anthem and Blue Cross and Blue Shield
3. Anthem
4. Aetna
5. Humana
6. Cigna
7. United Healthcare
8. America's Health Insurance Plans

The following items remain our priorities

1. The pursuit of a meeting with UnitedHealthcare Medical Directors and other decision makers in Minneapolis.
2. The pursuit of a meeting with Aetna representatives with the goal of requesting Preferred Provider status.
3. Ongoing communication with Anthem and Blue Cross and Blue Shield, with a goal of standardizing coverage for athletic training across all states.
4. Communication and recognition request of the respective State Offices of Medicaid in coordination with a meeting with the National Association of Medicaid Directors.

4. United HealthCare

Colyn Bruss (Senior Project Manager - Clinical Affordability UnitedHealthcare Clinical Services), who attended our Healthcare Reform Workgroup Meeting on 11/11 and 11/12, as a representative of the insurance industry, has facilitated a communications to Len Wilkerson DO, MBA, MPH, FAAFP. Dr. Wilkerson is their Senior Vice President - Clinical

Affordability / Medical Policy UnitedHealthcare Clinical Services. He reports directly to Sam Ho MD, who is their CMO.

A meeting with Colyn, Joe, and Dr. Wilkerson has been established for Monday, January 9th @ 1:00 PM CT.

An excerpt of Dr. Wilkerson's communication to Colyn follows:

Colyn, this is a long standing problem. I am well aware and support ATC's and the NATA. To give some history.....as being board certified in Family Medicine and Sports Medicine, running a sports medicine practice and working closely with athletic trainers for decades.....as well as the former Chair, Joint Commission of Sports Medicine and Science for 3 years (as well as Vice-Chair 1992-1998, Governing Board Member 2002-2012)..... President, American Osteopathic Academy of Sports Medicine..... Governing Board member, American Medical Society of Sports Medicine.... and Chair, Industrial Athlete Institute of Research & Science (and the President is an ATC).....I have met and worked with UHC (within the UHC credentialing committee) and the NATA President (at that time in history) and committee's thereof in the past to solve this problem at the end of the last century and beginning of this millennium to no avail.

I am very supportive of athletic trainers. Happy to talk some time on this.

This obviously could be a very positive step with United HealthCare. We will certainly learn and gain answers to more questions.

5. Implementation and Maintenance of Current Programming with Payors and Employers

A focus on the implementation and maintenance of successful programming within health systems, hospitals, and independent practices across the pilot states.

At least four sites are in the implementation phase in WI and 1 in Indiana. These sites are being assisted by OrthoVise advisors.

Wisconsin

Aurora Health System
Agnesian Health System
Marquette University
Mound View Medical Center
Holy Family Memorial Hospital

Indiana

Daviess Community Hospital
<http://athletictrainingtoday.com/2016/08/27/indiana-athletic-trainers-to-receive-third-party-reimbursement/>

6. NATA MARCOM Update

Joe met with Jordan Grantham and an initial article that summarizes the NATA TPR project and what we are learning was drafted. This will likely go in the January NATA News.

Additional specific articles on a Case Study, Epic Foundation, and Pilot Site summaries will be created for future newsletters and displayed in other outlets over the next 6 months. OrthoVise independent contractors will work on these items with Jordan and other respective NATA staff.

7. Wisconsin State Office of Medicaid Meeting

Joe Greene and Scott Stenger met with Mike Heifetz on Monday, December 5th, 2016. A formal ask for recognition and reimbursement of athletic training services in the outpatient rehabilitation environment was made. Mr. Heifetz is familiar with the profession, and seemed fully understanding of our request. He is new to the position as of October, 2016, but has extensive experience within the State as well as within the healthcare environment. Most notably with DeanCare. The attached presentation to the December report includes the high level presentation.

Mr. Heifetz requested more data specific to the cost avoidance opportunity that exists when AT's are employed to a greater capacity. We are assembling this data for him. It will include content from the Insuring Athletes, Insuring Value article in a recent NATA News. We plan to work with Mike and the State Office of Medicaid very assertively in the near term.

