Medical Claims at NCAA Institutions: The Athletic Trainer's Role

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MEDICAL CLAIMS AT NCAA INSTITUTIONS: THE ATHLETIC TRAINER’S ROLE

by

TYLER P. KILLINGER

A thesis submitted in partial fulfillment of the requirements for the Honors in the Major Program in Athletic Training in the College of Health and Public Affairs and in the Burnett Honors College at the University of Central Florida Orlando, Florida

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Thesis Chair: Kristen Schellhase Ed.D., ATC, LAT, CSCS
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To my brothers, Peter and Erich: Although you may not have realized it, you have each supported me in your own unique way. Thank you for your prayers, support, and love.

To my Church and my friends: Thank you for your prayers and support. Without the encompassing support and encouragement I received from you all, I would not have been able to accomplish this.

Truly God has blessed me with the best family and an amazing group of friends to support me. I am not able to express how thankful I am for your love, support, and prayers. I know that none of this would have been possible without the love of God, the strong support from my friends, love from my family, and excellent teaching I was provided.
ABSTRACT

Context: National Collegiate Athletic Association (NCAA) institutions are required to certify insurance coverage of medical expenses that result from athletically related injuries sustained while partaking in an NCAA event. This means that the student-athlete must be covered either by their parent’s/guardian’s insurance, their own personal insurance coverage, and/or the institution’s insurance program. Institutions assign this role to a variety of employees, including head athletic trainers (ATs), assistant ATs, athletic administrators, business managers, secretaries, or other institution employees. In 1994 Street, Yates, Lavery, and Lavery observed that the head AT was responsible for administering medical insurance/claims payment at 51% of the institutions studied. The tasks necessary to pay athletic medical claims require a lot of paperwork and can be very time consuming. Additionally, insurance rules and regulations are complicated. Anecdotally, ATs do not always feel well suited to perform these tasks. Objective: Investigate the ways that athletic associations/departments coordinate athletic medical claims and how often an AT is assigned to be the administrator who oversees policies and procedures related to athletic medical claims.

Design: Cross sectional. Setting: Participants completed a web-based questionnaire. Patients or Other Participants: Responses from 184 (38%) ATs employed in collegiate settings (Division I 26.1%; Division II 28.8%, Division III 45.1%) were analyzed.

Intervention: None. Main Outcome Measures: Demographics. Results: The mean number of full-time ATs on staff was 3.8 (n=97). The head AT was primarily responsible for the payment of athletic medical claims at 48.4% (n=89) of institutions and the
assistant AT was responsible at 13.6% (n=25) of institutions. A non-AT was responsible at 38% (n=70). The mean hours spent on this task by head ATs (n=86) was 6.17 hours per week and the mean hours spent by assistant ATs (n=22) was 10.32 hours per week. Most respondents (62.0%, n=103) reported no formal training in athletic medical insurance claims payments whereas 20.5% (n=34) reported the individual responsible had had formal, with 17.5% (n=29) stating they were not sure what training the individual had received. When asked where they felt it was most appropriate to learn these concepts, respondents reported: within an accredited AT program curriculum (36% n=56), on the job training (34% n=52), or CEU event (30% n=46). Conclusions: It is clear that ATs at NCAA institutions are responsible for the administration of athletic medical claims. ATs are spending a large amount of time each week on medical claims, although most have no formal training. An AT may not be the most ideal individual to handle these medical claims; but if an AT is going to continue to be responsible for this task, AT programs should increase the emphasis of this content within the curriculum and CEU opportunities should be made available to ensure athletic medical claims are handled effectively.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>3</td>
</tr>
<tr>
<td>LITERATURE REVIEW</td>
<td>4</td>
</tr>
<tr>
<td>TYPICAL ATHLETIC MEDICAL CLAIMS MANAGEMENT</td>
<td>4</td>
</tr>
<tr>
<td>VARIATION OF CLAIMS COVERAGE</td>
<td>5</td>
</tr>
<tr>
<td>METHODS</td>
<td>8</td>
</tr>
<tr>
<td>PARTICIPANTS AND RECRUITMENT</td>
<td>8</td>
</tr>
<tr>
<td>QUESTIONNAIRE DESIGN</td>
<td>8</td>
</tr>
<tr>
<td>STATISTICAL ANALYSIS</td>
<td>9</td>
</tr>
<tr>
<td>RESULTS</td>
<td>10</td>
</tr>
<tr>
<td>RESPONSE RATE</td>
<td>10</td>
</tr>
<tr>
<td>SCHOOL/INSTITUTION DEMOGRAPHICS</td>
<td>10</td>
</tr>
<tr>
<td>RESPONSIBILITY FOR PROCESSING ATHLETIC MEDICAL CLAIMS</td>
<td>11</td>
</tr>
<tr>
<td>ATHLETIC MEDICAL CLAIMS POLICIES AND PROCEDURES</td>
<td>14</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>16</td>
</tr>
<tr>
<td>THE ROLE OF THE ATHLETIC TRAINER</td>
<td>16</td>
</tr>
<tr>
<td>EDUCATION OF THE ATHLETIC TRAINER</td>
<td>19</td>
</tr>
<tr>
<td>LIMITATIONS</td>
<td>21</td>
</tr>
<tr>
<td>PROPOSED FUTURE STUDIES</td>
<td>21</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>23</td>
</tr>
<tr>
<td>APPENDIX A: IRB APPROVAL</td>
<td>24</td>
</tr>
<tr>
<td>APPENDIX B: SURVEY</td>
<td>26</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>33</td>
</tr>
</tbody>
</table>
INTRODUCTION

