

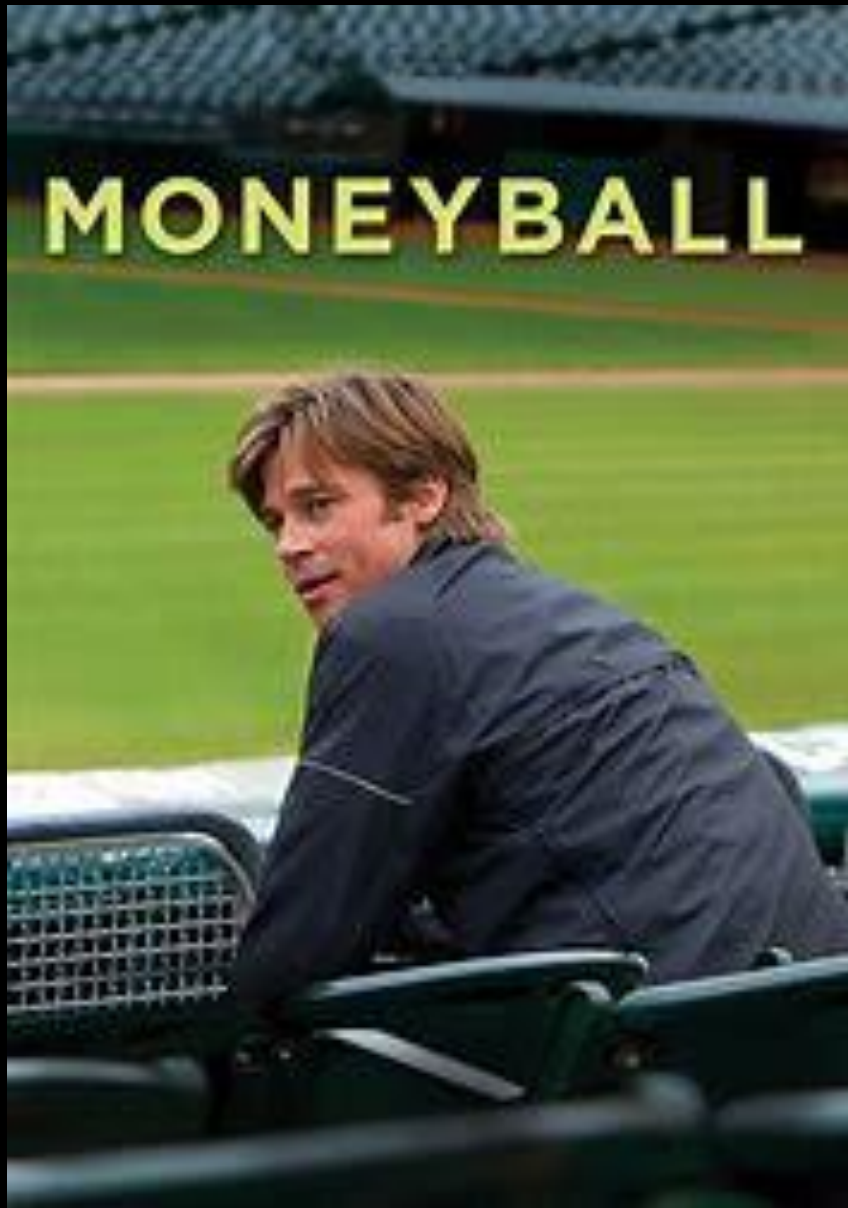
A close-up photograph of a silver pen tip resting on a document with a signature line. The pen is positioned diagonally, and the tip is pointing towards the bottom left. The document has a line for a signature, with the word 'Signature' partially visible. The background is a dark gray circle that frames the right side of the image.

