How to Advocate on Getting the Right Mobility Equipment & Supplies for People with Disabilities

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United Spinal Association

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Who is United Spinal Association?

Mission:
United Spinal Association is dedicated to enhancing the quality of life of all people living with spinal cord injuries and disorders (SCI/D), including veterans, and providing support and information to loved ones, care providers and professionals.

We believe no person should be excluded from opportunity on the basis of their disability. Our goal is to provide people living with SCI/D programs and services that maximize their independence and enable them to remain active in their communities.

www.unitedspinal.org

United Spinal Association

Who is United Spinal Association?

- United Spinal's Corporate Advisory Council
- 47 chapters, 177 support groups, 105 rehabilitation hospitals
- Accessibility Services
- VetsFirst
- USA Techguide
- Wheelchair Medic
- United Spinal's Advocacy Alliance

Roll on Capitol Hill, June 7-10, 2015

Sunday June 7:

Arrival and Welcome Reception

Monday June 8:

Education Sessions, Speaker Panels and Presentations, Advocacy Training, Sponsor Expo

Tuesday June 9:

Capitol Hill Meetings, Congressional Awards Reception

Wednesday June 10:

Advocate Recognition Breakfast

http://www.unitedspinal.org/events/roll-on-capitol-hill/

United Spinal Association

United Spinal Association Advocacy Alliance

Jenn Wolff

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United Spinal Association

United Spinal Association Advocacy Alliance

We are a place to :

- Learn
- Network
- Gain Empowerment
- Build Relationships
- Be Part of a Community
- Change Lives

How do I advocate?

Basic level

- Action Alerts
- Phone Calls/Emails
- Visits

Advanced level

- Build relationships
- Network
- Keep Updated

We CAN Create Change

- An Alliance is many voices coming together with one message.
- Our mission is to help bring awareness to Congress and others on how policies affect us.
- We will work together to improve and change the system and to become better self-advocates.

United Spinal Association

What's going on in Washington?

Government funding

- Budget negotiations

Affordable Care Act (ACA)/Health

- ACA just turned 5 years old
- Supreme Court decision – King v. Burwell

Access to DME, medical supplies, prescription drugs and therapy

- Physician Payment Reform/Therapy Caps
- Access to CRT Accessories
- Impact of competitive bidding program on access

What does this mean for us?

- **We/you must be part of the dialogue**
  - **Make your voices heard**
- **Congressional offices have to hear from us/you**
  - **Tell Congressional offices our/your stories**
- **If they don't hear from us/you, they don't know what our/your concerns are**
  - **May lead to additional cuts to the equipment and services you need**

http://www.unitedspinal.org/action-center/
http://www.unitedspinal.org/action-center/position-papers/

United Spinal Association Mobility Map

First , things first:

What do YOU want to do with your wheelchair?

Step 1 is a Self Assessment, a checklist of what you want to do in your chair, what you like or dislike about your current chair and what physical issues should be addressed.

United Spinal Association Mobility Map

- **Who is your team?**
  - Physician writes the order
  - Therapist and supplier should complete the evaluation together and do a home evaluation, especially if it is going to be a different chair
  - Supplier will order the chair
  - Find information and funding sources at:

http://www.unitedspinal.org/ask-us/

(click on the Mobility Map)

United Spinal Mobility Map

- When your chair is delivered
  - Ask to have it delivered to your home! Do your typical routine to make SURE the new chair is going to work for YOU
  - If you have any doubts, don't sign for the chair!
  - You have a RIGHT to the RIGHT equipment!

Ask Us - United Spinal As

www.unitedspinal.org/ask-us/

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Ask Us Spinal Cord Resource Center

United Spinal's Ask Us program connects you with information, resources, and access to our "Ask Us Spinal Cord Central" help center. Browse the Knowledge Books below for answers to your questions. If you can't find what you are looking for just Ask Us and one of our knowledgable staff will provide you with answers. Just Ask Us!