8. Expansion and Application of Learning

Joe and the OrthoVise team are working with Amy Callender to prepare an approach to spread learnings to states that are aligned and committed to making advancement. There will be more to come on this topic in the next month. We are looking to formally support 4 other states in this effort prior to the conclusion of the pilot in October, 2017.

Indiana State Business Development Report

NATA Third Party Reimbursement Pilot Project



Indiana State Report- November 2016

November Summary

I have received three of the five reporting Indiana Pilot Site data for the Third Quarter of the 2016 billing reporting period. I will be compiling for release in December. Still having issues retrieving the information. We felt quarterly reporting in 2016 would reduce the effort on our sites, but acquiring the information has become much more difficult. We currently have five sites reporting.

I have continued to participate in Third Party Reimbursement (TPR) conference calls with Wisconsin, Ohio, and Indiana on November 7 and November 28 to discuss progress, strategy and share information. Also discussed our presentations at the Wisconsin TPR Meeting on November 11 in Milwaukee, WI. I submitted my PowerPoint presentation to be copied and provided to attendees.

Submitted the TPR Pilot Project Report for the IATA Executive Council to review at their Meeting in Noblesville, IN on October 13, 2016.

Spoke to Craig Voll's class at UIndy relative to TPR and progress made during the past two years on November 3 from 11:00 AM to 12:20 PM.

Eric Hall of Methodist Sports Medicine has left his position and the new point of contact will be Brad Gerig. Brad has been a strong proponent of TPR as IATA President and Past President. He has been billing for his services for many years in his current situation. We are working thru access to data at his facility.

Submitted information relative to 2017 TPR updates for inclusion in IATA E-News. This will be sent to all IATA members. (Attached below)

Presentation on the "Indiana Story" in Milwaukee, WI at the Wisconsin TPR Meeting on November 11, 2016 and served as part of a panel discussion. The meeting was well attended and there was an excellent exchange of information and dialogue with attendees.

Education Initiative

Waiting for details and availability of dates from IATA President Bruce Willard to schedule “Town Hall” style meetings on a regional basis throughout Indiana. I feel this will be a more localized opportunity for AT’s to meet and ask questions. Members of the IATA Executive Council will also be present to update Athletic Trainers on state programs, positions and changes affecting all Athletic Trainers.

Indiana Pilot Site Initiative

We continue to monitor Indiana metrics/goals. We have now exceeded all our year two goals with the increase in NPI members to 1196.

Metric/Goal

1. Increase the # of AT's in Indiana that have a NPI number thru website verification.

Athletic Trainers active licensed in IN 2013 = 1,286

Athletic Trainers active licensed in IN 2014 = 1,593

IATA certified members in 2013 = 1,057

AT's with NPI in IN 2013 = 611 38% of IATA membership

Year 1 Goal – 60% of membership = 719

Year 2 Goal – 75% of membership = 1195

Year 3 Goal – 95% of membership = 1513

1196 as of 11/30/2016

2. Increase from 2014 baseline the # of contracted Anthem BCBS of IN AT providers.

Baseline = 19 AT

Year 1 Goal – Increase by 0.75% of IATA membership (8) above baseline.

Year 2 Goal – Increase by 1.5% of IATA membership (16) above baseline.

Year 3 Goal – Increase by 3.0% of IATA membership (32) above baseline.

54 as of 01/01/2016

3. Increase from 2014 baseline the # of employers of ATs billing 3rd party payers (any 3rd party payer) for services provided by AT- Baseline = 7 employers

Year 1 Goal – Increase by 25% above baseline = 2.

Year 2 Goal – Increase by 50% above baseline = 4.

Year 3 Goal – Increase by 100% above baseline = 7.

15 as of 11/30/2016

4. Increase from 2014 baseline the # of top 6 market leaders of commercial health insurance in IN contracting with &/or compensating ATs – Baseline = 4

(BCBS of IN; UHC; Cigna; Aetna)

Year 1 Goal – Relationship development with top 6 health plans

Year 2 Goal – Develop contracting/credentialing process with 6 market share leaders.