With the continually increasing cost of health care, athletic departments feel pressure to provide the most cost-effective highest quality healthcare to their student-athletes.\(^1\) National Collegiate Athletic Association (NCAA) institutions are required to certify insurance coverage of medical expenses that result from athletically related injuries sustained while partaking in an NCAA event.\(^2\) This means that the student-athlete must be covered either by their parent’s/guardian’s insurance, their own personal insurance coverage, and/or the institution’s insurance program. Institutions assign this role to a variety of employees, including head athletic trainers, assistant athletic trainers, athletic administrators, business managers, secretaries, or other institution employees.

Many Division I institutions require that student-athletes have primary insurance. This usually means that the student-athlete or parent purchase a primary insurance plan. Further, the institutions often purchase secondary insurance that will cover any expenses that are above and beyond what the student-athlete’s primary insurance does not cover. Some institutions will pay medical claims out-of-pocket rather than purchase a secondary insurance policy if they have the resources to do so. The NCAA also sponsors a catastrophic injury insurance program that can be used to pay claims if a student-athlete is to suffer a catastrophic injury while participating in a covered athletic activity. A catastrophic injury to a student-athlete is an injury that results in either fatality, permanent severe functional disability, or a severe head or neck trauma which
may not lead to permanent disability. The policy also states that it “will pay $25,000 if an insured person dies as a result of a covered accident” or if it “results directly in the death of the insured person within twelve months”.\(^2\)

The person performing the role of processor for athletic medical claims, is essentially a gatekeeper throughout the process. Initially, the student-athlete is referred to a healthcare provider who is affiliated with the institution. Student-athletes at most institutions are required to have primary insurance that will be relied upon to cover the medical costs associated with the services provided according to the rules, regulations and agreements within that primary policy. The institution, or the institution’s secondary insurance policy, will then pay the remaining balance for the service.

The person who is responsible for administering the athletic medical claims initially ensures that the primary insurance has been properly utilized and that the deductible for the institution’s secondary insurance policy has been met. Once the deductible has been met, the secondary insurance will be utilized to pay the remaining balance(s). The administrator is responsible to ensure that the bills and all primary insurance information is sent to the secondary insurance with a completed claim form. The administrator would handle any complications or concerns from primary insurance, secondary insurance, or the providers of service throughout the process.

In 1994 Street, Yates, Lavery, and Lavery observed that the head athletic trainer was responsible for processing medical claims at 51% of the institutions studied.\(^1\) The tasks necessary to pay athletic medical insurance claims require a lot of paperwork and
can be very time consuming. Additionally, insurance rules and regulations are complicated. Anecdotally, athletic trainers do not always feel well suited to perform these tasks. Schilling examined common concerns in the outpatient rehabilitation setting and found that athletic trainers frequently felt frustrated by medical claims. The 5th Edition of the Athletic Training Education Competencies (2011) requires that the core concept of Healthcare Administration be taught. Healthcare Administration includes: an understanding of risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management. Additionally, the 4th Edition (2006) also included these concepts. Therefore, athletic trainers (ATs) who graduated within the last 10 years should be competent on this information. However, what is not yet understood is whether the level or type of exposure is adequate enough for athletic trainers to perform these administrative tasks.

**PURPOSE**

The purpose of this new research was to investigate the ways that athletic associations/departments coordinate athletic medical claims and how often an AT is assigned to be the administrator who oversees policies and procedures related to athletic medical claims. The study further proposed to investigate the education of athletic trainers assigned to this role. The information gained may allow a better understanding of the roles and responsibilities of an AT and improve education and training within and following receipt of the professional degree.
LITERATURE REVIEW

TYPICAL ATHLETIC MEDICAL CLAIMS MANAGEMENT

An NCAA institution must provide, or ensure, some form of athletic medical claim coverage to their student-athletes. Each student-athlete must be insured under their own insurance, parent/guardian insurance, or insured by the institution. A claim is a formal request that seeks payment, or compensation, for damages. An individual usually must pay a premium, which is an up-front price, paid by the policy holder for the insurance. NCAA institutions will either purchase or require their student-athletes to have a primary insurance policy. Primary insurance is a policy which will provide financial support up to a predetermined limit. In most cases, NCAA institutions also purchase secondary insurance for their student-athletes. Secondary insurance is financial protection which is used to supplement a primary policy.

