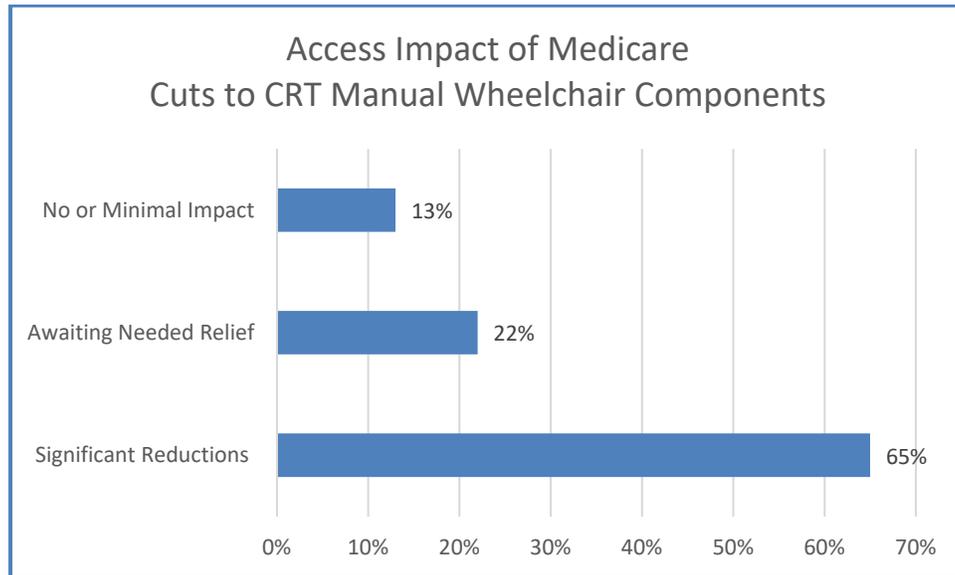


New Medicare CRT Supplier Survey Identifies Major Decrease In Access To Critical Components (Accessories) Used With CRT Manual Wheelchairs

Congress Must Act - Passage of H.R. 3730 is Needed to Restore and Protect Access for People with Disabilities Who Rely on This Specialized Equipment



Complex Rehab Technology (CRT) stakeholders continue to work with Congress to stop CMS' inappropriate use of DME Competitive Bid Program information to cut Medicare payment rates for "accessories" used with Complex Rehab Manual Wheelchairs. The policy term "accessories" is misleading as these items are critical components such as headrests, pressure relieving cushions, positioning devices, and other products that allow the wheelchair to be individually-configured to the person. While CMS has changed the policy for Complex Rehab Power Wheelchairs, it has not made the needed change for accessories used with Complex Rehab Manual Wheelchairs.

To evaluate the impact these payment cuts are having on Medicare beneficiaries with significant disabilities' access to this specialized technology, the National Coalition for Assistive and Rehab Technology (NCART) conducted a confidential survey of Medicare CRT suppliers. The July 2018 survey generated responses from 45 companies representing 402 Medicare supplier locations across the country.

The survey results indicate a major drop in access. 65% of the companies indicated the cuts have "significantly reduced our ability to provide the right wheelchair accessories to Medicare beneficiaries who require Complex Rehab Manual Wheelchairs". An additional 22% of the companies indicated they have been holding off on reductions awaiting Congressional action but "if such relief does not come within the next 90 days we will be forced to reduce the related accessories and services we provide".

That equates to 87% of the Medicare CRT suppliers indicating that currently, or within the next 90 days, they will not be able to provide the right Complex Rehab Wheelchair Systems that Medicare beneficiaries with significant disabilities require.

Responding suppliers were also able to provide additional comments on this issue. The following are a sample of some of the comments from individual companies:

- 1.) As a business owner provider, I see the loss of profit and our ability to take care of these clients long term. The policies and reduced rates are cumulative and fly in the face of sound business practices. More and more, I find myself making ridiculous business decisions to provide for my clients, knowing we cannot get appropriate reimbursement. It concerns me that CMS feels the need to see access issues first, before considering any meaningful change. That said, we have stopped providing or are forced to provide at a loss many needed products. The entire CRT industry is now having to weigh the ethical/moral provision of CRT against cost, and cost is in danger of winning.
- 2.) We will have to reduce options as well as quality products. It is a big concern since equipment is meant to last 5 years and we are responsible to provide equipment to last that long. I have heard many clients being given sub-standard products that do not last and then the provider is refusing to help. We do not wish to become that type of provider, but we cannot continue to provide certain products at cost or under. There are so many rules and regulations to follow, and appropriate and knowledgeable staff must be hired and retained to meet all of Medicare guidelines for provision of CRT. When cuts to product and staff are made, the beneficiary suffers. If we cannot provide quality care, there will be additional costs to Medicare via hospitalizations, extended home care or skilled care, etc.
- 3.) We are in a rural area but even though area is rural, there are many, many Medicare customers and few places to go to receive what they need and then payment cuts on top of that causes us as the supplier and them as the end user to settle for something that maybe doesn't totally meet their needs. When the end users do not have a lot of options for help they lean more on us than ever and it is very disheartening when we can't help them.
- 4.) We have stopped providing most Manual Rehab Wheelchairs and Group 2 Rehab Power Wheelchairs due to the reduced allowables. We made the business decision to quit providing certain equipment because we will not provide inappropriate equipment to our customers. Also, we cannot stay in business providing appropriate equipment when our cost is higher than the allowable.
- 5.) We have reduced number of repair technicians due to the rate cuts. It now takes much longer for us to complete repairs for clients. We do make exceptions for emergency issues. We have also limited the options of manual bases our clients can choose from.
- 6.) Reimbursement in many cases does not cover the cost of the medically necessary accessory and certainly not the cost of evaluation and service to deliver and install it.
- 7.) With the limitations and reduced fee schedules we have had to limit our product selection to a few manufacturers. This restricts us from providing the most optimal items that can enhance the beneficiaries' daily lives to include quality of life. Another trickledown effect is from other payers that use Medicare fee schedules and pay a percentage of the fee schedule. We have had to discontinue serving their clients or at best be hopeful we can find anything that would help meet the beneficiaries needs.
- 8.) We are operating on the hope of a change. If no change we will have to reduce related accessories and services.

The National Coalition for Assistive and Rehab Technology (NCART) works to ensure individuals with significant disabilities have adequate access to Complex Rehab Technology (CRT). Visit www.ncart.us.