Year 3 Goal – Compensation of services provided by ATs by the 6 market leaders

12 payors are currently reimbursing AT's

5. Increase from 2014 baseline the # of AT providers billing 3rd party payers for services provided by AT - Baseline 2014 = 19
- Year 1 Goal – Increase by 1% of IATA membership (11) above baseline.
 - Year 2 Goal – Increase by 2% of IATA membership (21) above baseline.
 - Year 3 Goal – Increase by 4% of IATA membership (42) above baseline.

54 as of 01/01/2016

Continued Activities

- We are continuing to focus on improving relationships with United Healthcare, Cigna, Aetna, Golden Rule, Humana, Allied National and Sagamore payors thru our lobbyist and legislative connections utilizing current Indiana data. As mentioned in earlier reports we also will be utilizing additional resources in Wisconsin to identify decision makers at all levels and strategies of how to best approach them.
- Additional social/networking opportunities with Indiana payors has been considered, but are not appealing to Third Party Payors under the current political climate. We remain open to all options and have requested suggestions from the lobbyist.

Respectfully submitted,
Rick A. Shaw
Indiana Business Development Coordinator

Ohio State Business Development Report

NATA Third Party Reimbursement Pilot Project



Ohio State Report- December 2016

November Summary

The primary November activities included the Wisconsin and Ohio educational programs, working on the website update, and completing the executive summary for the business case.

The Wisconsin TPR Symposium was held November 11-12, and I spoke on that Friday regarding the Ohio business approach for payer meetings. Content included the reasoning behind the business approach, business case development, and a general overview of case content.

The following weekend on November 18 the Ohio TPR educational meeting in West Chester took place at the Four Points by Sheraton Cincinnati North. Final pre-registration numbers included 34 people. Attendees included a few AT students as well as licensed ATs over various professional settings, specifically clinical, secondary school, and educators. All reimbursement items have been submitted, including participant mileage and speaker mileage, lodging, and print materials. I have not sent CE certificates as of this report pending a signature on the revised version of the Certificate. I have enclosed a copy for your convenience.

I sent a completed version of the executive summary for the business case to Bridget (lobbyist) on November 15 via email. I have enclosed a copy for your convenience. Pending her review, the next step regarding the business case is reaching out to contacts to set up meetings.

Communication with small private practice using AT as a PT aide; AT reached out to me regarding questions on BWC as well as TPR. Now speaking with practice manager and billing department. They see very few BWC patients, but are interested in utilizing AT in a "better" capacity given licensure.

November 17 I requested the reimbursement tab on the OATA website be "taken down" as the content is out of date (2008/9?) and replaced with a message stating that the TPR team is actively working to update the content. Chuck graciously placed the "under construction" notification up on the same day.

NPI Update

Since the October Report, the state gained 32 new NPI numbers. That brings the total number of NPIs to 1748.

As of 11/1/2016, we have exceeded the 2016 goal for NPI attainment as set forth by the NATA Strategic Plan. A review of the NATA established NPI metrics is as follows:

- 2015 Goal – 1057 (exceeded- total at the end of year one on 11/1/15 with **1341**)
- Revised 2016 Goal – 1477 (exceeded- total at the end of year two on 11/1/16 with current NPI number **1716**)
- Revised 2017 Goal – 1825 (**Current NPI total 1748 as of 12/9/16**)

Other November Activity Highlights

1. State Team Meetings

- a. Conference Call Sunday, November 20, 2016 @ 8pm
 - i. Recap of WI and OH ed program highlights
 - ii. Website conversation
 - Under Construction message is active
 - BWC overview suggested content revisions
 - Discussion on uploading in waves
 - Overview & NPI documents to start
 - Have spoken with Chuck regarding starting the construction
 - He was going to communicate with his committee to identify personnel to assist
 - Michelle to make Overview & NPI revisions necessary then email Tim and Chuck to start process
 - iii. Completion of Executive Summary for Business Case sent to Bridget
 - iv. Michelle to send newsletter submission to Deb
- b. Next Team Call Dates/Times
 - i. Sunday, December 18, 2016 @ 8pm
 - Call in number (937) 458-4075; Conference ID 380605
 - Proposed Agenda
 - Website
 - a. live while in construction or after?
 - b. Launch announcements based on above
 - Ed Program F/U
 - Newsletter Submission
 - Meeting updates if applicable
 - New business/Open forum
 - ii. Sunday, January 15, 2017 @ 8pm
 - Call in number (937) 458-4075; Conference ID 380605
- c. Any pertinent conversations or updates outside of team call to take place via email or personal call with Michelle michelle.kahler-campbell@oata.org cell: 937-620-6372

