



Mobility Matters: Special Report

CONTACTS: Michael Reinemer, 703-535-1881, michaelr@aahomecare.org
Gordon Barnes, 703-535-1883, gordonb@aahomecare.org

State of the Medicare Mobility Benefit

WASHINGTON, DC, January 20, 2011 ----- The State of the Medicare Mobility Benefit has never been more troubling, and perplexing. For much of the last decade, Congress and regulators implemented policies and regulations limiting the effectiveness of the Medicare benefit that is used by senior citizens and people living with disabilities to obtain power wheelchairs prescribed by their physicians. But a series of changes ranging from the so-called competitive bidding program to elimination of the first-month purchase option to excessive audits and denial of reimbursement claims are combining to place serious doubt on whether Medicare beneficiaries can continue to receive medically required power mobility equipment that enhances their quality of life and ultimately saves taxpayer dollars.

It's unfortunate that as we assess the care received by some of the most vulnerable people in our society, the American Association for Homecare (AAHomecare) must question the government's commitment to them. On July 30, 1965, when President Johnson signed the Medicare bill into law, he asserted to former President Truman, who was at his side, "...there is another tradition that we share today. It calls upon us never to be indifferent toward despair. It commands us never to turn away from helplessness. It directs us never to ignore or to spurn those who suffer untended in a land that is bursting with abundance."

Yet, it's clear to many physicians, clinicians, advocates for people with disabilities and medical equipment providers that in the coming months the government will not live up to that pledge. Across the country, especially in rural areas, there will be Medicare patients holding prescriptions for power wheelchairs who will be unable to find providers that can supply them with wheelchairs in a timely manner, and perhaps not at all. Government policies have jeopardized the sustainability of many small and family businesses, forcing them to consider closing operations or to no longer offer standard power wheelchairs. Perhaps even more telling about the impact of these policies, is that the very people who once proudly served the elderly and disabled in their communities are now dispirited, wondering why their years of laboring to do good for their neighbors has been so undermined and undervalued by the federal government.

It's disheartening for a wide range of stakeholders to recognize the positive effect that each power wheelchair provided by Medicare has on its recipient, but at the same time know that Washington's lawmakers, policymakers and regulators have been unable to comprehend and appreciate what a power wheelchair means to someone who needs one. Qualifying beneficiaries are an average of 71 years old and usually suffer from a combination of COPD, diabetes, arthritis and heart disease. The

voices of those who have received power wheelchairs, who have seen their universe transformed, vividly tell the story: once restricted to a bed or chair in their homes, they now experience the freedom and independence that comes with vastly improved mobility. It's easy to understand the frustration of the providers, physicians, clinicians and consumer advocates who bear witness to this tremendously uplifting impact. It's a mystery why lawmakers and policymakers haven't heard these voices or better understood the value of mobility.

Margaret Adkins in Jackson, Michigan

Each morning, Margaret Adkins rolls from the bedroom in her apartment to the bathroom to freshen up. She next stops in the kitchen to prepare breakfast and maybe visits with a friend in their complex for senior citizens. Her morning activities are made possible because of the power wheelchair that Medicare provided.

Four years ago, Adkins, 71, had knee replacement surgery that did not turn out well. Already suffering from rheumatoid arthritis and fibromyalgia, the knee operation left her virtually immobile – she had a walker but it was far too painful for her to move except when she absolutely had to. She spent much more of her time in bed.

“My knee was really in pain,” she recalls. “Awful pain. I can't even tell you how bad the pain was after I had the new knee put in.” She was also falling down, causing bruises and trips to the doctor. Finally, her physician prescribed a power wheelchair. Medicare paid for it. And life has been much more rewarding for Adkins.

“The power wheelchair has made a 100 percent difference in my life,” says Adkins, who had worked as a caregiver before retiring 10 years ago. “It is a blessing. I go in my bedroom, kitchen, all over. I can go wherever I want to go in my home.”

Stephanie Genge in Coronado, California

Stephanie Genge, 66, spent much of her life as a chef in Nevada. But in 2003 she moved back to her hometown when the arthritis in her back was so bad that she no longer had the mobility to work as a chef. At first, Genge got a job as a cashier at a local pharmacy, but she quit after a few months because of the pain. After that, she pretty much stayed in her home, unable to move without severe pain.