Approximately 85% of institutions require their student-athletes to have their own primary insurance plan, and the institution purchases a secondary insurance plan to cover any additional costs. If an athletic injury occurs, the primary insurance would be billed first, and the remaining balance would be sent to the secondary insurance. This is the usually the least expensive and less risky route for the institution to take which is why it is very common. Approximately 10% of institutions purchase a primary insurance plan for all of their student-athletes which provides complete coverage of all athletic medical claims without the need for any other insurance policy. If an athletic injury occurs, the institution’s insurance policy would be billed and cover the costs in entirety.
The remaining 5% of institutions are considered “self-insured”.\textsuperscript{1,8} If an institution classifies themselves as “self-insured” it means that they have set aside a sum of money in order to pay foreseeable athletic injury costs.\textsuperscript{7} If an athletic injury occurs, the institution would pay the bills out-of-pocket. Institutions who are “self-insured” may still require their student-athletes to purchase their own primary insurance policies in order to limit the risk. If an athletic injury occurs, the primary insurance would be billed first, and the institution would pay the remaining balance out-of-pocket.

**VARIATION OF CLAIMS COVERAGE**

In the NCAA there are 3 Divisions of athletics: Division I, Division II, Division III. Division I institutions have an average enrollment of 12,900 students with Division II averaging 4,200 students and Division III averaging 2,600 students.\textsuperscript{9} Division I institutions can then be broken down into two subcategories of Football Bowl Subdivision (FBS) and Football Championship Subdivision (FCS), which is a differentiating factor of the level their football programs compete at. Division II and Division III schools are then further categorized into whether their institution has a football program or not.\textsuperscript{9}

All of the varying categories and subcategories of each division has the capability of maintaining various sizes of budgets. The median budgets are the following: Division I FBS = $64 million, Division I FCS = $15 million, Division II with football = $6 million, Division II without football = $4.5 million, Division III with football = $3.4 million, and Division III without football = $1.7 million.\textsuperscript{9}
Institutions provide varying levels of support for athletic medical claims, which tend to be resource driven. Larger Division I FBS schools will have the resources to be able to provide an increase in medical coverage, while a smaller Division III school will not be able to provide as strong of an insurance coverage due to the decreased budget they maintain.9

CATASTROPHIC COVERAGE

Catastrophic injury insurance will cover injuries that may result in death, permanent disability, and/or quality-of-life-altering injuries. While each institution may have variations between their claims coverage, the NCAA has set standards and policies of their own. The 2014-2015 NCAA Sports Medicine Handbook discusses the coverage that the NCAA provides to each of their student-athletes. The NCAA provides catastrophic injury insurance coverage to any student-athlete who is catastrophically injured while participating in any NCAA covered event.2 A NCAA covered event is described by Lens and Lens as any intercollegiate sports activity which includes: practices and conditioning sessions, team travel, and competition.10

This policy by the NCAA has a $90,000 deductible, meaning that this coverage by the NCAA will not begin until $90,000 has been paid towards medical care. If a student-athlete’s injuries result in death within 12 months, the policy states that the NCAA will supply the family of that individual with $25,000.2

RESPONSIBILITY FOR PROCESSING ATHLETIC MEDICAL CLAIMS

Processing athletic medical claims is a task that can be performed by a variety of people. In 1994, Street, Yates, Lavery, and Lavery found that, out of 207 institutions,
ATs were responsible in 68.1% (n=141) of the institutions. The “head athletic trainer” was primarily responsible at 51.2% (n=106) of these institutions while an “assistant athletic trainer” was responsible at 16.9% (n=35) of the institutions. The remaining personnel contributed 31.9% (n=66). These remaining individuals who were responsible for processing athletic medical claims include: “secretary” (16.9%, n=35), “business manager” (3.9%, n=8), “athletic administrator” (1.9%, n=4), and “other” (9.2%, n=19).1

EDUCATIONAL PREPARATION

Research demonstrates that the majority of personnel who handle athletic medical claims had not received any formal training. A study by Street, Yates, Lavery, and Lavery showed that 94% of ATs had no formal training and learned “on the job”.1

In 2011, Schilling observed the entry-level education and perspective of ATs in collegiate settings. Schilling observed that a large amount of participants felt that “insurance issues” were not covered adequately in Athletic Training Programs, but that learning about insurance was necessary when becoming employed. These individuals stated the lack of preparation and concerns regarding “insurance issues” were some of the most difficult aspects of starting a career as an AT.3
METHODS

PARTICIPANTS AND RECRUITMENT
Participants were solicited using the National Athletic Trainers’ Association Research Survey Service. The National Athletic Trainers’ Association (NATA) membership database had 484 members listed who self-identified as a head athletic trainer within a college/university setting. The criteria for inclusion required the participants to be employed currently (not-retired or unemployed) within a collegiate setting. ATs practicing in professional sports, high schools, clinics, or any setting other than the collegiate setting were excluded while performing this questionnaire. Potential participants were invited by an email distributed by the NATA. This email provided each potential participant with the purpose of the research, consent information, as well as all Institutional Review Board (IRB) information. The email also contained a link directly to the survey, and a reminder email was sent out two weeks later. Data were collected via an online collection site (Qualtrics, Provo, UT) during the fall of 2015. Participation was contingent upon access to reliable computer, laptop, tablet, or mobile device that can access the internet and qualtrics.com.