2. State Association Leadership

- a. EC is updated monthly via project report
- b. In contact with appropriate EC member as needed for specific activity
 - John Smith, President
 - Siobhan Fagan, President Elect
 - Kurt McClurg, Past President
 - Mike Medich, VP for Governmental Affairs

- Dave Rauch, VP for Intra-Association Affairs
- Joyce Kastl, Treasurer
- Katie Larue-Martin, Secretary
- District Representatives
- Student Senators

3. **Outcome Recruitment** to assist in making business proposal to third party payers utilizing an access angle in addition to the competency and legality through the practice act.

- a. Obtained statistical analysis on collected outcome data from Datalys
 - i. All (outcome) data shared with the third party pilot project will remain anonymous and be shared only as data reported in Ohio
 - ii. Will sign privacy statements and non-disclosure documents as needed to obtain necessary (outcomes) data for the business case
- b. Executive Summary completed and sent to Bridget on November 15
- c. Next step is reaching out to contacts to set up meetings
- d. Continued communication with collaborating sites as well as potential new sites for additional outcomes as well as helping to assist health systems as well as small practices to begin outcome gathering and begin reimbursement process with BWC and/or third party if desired

4. **Communication and Upcoming Events**

- a. NPI communication for both students and licensed ATs continues to go out in each edition of OATA newsletter
- b. OATA November Newsletter
 - i. Provided follow up on the Wisconsin TPR symposium
 - ii. Provided follow up on the Oh Educational program
 - iii. Announcement regarding the reimbursement page on the OATA website being "Under Construction"
- c. 1/14/17 presentation on Patient-Reported Outcomes at OATA Student Symposium (Quiz Bowl) breakout session at University of Toledo
- d. 2/23/17 *Business of AT* presentation at Otterbein University
- e. Spring 2017 *Business of AT* presentation to Post-professional students at University of Toledo
- f. Possible *Business of AT* presentations at Mt. St. Joseph University and Heidelberg University

Michelle M. Kahler-Campbell
OH Business Development Coordinator

Wisconsin State Business Development Report

NATA Third Party Reimbursement Pilot Project



Wisconsin State Report- December 2016

November Summary

The Wisconsin State Business Development activity in the month of September and October to date has focused upon the following objectives.

Items in **Red** are updated content.

1. New Athletic Training Codes go 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 go 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.

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.

2. 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 Trainers

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.

3. Wisconsin State Office of Medicaid Meeting

Joe Greene and Scott Stenger met with Mike Heifetz on Monday, December 5th, 2016. A formal ask for recognition and reimbursement of athletic training services in the outpatient rehabilitation environment was made. Mr. Heifetz is familiar with the profession, and seemed fully understanding of our request. He is new to the position as of October, 2016, but has extensive experience within the State as well as within the healthcare environment. Most notably with DeanCare. The attached presentation to the December report includes the high level presentation.

Mr. Heifetz requested more data specific to the cost avoidance opportunity that exists when AT's are employed to a greater capacity. We are assembling this data for him. It will include content from the Insuring Athletes, Insuring Value article in a recent NATA News. We plan to work with Mike and the State Office of Medicaid very assertively in the near term.

4. Payor Developments

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.

a. State of Wisconsin Medicaid Office

We recently learned that Kevin Moore, the Wisconsin Medicaid Director, has left for a new position with Aurora Healthcare. His replacement is Mike Heifetz whom Scott Stenger, WATA Lobbyist, knows very well and who we have met with previously as the State Budget Director.

See above for specific update.

Additionally, we are exploring options at the national level to advocate for Medicaid recognition and reimbursement. This is in conjunction with Kara Gainer in Washington DC.

