



“COMPETITIVE” BIDDING PROGRAM IS MISGUIDED, MISLABELED

The so-called competitive bidding program will be catastrophic for Medicare patients and providers. It is terrible public policy that actually reduces competition rather than increasing it. The primary selection criteria is price, creating a “race to the bottom” scenario that will impair both quality of care and access to medical equipment for millions of Medicare patients. This process will eliminate nine out of every 10 providers in each region that it is implemented.

Essentially, the government is forcing mostly small, independent businesses to make unsustainable bids in the hope that they can survive. Businesses are being forced to commit economic suicide and there will be many ramifications — businesses in bankruptcy, job losses for thousands and reduced care for Medicare beneficiaries. Medicare patients and providers need support for House bill H.R. 3790 in Congress that would repeal the deeply flawed bidding program in a fiscally responsible manner.

ACCUSATIONS OF “RECREATIONAL” USE OF WHEELCHAIRS ARE UNFAIR AND FALSE

The manufacturers and providers of power wheelchairs and scooters have long been a target of critics who contend that Medicare funds are used by beneficiaries to provide power wheelchairs and scooters that are recreational vehicles and are not medical necessities. Nothing could be further from

the truth. Power mobility equipment can only be obtained through Medicare if it improves a beneficiary’s mobility in their home so they can groom, go to the bathroom, and prepare food. Qualifying beneficiaries average 71 years of age, cannot ambulate freely, and usually suffer from a combination of COPD, diabetes, arthritis, and heart disease. Medicare beneficiaries who qualify for power mobility would like to walk to church, the store, or the park. But they have been examined by a physician who has written a prescription saying powered mobility equipment is necessary for their patient to perform the daily necessities of living in their home.

While critics frequently focus on the trend of elderly people using motorized scooters for transportation around their communities, CMS’ own data shows that power scooters represent about 2 percent of the Medicare expenditures for the power mobility benefit. Moreover, manufacturers say that 9 out of every 10 scooter sales are cash sales that do not involve Medicare funds. So where is the scandal? It is only in the minds of the critics looking for ways to tarnish the image of the power mobility industry and restrict Medicare beneficiaries from rightfully utilizing the power mobility benefit.

“I am worried about the impact of competitive bidding. It will reduce the number of DME providers, which is already insufficient to meet the demands of power mobility. It will increase the likelihood that patients will get the cheapest rather than most appropriate mobility device, which will lead to difficulty using the equipment, health problems, decreased activity, safety issues, etc.”

— Lucy Spruill, 65, who works at United Cerebral Palsy of Pittsburgh and has spina bifida.



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Medicare Policies Threaten Access to Power Wheelchairs for Seniors and People Living with Disabilities



For much of the past decade, the U.S. Centers for Medicare and Medicaid Services (CMS) has implemented policies and regulations that have limited growth of the Medicare power mobility benefit, which is used by beneficiaries to obtain power wheelchairs prescribed by their physicians. As a result of these policies, many home medical equipment providers maintain that they do not expect to remain in business. In fact, a recent poll by HomeCare Magazine found that more than 30 percent of providers said they expect to leave business in the near future.

It's unfortunate that government bureaucrats equate fewer providers with saving dollars by restricting the amount of medical equipment that can be sold. This strategy victimizes Medicare patients: they can't receive the mobility assistance they need to improve their quality of life. Medicare beneficiaries and their providers need your support to address these issues that threaten their access to power wheelchairs.



REGULATIONS CONFUSE PHYSICIANS, PROVIDERS, AND SENIORS

Medicare's ability to provide power mobility to people with mobility impairments is currently jeopardized by an inadequate government process for determining a patient's medical necessity for the equipment. After several revisions of the documentation system, the situation today has deteriorated to the point where the major stakeholders – physicians, clinicians, providers and beneficiaries – are confused about what it takes for medical necessity to be determined. CMS has used the absence of an official documentation process to make shifting and retroactive demands that the majority of physicians say are unrealistic and can't be met. CMS is requiring that doctors make very detailed handwritten progress notes on their patients.

Even more problematic, CMS has created an environment where auditors are routinely overruling prescribing physicians and their clinical assessments of patients. Numerous claims are denied, not because of questions related to medical necessity, but because the physician documentation wasn't presented in the format that CMS desired. CMS contractors are applying a literal interpretation of the term "written prescription," suggesting that the law says a physician must "write" the unique seven element prescription only required for power wheelchairs yet will not allow a pre-printed form that clearly outlines the required elements the physician must include for it to be valid. Claims are being denied if the physician's signature is not completely legible. To improve efficiency in this area, there must be a comprehensive review of the documentation process.

CLAIM DENIALS CREATE ADMINISTRATIVE NIGHTMARES

Home medical equipment providers, such as those supplying power wheelchairs, are burdened by excessive audits and claim denials that are routinely overturned after time-consuming appeals. Payments to the providers are often delayed for months, or even years after the original claims were submitted for payment and the equipment delivered to the Medicare patients. A GAO report, "Medicare Contracting Reform" (GAO-10-71, March 2010) acknowledged that an abundance of claim denials under appeal resulted in long delays in the government paying legitimate providers. Once these claim denials are appealed, Administrative Law Judges have sided with the providers 90 percent of the time, allowing the claims to eventually be paid. But the delay creates cash flow nightmares for large and small providers alike, forcing many to lose their businesses. With fewer providers available, access to power mobility becomes difficult for more Medicare beneficiaries.



CONSUMERS LOSE OPTION TO PURCHASE IN FIRST MONTH

Previously, when physicians prescribed power wheelchairs for Medicare beneficiaries the patients had an option of purchasing the equipment during the first month they received it. But the new healthcare reform law eliminated the option for the first-month purchase, so power wheelchairs will now be rented for 13 months and then will become the property of the patient.

This change will have major ramifications for providers and is expected to jeopardize access to power wheelchairs. Instead of filing a claim and seeking immediate reimbursement for the cost of the equipment, as well as the services involved in fitting and delivering the chair to the patient, providers will now receive rental payments each month for 13 months making it very difficult if not impossible to meet the almost immediate financial obligations involved in providing a power wheelchair. With credit tight because of the sluggish economy, many providers will have difficulty raising funds to pay for the equipment they purchase and then wait 13 months to receive full payment from Medicare to cover their costs and keep their businesses operating. This is yet another example of a policy that is squeezing the life of home medical equipment providers.

"Life is almost fun again. I can cook; I can do the dishes; I can get around my little, old house. The power wheelchair has completely changed my life."

— Stephanie Genge, 66, of Coronado, CA., who has severe arthritis in her back.