Best Practices in Payor Communication and Advocacy

Joe Greene MS ATC
CEO and Owner
OrthoVise LLC

Goals & Objectives

1. To Share Our Experiences and What We Have Learned
2. Discuss the Importance of Alignment and Philosophy
3. Understand Options for Who Should be Contacted and How?
4. Present Best Practices in Messaging
5. What's Next When the Payor Says No? and Yes? 😊
6. Discuss Emerging Considerations and Challenges
7. Present Anthem Blue Cross and Blue Shield Case Study



**“The first one through the wall ...
he always gets bloody ... always.”**

The Ideal Contact

- Chief Medical Officer
- President
- Provider Relations Director
- Network Solutions Director
- Medical Affairs and Quality

How Do I Contact Them?

- A Warm Introduction is Critical
- Use Your Connections:
 - Personal
 - Employer
 - Lobbyist
 - Attorney
 - High Profile Individuals
- Governmental Affairs Initiative
- Last Option is a Cold Contact
- Be Cordial Yet Persistent

A Payor Says "No"

- Ask Questions
- Work to Understand "Why" They Said "No"
- Be Cordial
- Be Persistent
- Be Patient
- Remember "Timing and Luck"
- Have a Plan : What is Your Pathway to Success if "No" Persists?

"One learns from defeat,
not from victory."

Bobby Jones



A Payor Says “Yes”!

- Learn Why They Said “Yes”
- Identify the Point of Contact with Payor
 - Resource for Payor Questions on Mechanics
 - Funnel for Future Practice and Billing Issues
- Implementation Initiates
- 18 Month Minimum
 - Contracting
 - Digital Integration
 - Communication to Claims Representatives

Emerging Issues

- Standardization and Alignment of “The Ask”
 - Who is Asking
 - What is the Ask
- Sub-Standard Documentation
- Billing in Emerging Settings
- Standardization of Billed Services
 - CMS Alignment
 - Medical Necessity Conformity
 - Billing for Return to ADL’s or Return to Sport
- Modifier Requirement

Credentialing

- What is Credentialing?
 - Validates training, licensure and public safety
 - You are who you say you are
- Employer Credentialing: Employment Requirement
 - Usually not needed for AT's, PT's, OT's
 - Yes for MD's, DO's, PA's, etc.
- Payor Credentialing: Reimbursement Requirement
 - Individuals in private practices
 - e.g. Optum, CAQH, OrthoNet



A close-up photograph of a document titled "WORKER COMPENSATION" in bold, black, sans-serif capital letters. The document is white and is held in place by a silver paperclip on the left and a red, cylindrical stamp on the right. The background is a wooden surface. A white curved line separates the image from a dark gray area on the right.

WORKER COMPENSATION

- Usually Will Recognize Athletic Training
- “Low Hanging Fruit”
- Very Good Payor
- Scope of Practice Considerations



- State Administered Insurance Plan
- Aligns Well with AT Scope of Practice
- Prominent in Rural and Inner-City Populations
- Does **Not** Have to Follow Medicare Guidelines
- Data Requests Focus Around Cost
- Challenging Environment at Present

Exceptional Precedent Opportunity!



Athletic Training in Wisconsin

A Request of Anthem Blue Cross and Blue Shield of Wisconsin

Joseph Greene MS ATC
CEO and Owner
OrthoVise LLC





Objectives

- Describe the athletic training profession
- Define the current state of athletic training
- Clarify our ask ...
 - And what we are not asking for
- Answer your questions



Athletic Training: The Profession

- 1950: The NATA was founded
- 1990: AMA recognizes as allied healthcare provider
- 1999: Wisconsin licensure
- 1200 Licensed Athletic Trainers in Wisconsin
- 45000 Athletic Trainers Nationally
- CAQH Credentialing Recognition
- Professional Degree Requirement
 - Masters Degree