The State of Wisconsin Medicaid Office has been performing an analysis of the proposal to look at the impact of new costs. We perceive this to be very minimal as much of the work will be re-allocated from other providers. We estimated that 40 athletic trainers may be potentially billing in Year 1. This data and analysis will be useful with other payors. Implementation would occur at some point in 2017 and athletic trainers would have to follow the same prior authorization process as other more established rehabilitation providers.

b. Anthem Blue Cross and Blue Shield of Wisconsin

The following questions were recently asked and addressed by Anthem Blue Cross and Blue Shield of WI. Athletic Training will be included in their 2018 benefit certificate. Athletic training coverage will take place effective on the contractual renewal date. We are awaiting additional clarifications from Anthem at this time.

Question: When AT's are included in the 2018 benefit certificate, is the active date January 1, 2018 for when coverage with your fully insured commercial products would take effect?

Response: The changes would be in effect upon their 2018 renewal date. [O’Hair, Michelle]

Question: We are starting to get questions regarding timelines from some of our sites at this time. I anticipate that we should indicate to them to contact their Provider Relations contact?

Response: If you are referring to when Athletic Trainers can start to contract with us, I would have them contact me after 1/1/17 unless they belong to a healthcare system than they should contact their Anthem Contractor. [O’Hair, Michelle]

Question: Is it appropriate for employers to begin to attempt prior authorization through OrthoNet at this time whether they are billing out of a facility or out of an independent practice provided they are credentialed by CAQH?

Response: If services provided by an Athletic Trainer are a covered benefit and require an authorization, please proceed according. Not all plans allow services by an AT, require authorizations or authorizations via OrthoNet. [O’Hair, Michelle]

Kind regards,

Michelle O’Hair | Network Relations Consultant | Anthem Blue Cross and Blue Shield | P: 262-523.2392 | F: 262-523-4783 | michelle.o'hair@bcbswi.com

During a second face to face meeting with Anthem leadership on 7/12, we were informed that Anthem Blue Cross and Blue Shield of Wisconsin would begin to formally recognize and reimburse for rehabilitation services delivered by athletic trainers in outpatient rehabilitation settings. This is obviously a very positive development from a major commercial payor.

Although not a requirement for athletic trainers who will be doing hospital or facility based billing, they would like athletic trainers who are billing to become credentialed by CAQH. AT’s billing independently will need to be credentialed by CAQH. Anthem, as well as WATA leadership and likely NATA leadership believe that this is positive as well. The more AT’s that are credentialed by CAQH, the easier it will be for the future as more payors come on board.

Anthem has indicated that they will use OrthoNet for prior authorization services. This is consistent with the process in Indiana.

We are also monitoring the Anthem/Cigna merger and considering the effect on our efforts which should be an overall positive.

c. United Healthcare

Additional research and due diligence indicates that we need to take our request to the UnitedHealthcare office in the Twin Cities. Decisions to recognize athletic training services nationally are considered by a board of Medical Directors. We are in contact with individuals that we are confident can help us secure this meeting and/or tell us what information is needed or what objectives we need to accomplish in order to achieve recognition.

Colyn Bruss (Senior Project Manager - Clinical Affordability UnitedHealthcare Clinical Services), who attended our Healthcare Reform Workgroup Meeting on 11/11 and 11/12, as a representative of the insurance industry, has facilitated a communications to Len Wilkerson DO, MBA, MPH, FAAFP. Dr. Wilkerson is their Senior Vice President - Clinical Affordability / Medical Policy UnitedHealthcare Clinical Services. He reports directly to Sam Ho MD, who is their CMO.

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I am very supportive of athletic trainers. Happy to talk some time on this.

This obviously could be a very positive step with United HealthCare. We will certainly learn and gain answers to more questions. UnitedHealthcare is certainly a high priority for payor advocacy across the pilot states and nationally.

d. WPS and WEA

Joe has continued to reach out to WPS and their Medical Director, Michael Ostrov. We are waiting for communication back from him. We will be reaching out again to WEA.

Prior authorization requests can be made for WPS and WEA via the HSM/Magellan portal: <https://www.hsminc.com/login.asp>

Joe has been in communication with Magellan during his discussions relating to Dean as an effort to educate Magellan as they provide prior authorization service for both WEA and WPS as well.

e. Dean Health Plan

Dean Health Plan is reviewing their policy specific to athletic training but no time frame has been communicated. We have requested this review to allow for Dean Health Plan update their policy with language consistent with the current practice

act and the amendments that went into effect in April, 2010. We do not have a timeline at this time despite our ongoing requests.

