

# MOBILITY MATTERS

*Ensuring Power Mobility is Available for People Living with Disabilities*  
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## Homecare Providers and Consumer Advocates Urge Congress to Stop Ineffective Medicare Payment Review Process for Mobility Equipment

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**WASHINGTON**—If lawmakers want senior citizens and people living with disabilities in their states and districts to have access to power wheelchairs through Medicare, Congress must stop the Centers for Medicare and Medicaid Services (CMS) from implementing a pre-payment review project that will undoubtedly cause providers to go out of business and severely limit the ability of Medicare patients to receive the medical equipment prescribed by their physicians.

The impact of this demonstration project, slated to begin January 1 in seven states, would be devastating to Medicare beneficiaries and home medical equipment providers, while resulting in layoffs in those states - California, Florida, Illinois, New York, Texas, Michigan and North Carolina. The sharp downturn predicted would also likely cause layoffs in states such as Ohio and Pennsylvania, where large power wheelchair manufacturers are located.

Congress is urged to put a stop to this project, allowing lawmakers, policymakers and the power mobility community to work on a better solution, one without such harsh consequences.

The prepayment review process can add more than three months to the period of time before providers begin receiving reimbursements for mobility equipment. What makes this delay so disruptive to both small and large businesses is that these providers are still struggling to cope with a policy change from last January that spreads government rental reimbursements for power wheelchairs to 13 months.

For each power wheelchair provided to a Medicare patient, providers work with a physician and Medicare beneficiary to select the right power wheelchair, submit extensive documentation of medical necessity to CMS, purchase the equipment from the manufacturer and make the delivery to the patient. Wheelchair providers pay employees for performing these tasks and pay manufacturers for the equipment. Yet, under the demonstration project these companies may not be fully reimbursed for more than 16 months—nearly a year and a half.

Few businesses can operate with such a long delay in receiving reimbursement for their work and capital expenditures, and the tight credit market makes it difficult to borrow funds. Clearly, the demonstration project will escalate the trend of providers going out of business or no longer servicing Medicare patients. When that happens, Medicare beneficiaries, especially those in rural areas, will suffer because their physicians won't be able to find providers to fill prescription orders in a timely manner. Earlier this year, 65 percent of the respondents to an American Association for Homecare (AAHomecare) survey of power wheelchair providers said their

ability to service Medicare beneficiaries was compromised by the rental policy changes, and 28 percent said the rental reimbursement changes would impact their staffing levels.

In a few months, if this project is not stopped, it gets even worse for Medicare patients and providers.

In three to nine months after the project launches, CMS says that physicians will be required to provide documentation of medical necessity directly to the government before a Medicare patient can qualify for power mobility assistance. For a decade, as CMS well knows, the major hurdle in processing claims has been the inconsistent information that physicians provide to document medical necessity for their patients. Currently, many of the documentation problems are dealt with in an appeals process: power wheelchairs are provided to Medicare beneficiaries and the claims are denied by the government. However, providers subsequently win an overwhelming number of appeals and are paid after an administrative law judge rules that the patient did have a medical need.

But CMS, apparently weary of losing so many appeals, wants the opportunity to reject the physician prescriptions *before* any power wheelchairs are delivered. The policy change would allow bureaucrats to overrule what physicians say their patients need – with no appeals process.

Another reason for Congress to act is that while the demonstration project creates havoc for Medicare patients and providers, it's a misguided and ineffective strategy for addressing fraud and abuse in the Medicare system, which is supposed to be its objective.

It is troubling that CMS repeatedly implements policy changes that burden legitimate providers, while ignoring recommendations from the power mobility community that would actually reduce fraud and abuse. Unfortunately, the CMS strategy appears to be to dramatically reduce the Medicare mobility benefit. How much longer will it take for CMS to recognize what financial analysts have said for years: power wheelchairs *save* taxpayer dollars by allowing Medicare beneficiaries to live independently in their homes longer, reducing hospital emergency room visits for fall-related injuries and delaying placements in expensive care facilities and nursing homes.

For instance, the Fighting Fraud and Abuse to Save Taxpayer Dollars Act (H.R. 3399) pending in Congress includes a provision requiring a clinical medical template to document medical necessity for power wheelchairs, a critical tool that would reduce improper payments. Moreover, AAHomecare has proposed a 13-point plan with stricter requirements for new providers: mandatory site inspections, a six-month trial period, post-payment reviews and a more vigorous validation process. These measures would address the major flaw in the Medicare system responsible for much of the fraud and abuse: lax supervision of which companies are allowed to bill Medicare for services and products.

Congress must step in and stop this demonstration before CMS creates irreparable harm to Medicare beneficiaries and power wheelchair providers.

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***Mobility Matters* is published periodically by the American Association for Homecare to inform Congress, the administration, policymakers, consumer organizations and the media about Medicare's power mobility benefit, and the need to sustain it. AAHomecare is committed to helping seniors and people living with disabilities regain their freedom and independence. To learn more about the Medicare power mobility benefit, go to [www.aahomecare.org/mobility](http://www.aahomecare.org/mobility). American Association for Homecare - 2011 Crystal Drive, Suite 725, Arlington, Virginia 22202 -703.836.6263**