Athletic Training Competencies

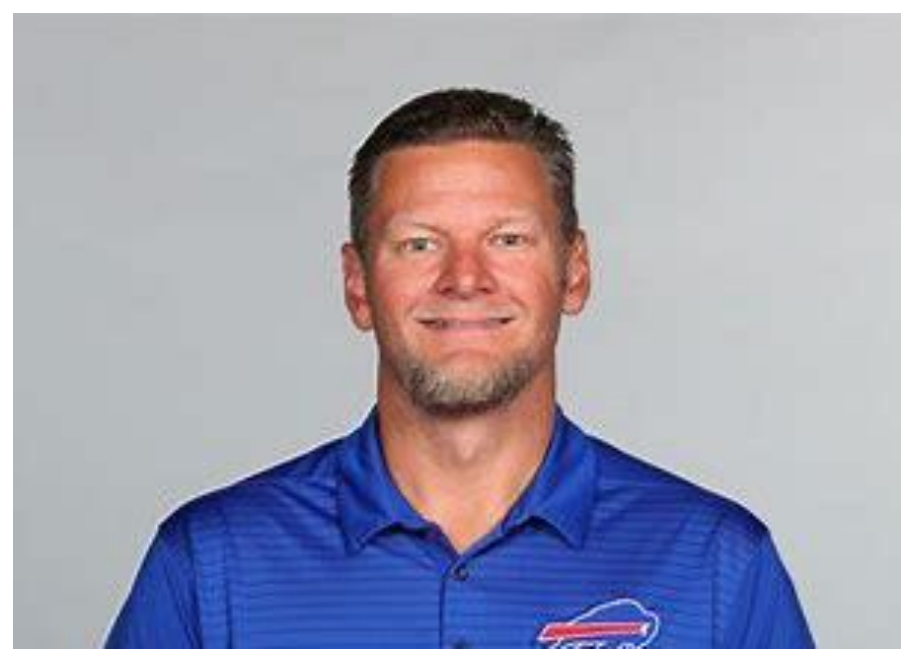
- Evidence Based Practice
- Clinical Examination and Diagnosis
- Prevention and Health Promotion
- Acute Care of Injuries and Illnesses
- **Therapeutic Interventions**
 - Physical Medicine and Rehabilitation
- Psychosocial Strategies and Referral
- Healthcare Administration



Athletic Training Settings in 2023

- Collegiate Teams: 24%
- High Schools: 24%
- Hospitals and Clinics: 16%
- Students: 14%
- Emerging Settings: 3%
- Professional Sports: 3%







Athletic Training and Healthcare

- Healthcare Resource Utilization Optimization
- Corporate Healthcare Model
- Rural/Inner City Healthcare Access
- Diverse and Versatile Provider
- EHR Foundation System Inclusion
- Front Line of Concussion Management



Our Request

- The formal recognition and reimbursement of Athletic Trainers as autonomous providers of medically necessary physical medicine and rehabilitation healthcare services.
- It is not for the recognition of performance training, training athletes, sports conditioning, maintenance therapy, and return to sport healthcare related services.



Clarifications and Emphasis



- **CMS policy and process alignment**
- **Medical necessity must be established**
- **Evaluations and Re-Evaluations are performed**
- **Plans of care and goals are established by AT's**
- **Exceptional documentation standards will be adhered to**
- **Athletic trainers should bill for return to Activities of Daily Life (ADL's)**
- **Billing for maintenance therapy or return to sport is discouraged**
- **AT's must function under respective state scope of practice**



Specific Considerations

- **Athletic Training Evaluation Codes**
 - 97169, 97170, 97171, 97172
- **Physical Medicine and Rehabilitation Codes**
 - 97xxx Series
- **951 Revenue Code**
- **AT's in hospital or health system**
 - Function under contract with system. Facility NPI
- **AT's as independent providers**
 - Credentialed under own NPI



State Practice Act Considerations in Wisconsin

- Referral requirement in Wisconsin
 - MD, DO, DC, PA, NP, PT, DPM, DDS
 - Outpatient rehabilitation setting only
- AT's may treat those participating in vigorous physical activity
- Evaluation and Treatment Protocol defines scope of practice



**“There are a thousand
ways to move forward
and only one way to
stand still.”**

Teddy Roosevelt



THANK YOU!