QUESTIONNAIRE DESIGN
A review of literature found that a similar study was done in 1994 by Street, Yates, Lavery, and Lavery. That questionnaire was used as a template for this research. Modifications were made to update the language, the terminology, and the current practices of athletic medical claims. The questionnaire was evaluated by two athletic trainers with a combined 10 years of experience serving as insurance coordinators at a Division 1 institution.
The first section of the questionnaire included five “fill-in-the-blank” or multiple choice questions related to the demographics of the school/institution. The second section included four “smart questions” that asked for information about who holds the responsibility for coordinating athletic medical claims as well as the level of training which that person had received. The “smart questions” provided further questions/options if a certain answer was chosen. The third section included five “choose all that apply” or multiple choice questions related to the athletic medical claims policies and procedures.

The participants did not report demographic information related to gender, age, race/ethnicity, but did report demographic information regarding athletic division of their institution. Participants were not asked to report name, socioeconomic status, place of employment, or any other personal or identifying information. In some situations, the AT filling out the questionnaire may not have been the individual who handles athletic medical claims; rather the AT may have only had oversight/knowledge of the athletic medical claims process.

**STATISTICAL ANALYSIS**

The results were analyzed using SPSS version 21 (SPSS IBM, New York, U.S.A). Frequencies were calculated for all of the questions of the questionnaire. Descriptive statistics were used to calculate means and standard deviations numbers 3-6 of the questionnaire.
RESULTS

RESPONSE RATE
The researcher solicited 484 head athletic trainers via email from the National Athletic Trainers’ Association (NATA) Research Survey Service. One hundred and ninety-nine responded (n=199, 41%). Of the 199 responses, 7 were excluded because they did not consent to participate. Of the 192 remaining, 8 were excluded because they did not answer past the sixth question of the survey. The remaining responses (n=184, 38%) were then analyzed.

SCHOOL/INSTITUTION DEMOGRAPHICS
Participants were asked about their NCAA affiliation; of the 184 participants, 184 responded stating that 45.1% (n=83) reported “most sports are Division III”, 28.8% (n=53) reported “most sports are Division II”, and 26.1% (n=48) indicated that they were Division I. The Division I choice provided three sub-categories; 39.6% (n=19) reported “other sports are Division I, and football is FBS (formerly I-A)”, 31.3% (n=15) reported “all sports are Division I, and our institution does not have a football program”, and 29.1% (n=14) reported “other sports are Division I, and football is FCS (formerly I-AA)”.

Participants were affiliated with institutions of various sizes; the mean institution size, of the 182 who responded to this question, was 417.30 ± 155.206 (n=182, range 100-850). The institution sizes reported were the following: 75.5% (n=139) institutions were between “0-10,000 students”, 13.6% (n=25) were between “10,001-20,000 students”, 6.5% (n=12) were between “20,001-30,000 students”, 3.8% (n=7) were
between “30,001-40,000 students”, and 0.5% (n=1) were between “40,001-50,000 students”.

RESPONSIBILITY FOR PROCESSING ATHLETIC MEDICAL CLAIMS

The mean of full-time certified ATs on staff at the participants’ institution, from 184 responses, was 3.84 ± 2.010, with a range of 1-14. The mean of graduate assistants, interns, and part-time certified ATs on staff, from 184 responses, was 1.82 ± 2.285, with a range of 0-15.

Of the 184 responses, 62% (n=114) claimed that an AT was responsible for processing athletic medical claims; the “Head AT” was primarily responsible in 89 (48.4%) of institutions, and the “Associate/Assistant AT” was primarily responsible in 25 (13.6%) institutions. Someone other than an AT was primarily responsible in 38% (n=70) of institutions. Of the 70 who said that someone other than an AT was responsible, 23 (32.7%) claimed that the “student-athlete was responsible for their own athletic medical claims”, 21 (30%) claimed that “other administrator” (athletic director, school nurse, business manager, secretary/clerical) was primarily responsible, 11 (15.7%) claimed that a “full-time insurance coordinator who is not a practicing AT (working 20 or more hours per week)” was primarily responsible, 10 (14.3%) claimed that secondary insurance handles all processing of athletic medical claims, and 5 (7.1%) claimed that a “part-time insurance coordinator who is not a practicing AT (working less than 20 hours per week)” was primarily responsible.
Of the 184 responses 48 were Division I, 53 were Division II, and 83 were Division III. Of the 48 in Division I, 29 (60.4%) individuals required to handle medical claims were ATs (head and assistant/associate) and 19 (39.6%) were non-ATs. Of the 53 in Division II, 34 (64.2%) were ATs (head and assistant/associate) and 19 (35.8%) were non-ATs. Of the 83 in Division III, 51 (61.4%) were ATs (head and assistant/associate) and 32 (38.6%) were non-ATs.

