

# Wisconsin State Business Development Report

## NATA Third Party Reimbursement Pilot Project



WISCONSIN ATHLETIC  
TRAINERS' ASSOCIATION

Wisconsin State Report- January, 2017

### December Summary

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

#### 1. Wisconsin Employer 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.

1. Aurora Health System
2. Agnesian Health System
3. Aspirus Health System
4. Dean Health Plan
5. Holy Family Memorial Hospital
6. Marquette University
7. Mound View Medical Center
8. ProHealthCare

Joe will be speaking with the Rural Wisconsin Healthcare Cooperative (RWHC) on March 16<sup>th</sup>, 2017 to provide an update on the progress of our pilot program and also progress with Employers and Payors.

#### 2. 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 Foundation Content

### **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. Wisconsin Governmental Affairs : Anti-Discrimination Language**

Joe is actively working with the WATA Governmental Affairs Committee and Stenger Government Relations to develop the language and strategy for the introduction of a new and amended practice act for athletic training in the State of Wisconsin to be introduced in 2017. Anti-discrimination language will be included and has been drafted previously.

### **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 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.

## **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. 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](mailto: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**

Joe Greene and Colyn Bruss (Senior Project Manager - Clinical Affordability UnitedHealthcare Clinical Services) will be meeting with Len Wilkerson, DO, MBA, MPH, FAAFP on Monday, January 9<sup>th</sup> @ 1:00 PM CT. Dr. Wilkerson is the Senior Vice President - Clinical Affordability / Medical Policy UnitedHealthcare Clinical Services and reports directly to Sam Ho, CMO of UnitedHealthcare.

This will be an introductory call focused upon learning the the optimal pathway to recognition by UnitedHealthcare nationally. Dr. Wilkerson does have a history of working with past NATA leadership in the 1990's and is very familiar with the profession. He is a strong supporter of athletic training and hopefully will be able to help us move our cause forward and obtain more answers.

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. 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.

**Joe will be meeting with Dean representatives on January 12<sup>th</sup> to discuss current challenges and clarify issues that are currently present with the Dean Policy.**

**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.

**9. 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.

## **10. 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

## **11. 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

## **12. 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.

## **13. 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 be speaking with the Rural Wisconsin Healthcare Cooperative on March 16<sup>th</sup>, 2017 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.

## **14. Pilot Site Data Accumulation**

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

## 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%


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### 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


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## 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>