

## The Athletic Trainers' Perspective of Third-Party Reimbursement

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**Context:** Third-party reimbursement is a rising topic of discussion in the Athletic Training field. While the actual pros vs cons are still up for debate, the perception of the athletic trainers of the topic is unknown.

**Objective:** To determine the Athletic Trainers' perspective of third-party reimbursement.

**Design:** Survey

**Setting:** Online Survey

**Patients or Other Participants:** NCAA Division II Head Athletic Trainers (313) with a response rate of 23.3% (73).

**Results:** Many of the responses of the participants were in conjunction with positive attitudes towards third party reimbursement. There was only about 22% of respondents that actually utilize this revenue path.

**Conclusions:** With such a positive correlation between the perception of the participants but low usage rates of third party reimbursement we can come to the conclusion that many Athletic Trainers either do feel that the pros weight out the cons or they simply have not made the transition yet.

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**Key Words** Sports Medicine Department, revenue

### Key Points

With the rise in budget concerns in collegiate athletics, sports medicine department are in need of supplemental income to maintain standard of care.

The source of this income is up for debate and the use of third party reimbursement is controversial.

The perception of third party reimbursement from the Athletic Trainers' view point has yet to be acknowledged.

In any medical facility, the concern for a department's budget is under continual concern. In the area of college athletics, the concerns of budgeting have risen over the years even with increasing budgets. As reported by the US Department of Education, there was an overall 1.3% increase in the education budget from 2017-2018<sup>10</sup>. There was also a 1.9% inflation rate reported for 2018<sup>2</sup>. With the inflation rate increasing at a higher rate than the available budget, educational facilities are still having to take part in budget cuts. These budget cuts find their way all the way to college athletics and all their associated departments. Many collegiate athletic departments have the opportunity and take part in supplemental revenue streams such as ticket sales, marketing aspects, donors, etc. A Sports Medicine Department typically does not partake in these optional revenue streams for various reasons. Regardless of these decreased budgets, all athletic departments are expected to continue to increase their performances and a Sports Medicine Department gets no exceptions.

There has been a steady rise in a potential revenue stream for athletic trainers and Sports Medicine Departments through the use of third-party reimbursement. There is much skepticism of this "pipe dream" as described by Hertel<sup>5</sup>. There is very little literature of this topic especially on the current athletic trainers feel of the idea. Companies such as Vivature have reported contracted over 100 NCAA schools as of 2016<sup>9</sup>.

The actual value of third party reimbursement will require extensive research. The topic of this study is to determine the perspective of the Athletic Trainer and thus provide feedback of the consumer of this product.

### Participants

Our participants for this study consisted of all Head Athletic Trainers of NCAA Division II school. This included all regions of the NCAA including Atlantic Region, Central Region, East Region, Midwest Region, South Region, South Central Region, Southeast Region, and West Region. The list of NCAA Division II universities was obtained from the NCAA official website and included 313 universities. The email address of the Head Athletic

Trainer or highest ranking Sports Medicine personal was obtained from each universities official athletics website. Each Head AT was emailed with instructions to get to the survey and informed consent.

By clicking on the agree link provided, this served as their consent and they were directed to the survey. A total of 73 participants completed the survey producing a 23.3% response rate.

### Procedure

A recruitment email containing a greeting and short introductions followed by an informed consent was emailed to each of the Head AT of all NCAA Division II universities or comparable titles. At the end of the informed consent there was an acknowledgment statement containing what the participant was consenting to by clicking agree or disagree. By clicking agree, the participant was accepting the informed consent and was brought to the survey.

The survey was housed in the Qualtrics survey method to maintain confidentiality and obscurity. All data was stored in the Qualtrics system under password encryption. No attempts were made to determine participant responses.