Participants then quantified the time spent per week by each individual at each institution. The mean number of hours spent by the Head AT was 6.17 ± 5.242 (n=86, range 0-25 hours). The mean number of hours spent per week by an Associate/Assistant AT was 10.32 ± 5.995 (n=22, range 3-20 hours).

EDUCATIONAL PREPARATION

FORMAL TRAINING

Of the 166 who responded, most (103, 62.0%) claimed that the individual responsible had not received any formal training, while 17.5% (n=29) claimed that the individual responsible had were not sure what training the person had received.

Of the 166 who responded, 20.5% (n=34) claimed that the individual responsible had received formal training, 22 claimed that the formal training which they received was within the institution which employs them, because they had not received any formal training elsewhere (13.3%), 10 claimed that the formal training which they received was within the curriculum of an Athletic Training Program (6.0%), a 2 claimed that the formal training which they received was within the curriculum of a program other than an Athletic Training Program (1.2%).
LEVEL OF TRAINING

The questionnaire asked if the participants felt that the person processing the athletic medical claims had an adequate level of training to perform the task. Of the 163 who responded, most (n=107, 65.6%) claimed the individual had not received an adequate level of training and had to learn a great deal on-the-job. Of those 107, 90 (55.2%) stated that “they had to learn a great deal on-the-job they have managed well”, while 17 (10.4%) claimed that “problems have resulted” due to this lack of training. Fifty-six participants (34.4%) claimed that the individual had received an adequate level of training.

Of the 184 participants, 167 responded to the question of how/when it would be best for an AT to learn about the payment of athletic medical claims. Of the 167 participants, 112 (67.1%) want formal training rather than on-the-job, while 55 (32.9%) believe that “on-the-job training” is adequate.

IDEAL EDUCATION TECHNIQUE

The questionnaire asked how/when would it be best for an AT to learn about the payment of athletic medical claims. Of the 167 who responded, 59 (32.1%) stated that they believed ATs should be trained through the curriculum of an accredited AT program, while 55 (29.9%) stated on-the-job training and 52 (28.3%) stated CEU events would be the ideal form of education. Only 1 (.5%) stated that this education should be performed through article/book readings.
Participants were asked about their policies on primary insurance. Most reported that they require all student-athletes to have their own primary insurance. Of the 184 participants, 129 (70.1%) claimed their “student-athletes are required to have their own primary insurance”, 13 (7.1%) claimed their “student-athletes are provided primary insurance by the institution if they can prove financial need”, and 39 (21.2%) claimed their “student-athletes are not required to have their own primary insurance”.

Participants were asked to state how athletic medical claims were handled. Of the 156 who responded, 145 (92.9%) stated their “institution purchases a secondary insurance policy that will pay bills that are not covered by the student-athlete’s primary insurance” whereas, 11 (7.1%) claimed their “institution does not purchase a secondary insurance – all athletic medical claims are paid out-of-pocket by the college/university/athletics once the primary insurance has paid their part”.

Participants were then asked if any differences were present between the medical claim payment policies of scholarship and non-scholarship student-athletes, and 150 participants answered this question. Of the 150, 97.3% (n=146) claimed that they did not have athletic medical claim payment policy differences between scholarship and non-scholarship student-athletes.

Participants were asked to outline the conditions that are covered by the institution in-season and out-of-season. The results are provided in Table 1.
Table 1: Conditions Covered In-Season vs. Out-of-Season (n=184)

<table>
<thead>
<tr>
<th>Condition Coverage Options</th>
<th>Number of responses % (n)</th>
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<tr>
<td></td>
<td>Covered In-Season</td>
</tr>
<tr>
<td>Acute general medical conditions (ex. Flu, sinus infection)</td>
<td>15.2% (28)</td>
</tr>
<tr>
<td>Chronic general medical conditions (ex. Blood pressure, GERD)</td>
<td>8.7% (16)</td>
</tr>
<tr>
<td>Psychological conditions (ex. Mental health conditions)</td>
<td>7.1% (13)</td>
</tr>
<tr>
<td>Preexisting orthopedic injuries</td>
<td>37.0% (68)</td>
</tr>
<tr>
<td>Overuse or insidious onset injuries</td>
<td>69.6% (128)</td>
</tr>
<tr>
<td>Cardiac conditions/syncope</td>
<td>38.0% (70)</td>
</tr>
</tbody>
</table>
DISCUSSION