Spinal Cord Injury/Disease Includes:

Spinal Cord Injuries - Multiple Sclerosis - Transverse Myelitis - Spina Bifida - Amyotrophic Lateral Sclerosis - Diastematomyelia - Tethered spinal cord syndrome - Poliomyelitis - Syringomyelia - Brown-Sequard Syndrome - Spinal Muscular Atrophy

Spinal Cord Injury/Disease Knowledge Books

- Accessible Transportation
- Adjusting To SCI/D
- Advocacy
- Assistive Technology
- Caregivers
- Education
- Emergency Preparedness
- Employment
- Family and Personal Relationships
- Federal/State Benefits
- Financial Assistance
- Health & Wellness after SCI
- Helpful Groups in the SCI/D World
- Home Modifications
- Housing
- Insurance
- Physicians - Locating Specialists
- Preventing Spinal Cord Injury
- Professional Organizations, Journals, and Education
- Rehabilitation, New Injury & Recovery Programs
- Research about SCI/D
- Rural Resources
- Service Animals
- Spanish Language Resources
- Spinal Cord Diseases or Disorders
- Spinal Cord Injury & Disorders Lexicon
- Sports, Recreation & Fitness
- State & Local Resources
- Success Stories - Living with SCI/D
- Support Groups
- Traveling With A Disability
- UsersFirst Mobility Map

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Spinal Cord Resource Center

11:40 AM
4/1/2015

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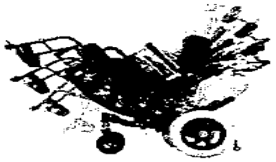
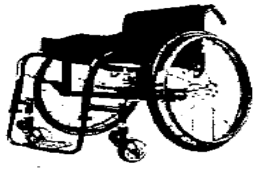
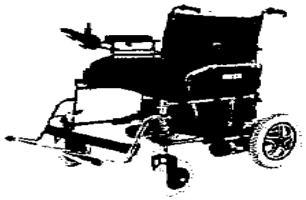
What is Complex Rehab Technology?

Products and services, including medically necessary **individually configured** manual and power wheelchair systems, adaptive seating systems, alternative positioning systems, and other mobility devices that require evaluation, fitting, design, adjustment and programming.

Complex rehab technology is designed to meet the specific and unique medical and functional needs of an individual with primary diagnoses resulting from a congenital disorder, progressive or degenerative neuromuscular disease, or from an injury or trauma.

What is Complex Rehab Technology cntd.?

TYPE OF CHAIR	COMPLEX	STANDARD
Manual	· 5% of Medicare · Intended for long-term use · High adjustability · Positioning · Accommodates orthopedic needs · Pressure management  	· 95% of Medicare · Intended for short-term use · Minimal to NO adjustability · NO positioning · NO orthopedic accommodations · NO pressure management
Power	· 22% of Medicare · NOT what's advertised on television · Intended for progressive diagnoses · Advanced electronics and controls · Positioning · Accommodates orthopedic needs · Pressure management · Ventilator accommodation 	· 78% of Medicare · Intended for ambulatory limitations · Basic joystick drive ONLY · NO positioning · NO orthopedic accommodations · NO pressure management · NO ventilator accommodation 

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CRT Legislation Specifics

- **HR 1516 will allow all CRT codes to be billable as a "purchase" rather than a "capped rental" item** – this recognizes the individualized nature of CRT items and that they are used to meet permanent, not short-term, needs.
- **CRT requires a broader range of services and specialized personnel than those required for standard DME** – an interdisciplinary team consisting of, at minimum, a physician, a physical therapist/occupational therapist, and a rehab technology professional (RTP) certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). Devices in this category require a technology assessment (review of individual's medical and functional needs) completed by a certified RTP employed by a CRT company. The CRT company is also required to repair the equipment it provides.

CRT Legislation Specifics contd.

- **This bill requires a home evaluation** of the individual's functional mobility needs to include a technology assessment, measuring, fitting, simulations and trials, a mixing and matching of products from different manufacturers, significant training and education, refitting and ongoing additional modifications.
- The Medicare program has established quality standards that all DME companies must meet to qualify for the Medicare program. **Under this benefit, additional and more rigorous quality standards will be in place with which CRT companies must comply** including the fact that suppliers must be accredited by an independent accreditation organization demonstrating that they comply with the enhanced quality standards.
- **Under this bill, CRT would be covered for people transitioning from skilled nursing facilities to the home and community.** This bill exempts CRT products from Medicare's 'in-the-home' rule which covers mobility devices only if used inside a person's home. The exemption rightly allows people to use their mobility devices to remain active members of their community.

Complex Rehab Technology Medicare Separate Benefit

Medicare currently does not have unique coverage for the more complex needs of individuals with disabilities and chronic medical conditions requiring customized products and services that are medically necessary.

In the interest of quality healthcare and optimal functionality for individuals with disabilities and chronic medical conditions, a separate Medicare benefit category must be established.

