University/College Reimbursement Model For Athletic Trainers

Definition-Athletic training programs managed by certified athletic trainers who are employed by a university or college and who are paid by that institution.

Objective-To receive reimbursement from third party payers for services rendered to the athletes, other students as applicable, staff and faculty.

Typical Services Provided-Strength and conditioning programs, rehabilitation services, counseling, evaluations, emergency medical aid, referrals to physicians and other allied health care professionals. Not all of the services you now provide to students and others will be reimbursable. Third party payers normally reimburse only for medically necessary procedures that are covered under the patients contract or policy.

Audience and Patient Population-Students, student athletes, the parents of the athlete or other responsible person, staff, faculty and administrators.

Who Pays-The patient's primary and secondary managed care company or insurance carrier.

First Steps-You will need written authorization from the institution's legal counsel, the board of governors, the president/chancellor and director of athletics prior to billing third party payers. You may wish to receive approval and buy-in from the campus health clinic, the team physician and any other applicable health care providers, the coaches and other members of the athletic staff. To receive approval to seek reimbursement you should build a business plan or business model. The information listed below will assist you in building the business model. However, since all situations are somewhat unique, you will need to adjust the information to fit your particular concerns and issues. This information should provide you with a starting point. If you have specific questions you may wish to contact a member of the Committee on Reimbursement for additional guidance. Check the NATA COR Web page for contact information.

Recommended or Required Tools-

1) Computer hardware and software used to track patients and maintain clinical records and for use by a billing person, billing service or billing software.
2) Staff or an outsourced service to complete forms and maintain records.
3) A policy and procedures book that you would build and maintain. The book of policies and procedures (P&Ps) should cover all probable contingencies that could occur within the program or to the student patient. The P&Ps would include procedures for being HIPAA/FERPA compliant and a procedure for contesting denied claims, billing policies and procedures. The P&Ps should be followed by all staff involved with the program, which will provide consistent and equal treatment within the program.
4) The NATA manuals on reimbursement, both manual I and II. The code manuals, Healthcare Common Procedure Coding system (HCPCS), Current Procedural Terminology (CPT) and International Classification of Diseases (ICD) should be available for reference.
5) You will need space/work area for the computer system, the manuals, documentation files and any extra staff you may need.

Licenses and Regulations-Identify any state specific licensing and regulatory agencies and check with them for any specific licenses or documents you may need to possess prior to billing.

You must review your practice act/license to define your scope of practice and your patient population. Contact your state insurance commissioners office to determine whether there is an any willing provider/provider non-discrimination statute in the state. Determine what city/county licenses are needed, if any. Your institution's legal counsel should review whether there is anything in the institutions charter or mandate that would preclude you from seeking reimbursement and billing. They should advise you of any other legal issues.

Determine Costs/Set A Projected Budget- Initial start up costs are variable and are impacted by what system you will be using, who will conduct the billing for you, how much information regarding the students and the third party payers you already possess. Below we have listed the start up costs from one institution. Some of these costs are one-time charges and some will be ongoing.

- Computer/setup and accounting software $4000-$7000
- Billing service, some services charge a flat fee per claim and some charge a monthly fee the fees range from $175 per month to over $400 per month. Many billing services charge a percentage of collections or claims paid, which is typically between 7-11 percent of the claim.
- ATCs need to schedule additional time to work with the reimbursement program, for each 100 athletes on campus there is an estimated average of 4 hours of additional time required per month by the ATC staff.
- Added staff-You will probably need at least one additional clerical person on staff. You will need this person at least on a part time basis. Estimated cost for a part time clerical person is $8 per hour. If you use this person 20 hours per week your cost would be $160 per week or $8320 per year.
- Additional phone/Internet and fax lines.
- Fax machine and on site printer for working with insurance companies and for transmitting/receiving medical records.
- One time charge for mass mailing an information piece regarding the new program to parents and athletes. Estimated cost .32-.60 per piece.

Once approval has been given to bill for services, you will need to communicate this new process and the benefits the program will provide to athletes, other potential patients, coaching staff, deans, faculty members, health care staff, and to parents or other people responsible for the student's health and welfare. The parents will also need to know what if any affect billing will have on their insurance policy.

You also need to have the "authorization to treat" form and the HIPAA private health information release forms signed. You will need to have insurance or managed care policy information for each patient.

Education/Training-The ATC staff will need to be trained on the billing and third party payer processes. They will need to know the third party payer guidelines as well as the institution's guidelines for billing, from the P&P manual. The staff should know how to complete, maintain and document records. Knowledge of billing forms, their completion and the use and usage of CPT, ICD and HCPCS coding systems is required.

Documentation-These requirements should already be a part of your athletic training procedures for medical/legal reasons. (State privacy laws, HIPAA, FERPA etc.) But these definitely need to be in place when billing and receiving reimbursement from third party payers:

- Initial evaluation, including plan of treatment and goals. (SOAP notes)
- Appropriate medical history
- Examination results
- Functional assessment

- Type of treatment and body part(s) to be treated
- Expected frequency and number of treatments
- Prognosis goals should be functional, measurable and time based.
- Precautions and contraindications should be noted.
- A statement that the treatment-plan and goals were discussed and understood by the patient and possibly by the guardian.
- Maintain daily treatment records.
- Record any changes in physical status, physician orders or treatment plan and goals.
- Weekly progress notes especially on goals should be kept (SOAP or function based).
- Copies of notes to or from the referring physician's office whether by fax, e-mail, U.S. mail or by phone.
- A prescription or other state mandated documentation from a physician.

Pricing- How much can or should you charge for your services? There are several ways or methods to determine your fees. Your cost for a service, which is cost = time +materials+ overhead+ expenses+ profit. You may choose to use the Resource Based Relative Value Scale (RBRVS). RBRVS is the fee schedule that Medicare pays and it is available on the web at, http://cms.hhs.gov/providers/pufdownload/rvudown.asp. The government site is not the easiest to navigate for this information, you may choose to visit your local Medicare carrier's web site, they may have a smaller and more regionalized set of RBRVS fees posted. CPT codes 97005- evaluation and 97006- re-evaluation does not appear in RBRVS. Those codes are specifically for ATs use. You may wish to use the physical therapy codes for evaluation and re-evaluation for rates or pricing, only. You can also use any other fee schedule available. Usual, Customary and Reasonable (UCR) is a common one used by many third party payers. UCR is an average rate charged in your locale for a particular service or therapy. Whichever schedule you use the payer will have it's own schedule and will normally pay based on that schedule. Any amounts over and above the third party payer's allowable payment should be paid by the patient.

Revenue Potential- The revenue will be a variable depending on your state, your setting and how ATC "friendly" the insurance laws and regulations are. Revenue will vary by type of personal insurance or managed care coverage your patients have and whether there are any secondary payers-an institution policy covering the athletes or other secondary payer. The size of your staff will impact the number of treatments and the amount of care that you can provide, which translates to the type and number of procedures you can bill for. A rule of thumb estimate: each ATC could receive $25,000 per year in third party reimbursement fees or approximately $475 per athlete.

Resources-There are resources available to assist you in getting started and in maintaining a third party reimbursement system. The NATA staff and volunteers working with the Committee on Reimbursement can be real assets. You may also choose to use a consulting business service to assist you in starting your program and some billing services can provide advise regarding third party payers. The Web is a great information resource. Your institution may be able to provide assistance to you as well.

Our gratitude and thanks to Ivan Milton ATC, Committee on Reimbursement member, for providing the majority of this information.