### Instruments

Due to the nature of this study and the lack of previous studies, the questionnaire sent out to the participants was custom made and edited by the authors of this study. The questionnaire consisted of a twelve question demographics section followed by an eleven question section focused on the perception that athletic trainer participants can choose to rate their agreement on a five point Likert scale; ranging from *strongly agree* to *strongly disagree*. Each question in the second section also had an area to leave a comment if the participant wanted to do so. The exact questions with available responses will be available in Appendix A.

### Results

Out of the 313 participants, we received 73 responses resulting in 23.3% response rate. The following figure will depict the information received from the survey. Table 1.1, 1.2, 1.3, 1.4 depicts all the information received in regards to demographics split up into subsections *Characteristics*, *Career Expertise*, *Institutional Information*, *Sports Medicine Department Information* respectively.

Table 1.1 Characteristics	n (%)
Gender	
Male	43 (58.90%)
Female	29 (39.73%)
Prefer not to answer	1 (1.37%)
Age	
25-34 years of age	16 (21.92%)
35-44 years of age	20 (27.40%)
45-54 years of age	23 (31.51%)
55-64 years of age	11 (15.07%)
65 years of older	3 (4.11%)
Hispanic, Latino, or Spanish Origin	
Yes	7 (9.59%)
No	66 (90.41%)
Ethnic Description	
American Indian or Alaskan Indian	3 (3.95%)
Black or African American	1 (1.32%)
White	68 (89.47%)
Other	4 (5.26%)

Table 1.1 shows the break of general characteristics of the participants including gender, age, ethnic descriptions. There was a 58.90% vs 39.73 division between male and female respectively and one preference not to answer. The age range of the participants fell mainly in the 35-44 years of age and 45-54 years of age with 27.40% and 31.51% respectively. The ethnic break up shows that 90.41% were not of Hispanic, Latino, or Spanish and that 89.64% were White.

Table 1.2 Career Expertise	n (%)
Number of years as a Certified Athletic Trainer	
0-3	1 (1.37%)
4-6	2 (2.74%)
7-9	7 (9.59%)
10-12	11 (15.07%)
13-15	8 (10.96%)
16-18	5 (6.85%)
19 or more	39 (53.42%)
Number of years at your current institution	
0-3	13 (18.06 %)
4-6	15 (20.83%)
7-9	10 (13.89%)
10-12	4 (5.56%)
13-15	4 (5.56%)
16-18	4 (5.56%)
19 or more	22 (30.56%)
Number of years as Head Athletic Trainer	
0-3	24 (32.88%)
4-6	11 (15.07%)
7-9	10 (13.70%)
10-12	2 (2.74%)
13-15	4 (5.48%)
16-18	6 (8.22%)
19 or more	16 (21.92%)

Table 1.2 shows details as to the experience level of the participants. 53.42% of the participants have been a Certified Athletic Trainer for 19 or more years. Of the participants, 18.06% have been at their current institution for 0-3 years, 20.83% have been at their current institution for 4-6 years, 13.89% have been at their current institution for 7-9 years, and 30.56% have been at their current institution for 19 or more years. As the Head Athletic Trainer at their current institution, 32.88% have held the position for 0-3 years, 21.92% have held the position for 19 or more years.

Table 1.3 Institutional Information	n (%)
NCAA DII sanctioned sports	
0-5	2 (2.74%)
6-10	3 (4.11%)
11-15	36 (49.32%)
16-20	20 (27.40%)
21-25	10 (13.70%)
26 or more	2 (2.74%)
Number of Certified Athletic Trainers	
0-3	19 (26.03%)
4-6	35 (47.95%)
7-9	14 (19.18%)
10-12	4 (5.48%)
13 or more	1 (1.37%)

Table 1.3 shows institutional information of the participants respectively. 49.32% of participants work at institutions that sponsor 11-15 NCAA DII sanctioned sports. Of the participants, 47.95% report having 4-6 Certified Athletic Trainers working at their institution.