Complex Rehab Technology: What's the message?

- ***Ask your Representative to co-sponsor HR 1516 - Ensuring Access to Quality Complex Rehabilitation Technology Act of 2015 that would create a separate recognition for Complex Rehab Technology under Medicare***

- ***Senate legislation coming soon***

Competitive Acquisition Program: What is it?

http://www.medicare.gov/what-medicare-covers/part-b/durable-medical-equipment.html

- Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) required bids to be submitted to select a limited number of suppliers to provide and service certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
- First round was initiated in 10 cities in July 2008, (stopped after two weeks), Round One Rebid began on January 1, 2011
- Program expanded to 91 additional cities on July 2013, plans to go nationwide after 2015

Protect CRT accessories from Competitive Bid Pricing!

Preserve Access to Complex Wheelchairs in Medicare

As part of the Medicare Improvements for Patients and Providers Act of 20008 (MIPPA), Congress specifically excluded complex rehabilitative power wheelchairs, as well as the related accessories that beneficiaries used with those wheelchairs, from the Medicare durable medical equipment (DME) competitive bidding program. As a result, **complex rehabilitative wheelchairs and related accessories have continued to be paid at the established fee schedule amounts in bid and non-bid areas.**

However, CMS posted a frequently asked questions (FAQ) document online in December, which indicated that the agency intends **to apply pricing information obtained from bids for standard wheelchair accessories to complex rehabilitative wheelchair accessories starting in 2016.**

How you can advocate for yourself: What medical documentation is needed?

- **Coverage Indications, Limitations and/or Medical Necessity**
  For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this local coverage determination, the criteria for "reasonable and necessary", based on Social Security Act §1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations, and/or medical necessity.

  For an item to be covered by Medicare, a detailed written order (DWO) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed DWO, the item will be denied as not reasonable and necessary.

- <u>The detailed written order must include the following</u>:

1. The beneficiary's name,
2. The item of DME ordered,
3. The prescribing practitioner's National Provider Identifier (NPI),
4. The signature of the ordering practitioner
5. The date of the order. Failure to meet any of the above requirements will result in denial of the claim.

Medical Documentation, cntd.

Confirmation of Order

PROVIDER: [redacted]

Savannah, Georgia 31404-1016
Phone (912)355-0601
FAX (610)672-9702

DOC ID: 1|3560|65845

PHYSICIAN: CRISTINA M NEGREA
1101 LEXINGTON AVE

SAVANNAH, Georgia 31404-5502
UPIN NPI 1376513325
Phone (912)350-7171 Fax (912)350-3454

PATIENT: [redacted]

SAVANNAH, Georgia 31415
Phone [redacted]
DOB [redacted]
Policy 157649195A

Initial Date 12/26/2013
Revised Date
Recertification
Length of Need (in months) 12
Prognosis

DIAGNOSIS

ICD-9 Code	Description
596.54	NEUROGENIC BLADDER NOS
788.30	INCONTINENCE URINARY NOS ENURESIS 2NDARY
344.1	PARAPLEGIA BOTH LOWER LIMBS
599.0	URINARY TRACT INFECTION UTI

EQUIPMENT/SERVICES

Qty	Proc. Code	Item Name/Narrative
350	A4353	14 fr 16" latex free IC 30bx 11-12 x per day
350	XZERO	14 fr 16" latex free IC 30bx 11-12 x per day
350	XZERO	Catheter insertion kit w/drainage bag 100 bx 11-12 x per day
4	A4402	Sterile Lubricating Jelly 4-1/4Oz Flip Top Cap 1 per month

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Consumer Impacts

- Difficulty finding a local equipment or service provider
- Delays in obtaining medically required equipment and services (i.e. wheelchair repair)
- Longer than necessary hospital stays due to trouble discharging patients to home-based care
- Far fewer choices for patients when selecting equipment or providers
- Reduced equipment, parts and service quality; and
- Confusing or inaccurate information provided by Medicare

Support fixing CAP

Current Program Problems:

- **Winning suppliers are NOT bound by their bids to provide DME**
- **Irresponsibly low supplier payment rates affecting your access to your choice of quality equipment and services**
- **No transparency in how suppliers win contracts or how consumer demand is calculated**

Competitive Bidding: What's the Message

- ***Tell you Representative and Senator to support HR 284/S 148***
  Medicare DMEPOS Competitive Bidding Improvement Act of 2015