THE ROLE OF THE ATHLETIC TRAINER

The domains of athletic training include: injury prevention; clinical evaluation and diagnosis; immediate care; treatment, rehabilitation, and reconditioning; organization and administration; and professional responsibility. Within each domain, there is a list of competencies that are expected of a graduate from an AT program. The athletic training education competencies related to insurance fall under the organization and administration category and describe that the following must be included in the education process: common health insurance models; insurance contract negotiations; the common benefits and exclusions identified within these models; and the criteria for selection, common features, specifications, and the required documentation which is needed for secondary, excess accident, as well as catastrophic health insurance. Programs have discretion regarding how to present and assess these topics. Because of this discretion, emphasis in these topics may vary widely and may be minimal in some education programs. This can result in a lack of preparation when the AT enters the workforce.4,5,11,12

In 2010, the NATA released the “Recommendations and Guidelines for Appropriate Medical Coverage of Intercollegiate Athletics”, which assessed the factors affecting health care professionals’ time for all tasks associated with athletic training. The units of measure for the time allotted for each task are called health care units (HCU). The recommendations state that it is reasonable to expect that a single AT can manage 12 HCU, so this should be the starting point for each institution.12 The
administrative tasks were only provided a maximum of 3 units on their scale, out of the 12. This maximum of 3 units translates to 25% of total work time that should be utilized to perform administrative tasks. In 1994, Street, Yates, Lavery, and Lavery found that ATs were handling the athletic medical claims process in 68% of institutions. This study found ATs were handling athletic medical claims in 62% of institutions and that they were spending about 6-10 hours a week. This can constitute up to 25% of an ATs time during a 40-hour work week.1,12 Because ATs have an extensive list of tasks they must handle; it is concerning that such an extensive portion of their time is being spent on one single task. This study concluded that Head ATs are dedicating a mean of 6.17 hours per week while associate/assistant ATs are dedicating a mean of 10.32 hours per week in processing athletic medical claims. If ATs are dedicating the amount of time that should be used for administrative tasks as a whole for a single administrative task, it is logical to assume that time is taken away from another aspect of the ATs daily tasks. ATs are healthcare providers, and this time being used to handle medical claims may be preventing ATs from performing their healthcare oriented tasks including: Performing the tasks of evaluation, treatment, rehabilitation of injuries and illnesses.

The role of the AT in the processing of medical claims can be described briefly as a gatekeeper between the student-athlete, healthcare providers, and insurance companies. This role becomes much more complex when communication is not maintained by the student-athlete or the parents/guardians. As stated before, most institutions require their student-athletes to have their own primary insurance. Because the student-athlete is the patient, paperwork and bills may be sent directly to the
student-athlete, or their parent/guardian. If these medical claims are not dealt with properly, or at least passed on to the responsible administrator at the institution, problems with processing can occur.

With the full work load ATs are entrusted with, they may not have the proper time to give athletic medical claims the proper time dedication they deserve. If medical claims are done poorly, serious ramifications that can occur. These ramifications include damaged credit and loss of relationships with healthcare providers. It is important that athletics handle medical claims well, but it may not be logical for ATs to be the primary person assigned this task. As discussed before, the domains which ATs must work under already require a large work load, so dedicating 25% of the athletic trainer’s schedule does not allow the proper time to respect the importance, and necessity, of insurance and athletic medical claims. Most NCAA institutions have a lot of money invested in medical insurance for their student-athletes, and with such an investment of fiscal resources they should then be accompanied by an equivalent investment of time by an individual with extensive training in processing medical claims, such as a Health Care Administrator or a Health Information Manager.

Burnout and work-family conflict is another reason why ATs may not be the most ideal individual to perform this task. Mazerolle, Bruening, and Casa explain that, in Division I ATs have minimal control over work schedules, and that the many hours spent away from home can lead to conflict between work and family.14 If ATs are having work-family conflicts, they may also experience an increased likelihood of burnout as
well; burnout leads to human resource turnover, which is not ideal for continuity of care of student-athletes. If burnout is already a factor in many college ATs, adding additional tasks to their already extensive list will only increase the risk.

The researcher hypothesized that larger institutions and those with greater revenue, like Division I institutions, should be able to hire an additional person to handle athletic medical claims. However, the data from this study did not demonstrate that this is the case. Each of the 3 divisions all reported that ATs are performing this task in approximately 60-65% of institutions. It is unclear why institutions with more resources are not using these resources to ensure that athletic medical claims are handled appropriately. This issue may require advocacy from the athletic trainers at the institution and national advocacy on the part of the National Athletic Trainers’ Association.

EDUCATION OF THE ATHLETIC TRAINER

While processing athletic medical claims has become a large portion of many ATs’ job duties, only 6% of ATs stated that they felt prepared to handle the task through their education in an AT program. Most ATs stated that their programs did not prepare them to perform these tasks (62.0%), while approximately 14.5% had received formal training from sources outside an AT program. Therefore, only 20.5% of ATs receive formal training either through their AT program or other resources. While this data is alarming, it is an improvement from the 1994 study that found that only 6% of individuals responsible for athletic medical claims had received any education regarding
athletic medical claims prior to beginning athletic medical claims responsibilities. This data illustrates movement in the right direction but there is still room for improvement.