“I could stand up for a few seconds then I had to sit down,” Genge recalls. “If I stood up for more than a few seconds, I would fall because everything would just go numb. It was a terrible thing. You don't want to admit that what you have is getting worse, but the pain would not go away.”

Two years ago, she talked with her physician and he determined that she would benefit from a power wheelchair. Medicare provided the chair, and it made a dramatic change. “Life is almost fun again,” Genge says. “I can cook; I can do the dishes; I can get around my little, old house. The power wheelchair has completely changed my life.”

While Genge and Adkins exemplify what a power wheelchair means to a recipient, there are many other positives.

When patients with physical disabilities have power wheelchairs, they don't suffer injuries from falls as often. Studies have shown that Medicare saves \$10,770 a year for beneficiaries with power

mobility equipment because they need fewer hospitalizations and emergency room visits associated with falls and fall-related injuries. Also because power wheelchairs assist patients in performing the daily necessities of life, such as grooming, preparing meals and getting to the bathroom, the mobility equipment often delays placement in expensive nursing homes and other care facilities.

Yet, the nation's misguided public policy regarding the Medicare power mobility benefit is putting our senior citizens and people living with disabilities at risk.

A policy implemented on the first day of the year ended a Medicare beneficiary's option to have the government purchase the power wheelchair for them in the first 30 days after it was delivered. This policy places a significant financial burden on providers, but perhaps more importantly it exemplifies how much the government doesn't understand about the people who use mobility assistance. The power wheelchair does for people who can't walk what our legs do for the rest of us. There is a strong emotional attachment to the technology that lessens their dependence on family and friends, allows them to move around in their homes and keeps them out of nursing homes.

The government is shattering that bond. The power wheelchair, the equipment that they are so dependent upon, isn't theirs anymore. It is rented. If the Medicare patient goes into a care facility, the providers must take back the wheelchair. And if patients are hospitalized for 60 days or more, they must start the grueling qualifying process over again — examination by a physician, proving medical necessity, extensive documentation paperwork by the provider — to obtain another power wheelchair. This is what the government is requiring of its senior citizens and people living with disabilities, this is inconsistent with the vision that President Johnson articulated when he launched the Medicare program 46 years ago.

And for medical equipment providers, the question is even starker — can their businesses survive?

It's difficult in the current economic climate for many providers to obtain credit to purchase power wheelchairs from manufacturers. Whereas providers previously received lump sum payments, now the government will spread payments over the 13-month rental period. The providers also face new financial risks because if a patient dies or goes into a care facility, they must recover the wheelchair and rental payments will stop. This will be a nightmare for small businesses because they may not have the volume of business to re-rent the recovered chairs, for which they were never fully reimbursed. Add to these problems the expansion of a flawed competitive bidding process, excessive audits, and claim denials and the fact that providers have endured reimbursement cuts from \$5,699 in 2003 to \$2,554 this year for standard power wheelchairs. Many providers are at their breaking point.

This is the State of the Medicare Mobility Benefit today. Manufacturers have answered the call by investing in technological advances that allow power wheelchairs to maneuver through doorways in homes and apartments, giving Medicare patients access to their bedrooms, kitchens and bathrooms. This breakthrough is widely appreciated by the aging baby boomers. The nation's demographics ensure that the demand for power wheelchairs will continue to rise. Yet, the federal government consistently implements policies that limit the availability of power wheelchairs for Medicare beneficiaries, rather than making them more accessible.

We have high hopes that the voices of thousands of people like Stephanie Genge and Margaret Adkins will resonate with the public, and eventually with the lawmakers who represent them in Congress. AAHomecare will continue to make those voices heard, to help lawmakers and regulators better comprehend what a power wheelchair means to the recipient. We want the next State of the Medicare Mobility Benefit to be less troubling and perplexing, and more optimistic about America providing the best technology on earth for people who need our helping hand. In the coming months, we look forward to working with lawmakers and policymakers to make that a reality and to help the Medicare program live up to the goals and aspirations of its founders.

Mobility Matters is published periodically by the American Association for Homecare (AAHomecare) 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. The American Association for Homecare represents durable medical equipment providers, manufacturers, and other organizations in the homecare community. Members serve the medical needs of millions of Americans who require oxygen equipment and therapy, mobility assistive technologies, medical supplies, inhalation drug therapy, home infusion, and other medical equipment and services in their homes. The Association's members operate more than 3,000 homecare locations in all 50 states. Visit www.aahomecare.org/athome.