- ***This legislation will fix Medicare's current bidding program by requiring State licensure and performance bonds for entities submitting bids under the Medicare durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) competitive acquisition program in order to protect people with disabilities' access to medically necessary medical equipment and related services and ensure that individuals with disabilities receive high-quality service and equipment that will give our community the ability to live active, productive independent lives with improved health outcomes.***

Outpatient Rehab Payments

Medicare arbitrarily caps at $1,920 annual payments for outpatient occupational therapy and outpatient physical therapy and speech therapy combined

- An extension of the therapy cap "exceptions" process allows Medicare beneficiaries to seek waivers to exceed the annual limit for medically necessary services
- Failing the development by CMS of a fair payment method, this exceptions process has required enactment of annual exceptions legislation since 1997
- As of last week, the exceptions process has been voted on by the House for a 2 year extension. The Senate will vote when they return from recess.

Outpatient Rehab Payments

- Representatives Charles Boustany (R-LA), Xavier Becerra (D-CA), Marsha Blackburn (R-TN), and Lois Capps (D-CA), and Senators Ben Cardin (D-MD) and Susan Collins (R-ME) introduced the Medicare Access to Rehabilitation Services Act (H.R. 775/S. 539) in the 114th Congress.

- H.R. 775 and S. 539 would permanently repeal the $1,940 therapy "cap" imposed on physical therapy, occupational therapy, and speech-language pathology services. An arbitrary cap on outpatient therapy services without regard to clinical appropriateness of care discriminates against the most vulnerable Medicare beneficiaries. APTA believes that a full repeal of the therapy cap is necessary to ensure patients have access to timely and appropriate care.

- There is a two-tiered exceptions process, an automatic exceptions process and a manual medical review exceptions process. The automatic exceptions process applies when patients reach the $1,940 threshold and the manual medical review exceptions process is required at the $3,700 threshold.

- The bill would repeal the arbitrary Medicare Part B outpatient therapy caps now affecting close to one million Medicare beneficiaries being denied access to needed services .

- Ending the therapy cap would ensure that Medicare beneficiaries recovering from spinal cord injury and disorders receive the therapy they need to live productive, independent lives and avert costing Medicare more due to increased hospitalizations.

Outpatient Rehab Payments: What's the Message?

- ***Urge your Representative and Senators to co-sponsor H.R. 775 and S. 539 to eliminate Medicare's arbitrary and unfair outpatient rehab therapy payment caps***

Access to Prescription Drugs and Medical Supplies

- **Prescription Drugs**
  - United Spinal advocates for expanded access to prescription drugs

- **Medical Supplies (diabetic supplies, urological supplies)**
  - **United Spinal has launched the Urology Coalition**

Prescription Drugs and Medical Supplies: What's the Message?

- ***Tell your Representative/Senator your story about your needs for prescription drugs and medical supplies***

Get Involved and Make a Difference

- Become **a member** of United Spinal Association
  www.unitedspinal.org
- Visit United Spinal Association's **Advocacy Action Center**
  http://www.unitedspinal.org/action-center
- Join a **chapter/support group**
  http://www.spinalcord.org/chapters/directory
  http://www.spinalcord.org/spinal-network/support-groups/
- Be a **policy advisor** at your chapter/support group
  http://www.spinalcord.org/chapters/directory
  http://www.spinalcord.org/spinal-network/support-groups/
- Be a **grassroots advocate**
  http://www.unitedspinal.org/advocacy-alliance/

More Ways to Get Involved

- **Attend a town hall meeting/visit in your state**

Rep. Jim Langevin, D-RI-02
Co-Chair, Bipartisan Disabilities Caucus

- **Find your Senator at www.senate.gov and your Representative at www.house.gov**
- **Call U.S. Capitol Switchboard: (202) 224-3121**
- **Or you can**

Upcoming Webinars

- **Join the Americans with Disabilities Act 25th Anniversary Celebration**
  Wed. Apr 8, 2015 3:00 PM – 4:00 PM ET
  Presenter: Mark Johnson, M.Ed., Director of Advocacy, Shepherd Center and Chair of The ADA Legacy Project
- **Advocating for Quality Medicaid Services and Supports: 2015 Update**
  Thurs. May 21, 2015 2:00 PM – 3:00PM ET
  Presenter: Carol Tyson, Director, Disability Policy, United Spinal Association

http://www.spinalcord.org/webinar-archive/

THANK YOU
QUESTIONS?

To ask us a question or make a comment, please type it in the "Questions" box

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