Some (10.4%) institutions had problems arise within their medical claim process. These problems can include the following: damaged credit of the student-athlete if bills are not paid in a timely manner; a financial burden on the institution due to refusal of payment from an insurance company; and/or possibly denial of treatment by providers who have not been paid properly for past bills. Because insurance is a large institutional investment, even the smallest medical claim error can result in a much larger problem. To decrease the likelihood of these problems occurring it is essential to ensure that the individual in charge of such an investment has the proper training.

The study also examined the educational preferences among ATs and found that 32.1% believe that the necessary medical claims information should be gained within the curriculum of an AT program, 29.9%, stated the on-the-job training would be sufficient, 28.3% stated they believe CEU events would be ideal, and .5% believe that the education of medical claims should be performed through article/book readings. If ATs continue to be required to handle medical claims, then ideally they should be taught through the curriculum of an AT program. If the curriculum does not allow enough time for students to become proficient, then available CEU events would be ideal to allow for further education. However, it is debatable whether on-the-job training is an ideal form of education. If the individual responsible for handling medical claims has received the
proper training prior to being hired, the learning curve will not be as steep and the frequency of errors should diminish.

LIMITATIONS

It is notable that the results contain a large number Division III institutions (45.1%); Division II participants were 28.8% and Division I participants were only 26.1%. These results create data which may be slightly skewed by containing information that is not evenly distributed amongst the classifications of participants. This could have occurred because ATs at larger institutions were in-season with football and therefore may not have taken the time to participate. Another factor could have been that the head ATs of the larger institutions may have opted out of receiving research requests from the NATA.

PROPOSED FUTURE STUDIES

The next step in establishing further evidence based practice for medical claims can be performed in two varying ways. The first step could be to further the education in medical claims which ATs are receiving, while analyzing the corresponding data of the confidence and knowledge their students have upon completing their education. With this information it could then determine the most efficient techniques of providing education on medical claims and begin to implement them to better prepare ATs.

The other strategy could be to determine whether ATs should actually be handling medical claims at all. Through research it could determine if having an individual who is extensively trained in processing medical claims, rather than an AT with minimal training through their curriculum, would be more efficient and result in
fewer mistakes. In relation, research could be performed on the role strain or productivity of ATs who handle medical claims compared to ATs who do not have to handle medical claims in their institutions.
CONCLUSION

This study investigated the ways that athletic associations/departments coordinate athletic medical claims and determined that an athletic trainer is assigned to be the administrator who oversees policies and procedures related to athletic medical claims 60-65\% of the time. While ATs are being held responsible to perform this task they are dedicating about 25\% of their time to this single administrative task while administrative tasks as a whole should only constitute 25\% of an ATs’ time. The study investigated the education of athletic trainers assigned to this role, determining that only 20.5\% of individuals assigned to this role had received formal training causing 65.6\% of individuals to have to learn a great deal on-the-job. This lack of training then led to problems through the medical claims process to arise in 10.4\% of institutions. The information gained allows the healthcare community to have a better understanding of the roles and responsibilities of an AT, and allows for a more informed conversation of whether ATs should be responsible for medical claims. This information further allows for discussion of how to improve the education and training within, and following, the professional degree that is being required of ATs, and that ATs may not be the ideal choice to handle athletic medical claims.
APPENDIX A: IRB APPROVAL
Approval of Exempt Human Research

From: UCF Institutional Review Board #1
    FWA00000351, IRB00001138
To: Kristen C. Schellhase and Co-PI: Tyler Paul Killinger
Date: September 28, 2015

Dear Researcher:

On 09/28/2015, the IRB approved the following activity as human participant research that is exempt from regulation:

- **Type of Review:** Exempt Determination
- **Project Title:** Medical Insurance Practices at NCAA Institutions
- **Investigator:** Kristen C. Schellhase
- **IRB Number:** SBE-15-11578
- **Funding Agency:** N/A
- **Grant Title:** N/A
- **Research ID:** N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. **When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.**

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](http://www.research.ucf.edu/compliance/irb.html).

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Patria Davis  on 09/28/2015 10:52:38 AM EDT

IRB Coordinator
APPENDIX B: SURVEY
Default Question Block

Title of Project: Medical Insurance Practices at NCAA Institutions
Principal Investigator: Kristen C. Schellhase, EdD, ATC, LAT, CSCS
Other Investigators: Tyler Killinger – Honors in the Major Student
Faculty Supervisor: Kristen C. Schellhase, EdD, ATC, LAT, CSCS

You are being invited to take part in a research study. Whether you take part is up to you.