This advocacy is ongoing and active at this time. Multiple sites have indicated that Dean Health Plan patients have been denied as they have not been “athletes” or because they had surgery which was not an athletic injury. Obviously, this is not consistent with State of Wisconsin Scope of Practice for an athletic trainer. The athletic trainer can see individuals who participate in vigorous “physical activity” of most any type and also treat individuals who desire to return to said activity after a surgical procedure.

We have been in communication with Magellan specific to Dean Health Plan, and have received confirmation from both that they are communicating and that they will await a response from Dean Health Plan on their policy review. The third party prior authorization providers are becoming increasingly important to target with educational efforts. We believe that assisting Magellan and Dean now will be valuable as other payors come on-line, and with WPS/WEA.

f. Magellan

We have learned that Magellan purchased HSM in November of 2015. HSM had provided prior authorization services for WEA/WPS as well and services are now prior authorized by Magellan as well. This said, the priority of communicating and educating Magellan has increased. Please see the comments above specific to Dean Health Plan.

We are actively working to educate Magellan as issues with reimbursement that are present now, were not present prior to Magellan taking over prior authorization processes for Dean Health Plan.

g. Unity and Gundersen Health Plans

The proposed merger between the Unity and Gundersen Health Plans has been approved by the State of Wisconsin. This may be a nice positive development in the western aspect of the state as Unity recognizes athletic training services already. Please stay in touch for additional updates as more developments occur and we begin to understand more of the specifics.

h. Aetna/Humana

We will be re-engaging with Aetna/Humana to learn more about the status of their merger and who it would be best to communicate with in the near term.

i. Worker’s Compensation

Sites are encouraged to initiate and continue to bill workers compensation payors as they initiate and establish third party reimbursement activity.

5. Employer Progress

We are moving into the new phase of assisting sites with implementation over the next 18 months. Steve has actively been communicating with at least 5 news sites. Some of which would be critical precedents.

A high level summary of these recent developments follows:

ProHealth

Green light has been achieved for billing workers compensation

Agnesian Healthcare

Has gained approval and are currently working through Competencies and EMR Issues

Aurora Health System

Ongoing correspondence continues and information has been distributed to help overcome barriers. We are hoping for a system wide approval of the implementation of these services that standardized to the greatest extent possible.

Marquette University

Will be initiating billing for services from club sports with payors and via cash

Wausau Sport and Spine

USPT site that has implemented billing for workers compensation

Moundview Health System

Moundview has hired an athletic trainer and would like to initiate billing for autonomous athletic training services. They have a similar payor mix to a number of our pilots. Steve Allison has begun to assist them.

Holy Family Memorial Hospital

6. WATA Pilot Site Progress

We have received complete pilot site data from all of our pilot sites. The data has been aggregated by Kyle Scharer and we are preparing it for distribution at this time. This will become a focus of our efforts subsequent to the WATA Reimbursement Symposium. **This information will be prepared by Kyle and the OrthoVise team for distribution to the WATA Membership and the NATA Membership via various outlets.**

7. WATA Third Party Reimbursement Symposium

The WATA Third Party Reimbursement Symposium took place on 11/11 and 11/12 in Milwaukee, WI, at the Potawatomi Hotel and Conference Center. There were 115 attendees representing at least 27 states in attendance. The energy, enthusiasm, and overall feedback were all extremely positive. We anticipate that a number of states will begin to become more organized soon. We are planning follow-up in the near term with states to help take advantage of the momentum.

Approximately \$9, 000.00 was netted as profit for the meeting. Course evaluation has been completed.

The states that were represented included:

1. Wisconsin
2. Maine

3. Illinois
4. Indiana
5. Vermont
6. Ohio
7. Minnesota
8. Pennsylvania
9. Michigan
10. Arkansas
11. Utah
12. North Dakota
13. Washington
14. California
15. Virginia
16. Kansas
17. Alabama
18. Colorado
19. Kentucky
20. North Carolina
21. Massachusetts
22. Nebraska
23. Louisiana
24. Iowa
25. New Mexico
26. Texas
27. Washington

8. Governmental Affairs

WATA leadership and its advisors continue to monitor progress with third party reimbursement activity and consider potential practice act implications dependent upon progress with payors. Joe will be attending a meeting on 12/14 to continue to develop our plan and design of an amended practice act to likely be introduced in 2017. The inclusion of anti-discrimination language in our new bill will be considered strongly dependent upon the progress that we are making. This language and its subsequent introduction is contained within our strategic plan and roadmap.

