



March 17, 2020

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-8013
Via electronic mail to Seema.Verma@cms.hhs.gov

Re: Request for Needed Temporary “Coronavirus” Medicare Policy Changes to Protect Health and Access for People with Disabilities Who Require Complex Rehab Technology

Dear Administrator Verma,

The following request is submitted on behalf of the National Coalition for Assistive and Rehab Technology (NCART). NCART is the national association of suppliers and manufacturers of Complex Rehab Technology products and supporting services. Our supplier members operate over 350 Medicare supplier locations across the country, collectively serving hundreds of thousands of Medicare beneficiaries in their communities.

Complex Rehab Technology (CRT) products include medically necessary and individually configured manual and power wheelchairs, seating and positioning systems, and other adaptive equipment. People with significant disabilities such as ALS, cerebral palsy, multiple sclerosis, muscular dystrophy, and spinal cord injuries depend on CRT equipment and supporting services for their health, safety, and independence.

Overview

We thank you and the Administration for the leadership and regulatory relief being given to address the Coronavirus pandemic impacting our country. The spread of the virus is creating significant threats to the health and safety of people of all ages, particularly the Medicare beneficiaries with significant disabilities described above who require Complex Rehab Technology. These individuals are at high-risk to the dangers of the virus and access to timely CRT and related services must be maintained in this new environment.

Unfortunately, steps taken to protect the greater population from the virus, and the increasing burden of care of those who have contracted it, have resulted in unintended negative consequences for this group. The precautions at hospitals, healthcare facilities, and clinics are preventing these Medicare beneficiaries from being able to obtain timely wheelchair and seating assessments, deliveries, and repairs as CRT suppliers have limited or no access to the facilities. This also creates barriers to obtaining traditional documentation. The lack of timely provision of these needed medically necessary technologies puts people with disabilities at high risk for respiratory complications and other harmful medical conditions.

Accordingly, there is an immediate need for the Centers for Medicare and Medicaid Services (CMS) to institute temporary Medicare policy changes to minimize these significant risks and negative consequences. We were encouraged to see you state in a March 13 release, “CMS is taking immediate steps to give our nation’s providers, healthcare facilities, and states maximum flexibility. It is vital that federal requirements designed for periods of relative calm do not hinder measures needed in an emergency.”

Recommended Temporary Actions to Protect Health and Access

With that CMS directive in mind, we request the following changes focused on the medical needs of Medicare beneficiaries who rely on CRT, public safety, and reducing the increasing burden on healthcare systems and administrators. Temporary relief can be provided by relaxing, for a limited time, some of the technical requirements for these items, with an emphasis on the use of telehealth/remote evaluations.

- Face-to-Face requirements – Reduce demands on practitioners by permitting completion of the standard written order (SWO) as long as the medical record supports the need OR permitting video or telephonic evaluation of the beneficiary to satisfy requirements.
- In-person specialty evaluation by LCMP – Encourage responsible social distancing by minimizing the number of people in clinics, especially those in fragile populations, by permitting video evaluations.
- ATP presence/collaboration in specialty evaluation by LCMP – To address existing restrictions limiting ATP entry or to encourage responsible social distancing by minimizing the number of people in clinics, allow video participation by an ATP to be sufficient to meet the in-person participation requirement.
- Home Assessment – Encourage responsible social distancing by minimizing unnecessary close contact by permitting verbal/phone interviews of customers/caretakers, or video assessments if needed.
- Prescription required for repairs – Reduce demands on practitioners by permitting suppliers to perform repairs to wheelchairs for beneficiaries with permanent mobility related disabilities without confirmation of continued need by the physician.
- Urgent need for replacement of CRT wheelchairs and custom seating – Provisions need to be developed for situations where there is an urgent need for new equipment, but the beneficiary is unable to access the required specialty evaluation.
- Timely completion/filing deadline – Extend completion/filing deadline requirements to allow for additional time.
- Requirement that Medicare participating suppliers are open to public for 30 hours or more per week – Relax this standard in the event that suppliers need to close a particular site to ensure employee and customer safety. Remote employees can set up in-home visits rather than in-branch visits to minimize the number of people both customers and employees are exposed to.

Additional Information

NCART has a sincere desire to collaborate with CMS at this challenging time to protect the health and safety of high-risk Medicare beneficiaries with significant disabilities who require CRT. We are happy to provide additional information and to discuss our comments further via telephone.

Sincerely,



Donald E. Clayback
Executive Director
716-839-9728

dclayback@ncart.us | www.ncart.us

CC:

Jason Bennett, Acting Director, Chronic Care Policy Group, Center for Medicare, Centers for Medicare & Medicaid Services at Jason.Bennett@cms.hhs.gov