Department Information	n (%)
Use of electronic medical documentation	
Yes	71 (97.26%)
No	2 (2.74%)
Payment of subscription/fee for medical documentation service	
Yes	68 (94.44%)
No	4 (5.56%)
Departmental requirement of athlete to have insurance	
Yes	57 (81.43%)
No	13 (18.57%)

Table 1.4 shows pertinent information in aspects of the participants respective Sports Medicine Departments. 97.26% participants report utilizing electronic medical documentation. 94.44% report having to pay a subscription or fee for their medical documentation service. 81.43% participants reported that their Sports Medicine Department requires their athletes to provide athletic insurance.

Response	n (%)
Yes	16 (21.92%)
No	57 (78.08%)

Table 2 shows the results of the participants use of third party reimbursement. There was a reported 21.92% of participants that utilize and 78.08% that do not utilize third party reimbursement.

Statement	Agreement Level				
	Strongly Agree	Agree	Neither agree nor Disagree	Disagree	Strongly Disagree
1. The use of third-party billing does not fall under an ATC's scope of practice.	1.37%	15.28%	22.22%	34.72%	26.39%
2. ATC's are not able to bill for reimbursement under neither their own National Provider Identification (NPI) number, their directing physician's NPI, nor any other NPI number.	1.39%	6.94%	11.11%	47.22%	33.33%
3. The use of third-party reimbursement will either directly or indirectly harm a student's insurance and/or their parents' insurance.	1.37%	19.18%	9.59%	43.84%	26.03%
4. The use of third-party reimbursement will cost our athletes more money.	2.70%	22.97%	17.57%	36.49%	20.27%
5. The use of the athletic training room for revenue generation is not ethical.	8.22%	6.85%	23.29%	34.25%	27.40%
6. Insurance companies will not agree with the necessity of the treatment provided by an ATC as compared to other allied health professionals, causing denial of charges.	8.11%	40.54%	18.92%	21.62%	10.81%
7. The use of third-party reimbursement will raise the possibility of increased lawsuits of insurance fraud.	8.22%	35.62%	31.51%	19.18%	5.48%
8. Third-party reimbursement has the potential to generate substantial revenue for a Sports Medicine Department.	23.29%	47.95%	13.70%	10.96%	4.11%
9. Companies advertising third-party reimbursement as an added benefit of subscribing to their services are not worth the hassle of the possible legalities that accompany third-party reimbursement.	9.46%	28.38%	32.43%	24.32%	5.41%
10. Duties of an ATC are not billable.	2.70%	2.70%	13.51%	35.14%	45.95%

Table 3 shows a breakdown of the participants' level of agreement to statements regarding third party reimbursement. A five point Likert scale was used giving the participants the option to either *strongly agree*, *agree*, *neither agree nor disagree*, *disagree*, *strongly disagree*. For statement number one, 34.72% and 26.39% *disagree/stronglydisagree* remarks respectively. For statement number two, there was a 47.22% and 33.33% *disagree/stronglydisagree* remarks respectively. For statement number three there was a 43.84% *disagreement* rate. For statement number four, there was a 22.97% *agreement*, 17.57% *neither agree nor disagree*, 36.49% *disagree*, and 20.27% *strongly disagree* remarks. Statement five reported a 23.29% *neither agree nor disagree*, 34.25% *disagree*, and 27.40% *strongly disagree* levels of agreement. Statement number six levels of agreement included 40.54% *agreement*. Statement number seven levels of agreement included 35.62% *agreement* and 31.51% *neither agree nor disagree*. Statement number eight levels of agreement included 47.95% in agreement. Statement number nine levels of agreement included 28.38% *agree*, 32.43% *neither agree nor disagree*, and 24.32% *disagree*. Statement number ten included 35.14% *disagree* and 45.95% *strongly disagree*.