This study proposes to investigate the ways that athletic associations/departments responsible to coordinate athletic medical claims and how often an athletic trainer is assigned to be the administrator who oversees policies and procedures related to athletic medical claims. The study further proposes to investigate the training of athletic trainers assigned to this role. The information gained may allow a better understanding of the roles and responsibilities of an AT to coordinate athletic medical claims and improve education and training within and following the professional degree.

This research involves the completion of a questionnaire. The 13-item questionnaire contains nine multiple choice questions, two “choose all that apply” questions, and two fill-in-the-blank questions. The questionnaire includes “smart questions”. The “smart questions” will provide further questions/options if a certain answer is chosen. The participants will not report any personally identifiable demographic information related to name, gender, age, race/ethnicity, but will report demographic information regarding athletic division of their institution.

This survey should take no longer than 15 minutes to complete.
You must be 18 years of age or older to take part in this research study.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints If you have questions, concerns, or complaints, or think the research has hurt you, talk to Kristen C. Schellhase, Faculty, Department of Health Professions, (407) 823-3463, Kristen.schellhase@ucf.edu, or Tyler Killinger, Athletic Training Student, (407) 493-0464.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.
By clicking "yes" you are certifying that you are a head athletic trainer at an NCAA institution and that you consent to take this survey.

Yes
No

What is your institution's NCAA affiliation?
Other sports are Division I, and football is FBS (formerly 1-A)
Other sports are Division I, and football is FCS (formerly 1-AA)
All sports are Division I, and our institution does not have a football program
Most sports are Division II
Most sports are Division III

What is the size of your institution?
0-10,000 students
10,001-20,000 students
20,001-30,000 students
30,001-40,000 students
40,001-50,000 students
>50,000 students

How many total student-athletes are in your athletic program? Please round to the nearest 50 student-athletes.

How many full-time certified athletic trainers are on staff in your athletic department?

How many graduate assistant, intern, and part-time certified athletic trainers are on staff in your athletic department?
Who is primarily responsible for the payment of athletic medical claims?

Head AT
Associate/Assistant AT
Full-time insurance coordinator who is not a practicing AT (20 hours per week)
Part-time insurance coordinator who is not a practicing AT (<20 hours per week)
Other administrator (business manager, secretary/clerical)

Other-

How many hours does the Head AT typically spend on payment of athletic medical claims in a given week?


How many hours does the Associate/Assistant AT typically spend on payment of athletic medical claims in a given week?


Has this person had any formal training in they payment of athletic medical claims?

No
Yes, within the curriculum of an undergraduate or graduate degree program in AT
Yes, within the curriculum of an undergraduate or graduate degree program other than AT
Yes, our institution trained this person (they did not have training within their degree)
I am not sure what training they have received

Do you feel that the level of training this person had was adequate to perform the task adequately and efficiently?

Yes
No, they had to learn a great deal on-the-job but have managed well
No, they had to learn a great deal on-the-job and problems have resulted
In your opinion, how/when would it be best for an AT to learn about the payment of athletic medical claims?

- Accredited AT program curriculum
- CEU event
- Article/book reading
- On-the-job training

Which of the following is true at your institution? (Mark all that apply)

- Our student athletes are required to have their own primary medical insurance (purchased by the student-athlete or the parent/guardian)
- Our student-athletes are provided primary medical insurance by the institution if they can prove financial need (this primary insurance may not cover non-athletic or out of season injuries)
- Our student-athletes are not required to have their own primary medical insurance

Which of the following is true at your institution?

- Our institution purchases a secondary insurance policy that will pay bills that are not cover by the student-athlete’s primary insurance.
- Our institution does not purchase secondary insurance - all athletic medical claims are paid out-of-pocket by the college/university/athletics once the primary insurance has paid their part.
- Our institution pays all athletic medical claims out-of-pocket regardless of whether the student-athlete has primary medical insurance. The institution does not expect primary medical insurance plan to pay any claim.

What is the cost of your premium?

What is the cost of your deductible per injury?

Does your institution have a disappearing or a straight deductible?

- Disappearing
- Straight
What kinds of conditions are covered by the institution or the secondary insurance company during the preseason or inseason? (Check all that apply)

- Acute general medical conditions (ex. flu, sinus infection)
- Chronic general medical conditions (ex. blood pressure, GERD)
- Psychological conditions (ex. mental health medications)
- Preexisting orthopedic injuries
- Overuse or insidious onset injuries
- Cardiac conditions / syncope

What kinds of conditions are covered by the institution or the secondary insurance company during the off-season? (Check all that apply)

- Acute general medical conditions (ex. flu, sinus infection)
- Chronic general medical conditions (ex. blood pressure, GERD)
- Psychological conditions (ex. mental health medications)
- Preexisting orthopedic injuries
- Overuse or insidious onset injuries
- Cardiac conditions / syncope

Are your institution's athletic medical claim payment policies different for scholarship and non-scholarship athletes?

- Yes
- No

How do they differ?
REFERENCES