9. 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:

- 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.
- Relevant Coding specific to athletic training services

- 97005 and 97006 are already in Foundation
- 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.
- Athletic Training Evaluation and Re-Evaluation Documentation templates
- Athletic Training Consult and Physical Therapy or Athletic Training Consult

10. 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.

11. Education and Communication

Joe Greene spoke with the UW LaCrosse (10/19) and UW Stevens Point (12/1/2016) Athletic Training Education Programs. Kyle Scharer has spoken with the UW Milwaukee and Marquette University Athletic Training Programs in the last month.

Joe will also be looking to speak with the Rural Wisconsin Healthcare Cooperative before the end of the calendar year to provide an update on the progress of our pilot program and also progress with Employers and Payors.

Joe has recently posted information on Anthem and on Epic via social media on Twitter and Facebook. This has received a great deal of positive attention.

12. Data Accumulation

Kyle Scharer continues to accumulate and maintain data from our known sites that are using athletic trainers in reimbursable capacities. AT's are encouraged to communicate with Kyle on any changes.

Wisconsin Third Party Reimbursement Pilot Site Status

Data Summary

The data presented below represents data collected through May, 2016. It includes all available revenue, collections, and outcomes data to date. We will be requesting a final report from all sites on 9/15/2016.

Pilot Sites

1. Aurora BayCare
2. Baldwin Area Medical Center
3. Columbus Community Hospital
4. Fort Healthcare
5. Grant Regional Health Center
6. Portage Divine Savior Hospital
7. **Wausau Sport and Spine Clinic**

Metrics

Each of these sites gave standardized their collection of metrics. These metrics include:

1. Overall gross charges and net reimbursement
2. Reimbursement rate by payor group (ie. Commercial, HMO, Workers Compensation)
3. Reimbursement rate compared to similar providers
4. Tracking of payors that deny payment
5. Tracking of payors that authorize payment
6. Functional and clinical outcomes

Pilot Site Data

1. Functional outcome data
2. Aggregated revenue data across all pilot sites
3. Employers that utilize athletic trainers as autonomous rehabilitation providers
4. Commercial and Workers Compensation payors that recognize athletic training services
5. Payors that have denied payment

Functional Outcomes of Patients

These tools have been used by our pilot sites to measure the effectiveness of the intervention by an athletic trainer.

<u>Tools Used</u>	<u>Pre-Intervention</u>	<u>Post Intervention</u>
QuickDASH	68.5	12.4 GOAL <29
Lower Extremity Functional Scale	54%	79%
Patient Specific Functional Scale	2.34	8.41
Patient Specific Functional Scale	46%	89%
Lower Extremity Functional Scale	40%	69%
PENN Shoulder Score:	48%	88%

Revenue Data

Revenue Data by Payor Group

Revenue Data by Payor Group	Commercial	WC	Self Pay	Other	AT Overall
Gross Charges:	\$ 789,369.91	\$ 237,482.75	\$ 1,169.00	\$ 12,699.00	\$ 1,098,927.75
Net Reimbursement:	\$ 528,554.80	\$ 192,790.55	\$ 1,087.16	\$ 12,699.00	\$ 758,851.33
Net Reimbursement Rate:	67%	81%	93%	100%	69%


WISCONSIN ATHLETIC
TRAINERS' ASSOCIATION

Revenue Data by Code

Revenue Data by Code	97005	97016	97032	97033	97035
Gross Charges:	\$ 147,313.20	\$ 420.00	\$ 312.00	\$ 26,805.00	\$ 52,066.00
Net Reimbursement:	\$ 102,014.52	\$ 193.83	\$ 208.00	\$ 19,851.34	\$ 44,585.84
Net Reimbursement Rate:	69%	46%	67%	74%	86%
	Athletic Training Evaluation	Vasopneumatic Devices Mobility	Electrical Stimulation, manual	Iontophoresis	Ultrasound Therapy