Table 4 Text Responses for Perception Questions		
Questions	Participants' response to question	Text Responses
Does your Sports Medicine Department utilize third-party reimbursement?	No	Self pay
	No	ATS systems newly provides that system but currently we do not use that.
The use of third-party billing does not fall under an ATC's scope of practice.	Disagree	I don't think it should however
	Agree	I work with my college athletes to provide them with great medical care, not to nickel and dime them
	Neither Agree nor Disagree	IT's a lateral move. Clearly both sides are operational depending on the state of practice.
	Strongly Disagree	Should be the same as a PT reimbursement
	N/A	All in favor of it, but it depends on state practice act
ATC's are not able to bill for reimbursement under neither their own National Provider Identification (NPI) number, their directing physician's NPI, nor any other NPI number.	Strongly Disagree	Yes they can, but it's not why we are here
	Strongly Agree	not in Florida
	Disagree	I think we should be able to but know what we can bill for currently is limited and state-dependent.
	Disagree	This question is not worded well.
	N/A	Depends on state practice act, not billable in SD
	Strongly Disagree	But they already pay for college - our services should be included
	Neither Agree nor Disagree	Increase out of pocket cost depending on deductible and potentially the university's secondary insurance policy
	Strongly Disagree	Helps reach deductible faster and does not cause premiums to increase.
The use of third-party reimbursement will cost our athletes more money.	N/A	Not sure
	Neither Agree nor Disagree	Some insurances to not cover ATC codes
	Disagree	when it comes to out-of-pocket copays yes
	Neither Agree nor Disagree	Potentially
	Agree	DEDUCTIBLES
	Agree	Will force them to buy primary insurance.
The use of the athletic training room for revenue generation is not ethical.	Disagree	Depends how it is approached. Billing shouldn't dictate treatments. As long as the treatment/rehab plan remains the same as it would otherwise, I have no ethical concerns about billing for it.
	Disagree	It helps provide the latest up to date equipment to provide the treatment needed and help fund ATC positions.
	Agree	If this is the only option that the student athlete has for medical care under athletics policy, I think it is unethical to bill for

		services because there is no competition
	Neither Agree nor Disagree	As long as it does not increase the athletes premiums
Insurance companies will not agree with the necessity of the treatment provided by an ATC as compared to other allied health professionals, causing denial of charges.	Neither Agree nor Disagree	ATCs need to be legally recognized before they can bill on their own. This is why insurance companies don't pay.
	Neither Agree nor Disagree	Their decision
	Neither Agree nor Disagree	I have no experience in trying to navigate that system.
	Disagree	There are several billing codes that athletic trainers can use to bill for services; it does not mean that the insurance company will agree to the charges though
The use of third-party reimbursement will raise the possibility of increased lawsuits of insurance fraud.	Agree	Anything in healthcare performed falsely runs the risk of lawsuit.
Third-party reimbursement has the potential to generate substantial revenue for a Sports Medicine Department.	Neither Agree nor Disagree	Depends on the billing model that is used.
	Strongly Agree	Define "substantial"
	Strongly Disagree	The athletes will stop coming
	Disagree	Unless the department is stand-alone, apart from the athletics department, the athletics department will be collecting the revenue from the athletic trainer billing.
	Neither Agree nor Disagree	Define "substantial." Depends on several variables, and to some schools just a \$1,000 is substantial.
Companies advertising third-party reimbursement as an added benefit of subscribing to their services are not worth the hassle of the possible legalities that accompany third-party reimbursement.	Neither Agree nor Disagree	Biggest hurdle is getting your team doctor on board
	Neither Agree nor Disagree	Most Athletic Trainers aren't well versed in the legalities of insurance so it is difficult to evaluate a risk/benefit analysis.
	Agree	I haven't heard of any college that recommended their system after a few years (Vivature)
	Neither Agree nor Disagree	Dependent on company. As in all things, some companies are just bad companies.
Duties of an ATC are not billable.	Disagree	but not why I became one
	Disagree	not ALL of what we do is billable, but some is
	Strongly Disagree	Of all things that should use the proper term of "AT" and not "ATC," a research study should be at the top of the list.

Table 4 represents all participants' text responses in relation to their agreement level to the third party reimbursement statements. Not all participants opted to provide a text response. For question number one, all participants that provided a text response replied *no* to the statement and stated why they replied *no*. For statement number two, there were variety of response types and replies that brought up the topic of state practices as well as a more accurate representation of the participants thoughts to the statement. For statement number 3, there were responses again that brought up the topic of state practices and a response that was directed toward the vernacular of the statement. Statement number 4 brought up topics of the patient's/student-athlete's insurance deductible and how the statement correlated. Statement number 5 responses brought up topics of deductibles again as well as other possible effects of implementing third party billing such as forcing insurance coverage, increased co-pays, and non-coverage of "ATC codes". Statement number six brought up ethical related topics such as changing treatment plans as well as the approach at which one approaches the situation. Statement number seven responses discussed the possibilities that insurance companies could still deny charges. Statement number eight had only one response that simply stated there is always a chance for legal issues in regards to medical care. Statement number nine responses discussed clarification of terms used in the statement, as well as implementation of the process, and where the revenue would go.

Statement number ten responses discussed topics related to company success, Athletic Trainers' competence in legal issues, as well as recommendations of companies that do offer third party reimbursement services. Statement number eleven responses included comments on the participants reasoning behind their agreement level as well as to the vernacular of the question.

### **Discussion**

The primary findings of our research indicates that while there is a small percentage the utilization of third party reimbursement, there is large percentage of participants that agree with overall concept that it can be used. There was approximately 61% that felt third party billing does fall under and athletic trainer's scope of practice and an 81% that felt the duties of an athletic trainer are billable. There was an overall agreement of 71% that TPR could generate substantial revenue for a Sports Medicine Department and an approximately 52% that felt this revenue generation was ethical. Of the ten statements that participants were asked to rate their level of agreement, seven of them resulted in over fifty percent of the participants agreement levels were in line with third party reimbursement perspectives. Even though the majority of the responses were in positive correlation to the usage of third party reimbursement, 78% reported not using the method.

The specific reason behind this result is unknown. We can infer from the results of the survey that there is still not enough of a benefit from third party reimbursement as well as other obstacles to its implementation. The survey shows there to be a concern for the colligate student-athlete as well. There was a approximately 26% agreement level TPR would cost student-athletes more money and approximately a 20% agreement level that TPR will harm the patients insurance. There was a larger agreement rate than disagreement rate in regards to the acceptance of insurance companies to the charges billed for by an athletic trainer. There was also larger percentage of agreement that TPR will increase lawsuits of insurance fraud (overall 44%) but also a substantial percentage that neither agreed nor disagreed, 32%.

### **Future Research into Third Party Reimbursement**

There needs to be future research as to provide statically backed answers to the concerns of TPR. These concerns include pros and cons to the student-athlete, their insurance benefits, actual revenue generations, as well as to the legal implementations associated. TPR is not a new concept but its implantation into colligate Sports Medicine Departments is vaguely explored. There should long term cost-benefit analysis.

### **Conclusion**

Overall it appears that Head Athletic Trainers like the ideas and possibilities of TPR but are not fully sold. There are still an array of concerns as well as limitations to the implementation of TPR in this particular venue. One of those limitations being the individual practice acts of each state in the United States. These limitations are crucial and will require much discussion before we see changes at this level. As stated above, there needs to also be further research to provide quantitative data as to the usage of TPR as this research was only to infer on the perceptions of the colligate Sports Medicine perception on the topic.

### **Limitations**

There was not a test method of determining ones perception of TPR to our knowledge. There were several comments as to the vernacular of our surveys statements. This will need to be addressed in future research. There was also no questions geared toward the demographics areas of the participants. As discussed, the area in which an athletic trainer is practicing plays a role in their ability to implement/utilize certain practices.

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