WISCONSIN ATHLETIC
TRAINERS' ASSOCIATION

Revenue Data by Code

97110	97112	97116	97140	97530	97545	97546
\$ 245,310.42	\$ 1,040.50	\$ 1,317.00	\$ 27,062.50	\$ 6,963.00	\$ 49,413.00	\$ 1,019.60
\$ 176,953.46	\$ 475.93	\$ 1,036.00	\$ 19,856.66	\$ 4,007.06	\$ 41,813.75	\$ 922.94
72%	46%	79%	73%	58%	85%	91%
Therapeutic Exercises	Neuromuscular Reeducation	Gait Training Therapy	Manual Therapy, 1/> regions	Therapeutic Activities	Work hardening / conditioning 2hrs	Work hardening / conditioning 1hr



Revenue by FTE

- Total Pilot Site FTE : 7.45
- Gross Charges per FTE : \$147,507.08
- Net Revenue per FTE : \$101,859.24



Employers

These employers utilize athletic trainers as autonomous providers of rehabilitation services.

Columbus Community Hospital
 Divine Savior Healthcare
 Grant Regional Medical Center
 Prairie du Chien Memorial Hospital
 Prevea Healthcare
 Ripon Medical Center
 St Clare Hospital
 UW Health
 Aurora BayCare
 Baldwin Area Medical Center

Fort Healthcare
Wausau Sport and Spine

Commercial Payor Status

Full Recognition

Payers that formally recognize rehabilitation services delivered by athletic trainers.

Anthem Blue Cross and Blue Shield of Wisconsin
Dean Health Plan
Unity Health Plan
Physicians Plus Health Insurance
BayCare Clinic (Self Funded Plan)
FortCare Cerner (Self Insured Plan)
Sysco (Self Insured Plan)

Reimbursement with Prior Authorization

These payors have recognized athletic training services when prior authorization has been secured. Payment approval is inconsistent and denials are likely or common if you have not obtained prior authorization.

Cigna
Group Health Cooperative
Health Partners
Humana
Medica
United
WEA
WPS

Workers Compensation Payors That Recognize Athletic Training Services

Workers compensation payors generally recognize rehabilitation services delivered by athletic trainers.

Confirmed Payors Workers Compensation (24)	
• Acuity	• State of Wisconsin
• America WC	• Travelers Indemnity
• Amtrust North America	• Travelers Property
• Broadspire	• Tyson
• Chubb	• United Heartland
• CBCS	• United WI
• Hartland	• Wausau
• Horizon Management Group	• West Bend Mutual
• Liberty Mutual	• Western National WC
• Preferred	• WI State Historical Society
• Secura	• Zurich American
• Sedgwick	
• Sentry	

Payors That Have Denied Payment

Payor Denials (14)

- Assurant Health
- Anthem Blue Cross and Blue Shield of Wisconsin
- Blue Cross and Blue Shield of Minnesota
- CompCare
- Dean Medicaid HMO
- Humana
- UMR
- UMR Salt
- Medica Applause
- Medica Choice
- Medica Passport
- MercyCare Medicaid HMO
- SelectCare
- WPS



Wisconsin NPI Initiative Update

We have currently met 2015 goals for NPI attainment by WATA Membership

- Athletic Trainers Actively Licensed in WI = 1136 (1000)
- Athletic Trainers Actively Licensed in WI with NPI = 678 (622)

- WATA Regular Members = 666 (613)
- WATA Members with NPI in WI = 423 (405)
- 63.5% (66.1%) of WATA Membership
- 2016% goal of 75% has not been exceeded

- WATA Student Members = 168
- WATA Student Members with NPI = 18
- WATA Student Non-Members = 40
- 11% of WATA Student Membership

*2015 Data in Red for Comparison
Recommendation for NPI Automation with BOC

Social Media Initiatives

We continue to roll out our communication plan and establish our social media platform. In the last WATA E-Blast, members were encouraged to track the progress and hear news of our third party reimbursement initiatives via the following mechanisms.

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>