



“No Cuts to CRT” Sample Tool Kit

March 2021

The following documents are a sample of resources developed by the NCART Payor Relations Committee. They are intended for use in discussions with state legislatures and/or Medicaid programs considering rate reductions to Complex Rehab Technology (CRT) suppliers.

For additional information or state-specific resources, please contact Mickae Lee at mlee@ncart.us or 585-784-0208.



States Must Avoid Medicaid Cuts that Will Hurt People with Disabilities' Access to Critical Complex Rehab Technology

Complex Rehab Technology (CRT) is utilized by children and adults with disabilities to maintain their health, safety, and independence. These unique products include individually configured manual and power wheelchairs, seating and positioning systems, and other specialized adaptive equipment such as standing devices and gait trainers.

We recognize that many states are faced with managing the significant financial consequences from the COVID-19 pandemic. However, we urgently request that as budget discussions are held there be no cuts to Medicaid payment rates for specialized CRT items based on the following factors:

- Adequate access to CRT provides increased function and independence for people with disabilities. It also plays a key role in keeping state health care costs down by reducing medical complications, clinical interventions, hospitalizations, institutionalizations, as well as caregiver assistance and additional in-home services. Reducing access will undoubtedly result in increased state spending for health care costs in other areas.
- Without access to timely evaluations, delivery, and repairs, individuals depending on CRT are at especially high risk for needing medical treatment and hospitalization. For example, two major health risks are pressure injuries (bed sores/pressure ulcers) and respiratory complications. Failure to manage these risks and others will put these individuals in the hospital and, for those with respiratory issues, likely the need for ICU and ventilator utilization.
- Providing CRT comes with significant operating costs and low profit margins. In addition to the new COVID-19 expenses, providers must maintain the required credentialed staff, supporting systems and facilities, and company accreditations to perform all necessary services. The CRT evaluation and delivery process is service-intensive and providers already do not receive any separate payment to help cover these costs. It should be noted that Medicare has formally recognized the higher costs of providing CRT and the negative consequences of reducing reimbursement and has permanently excluded CRT from its Competitive Bidding Program to ensure access for beneficiaries.
- There are a limited number of companies that currently provide CRT and that number is decreasing. In past years, there have been rate reductions and other changes in the Medicaid program that have negatively impacted access to care for beneficiaries. Should any needed reductions be applied to CRT payment rates, providers will be forced to decide which critical products, services, and geographic areas to discontinue and, in some cases, whether they can remain in business at all.

Based on the above, we urgently request that CRT items be excluded from any budget actions to avoid devastating impacts to access which would hurt Medicaid beneficiaries with disabilities and increase Medicaid health care costs for the state.

The National Coalition for Assistive and Rehab Technology (NCART) works to ensure individuals with disabilities have access to Complex Rehab Technology. For more information visit www.ncart.us.

What Is The Complex Rehab Technology Delivery Process?

The following is an overview of the “delivery process” of supplying complex rehab mobility and seating systems. Various staff members are involved at different points. While there can be over 30 steps in the process, the principal activities include evaluating, selecting, funding, purchasing, receiving, assembling, scheduling, delivering, fitting, adjusting, programming, training, and billing.

- 1.) Call received from customer or referral source. Review general needs. Verify insurance coverage. Schedule an evaluation.
- 2.) Prepare for evaluation. Gather related literature on options. Obtain and configure necessary evaluation/loaner equipment.
- 3.) Drive to evaluation site. Meet with customer, therapist, and other interested parties. Participate in CRT evaluation process. Gather information on medical status, current and future needs, goals and funding options. Take physical measurements and document.
- 4.) Perform Technology Assessment along with transportation and home accessibility assessments.
- 5.) In some cases, multiple evaluations may be performed involving equipment trials and visits to both the home and other locations such as school, clinic, or hospital.
- 6.) Identify and document equipment recommendations and specifications. Prepare pricing worksheet detailing all equipment and components to be ordered. Indicate specific manufacturer, part number and price. Obtain custom quotes if needed. (Complex cases may involve up to ten different manufacturers.)
- 7.) Identify related coverage criteria. Determine proper billing codes. Obtain medical necessity documentation from physician and therapist. This required documentation can be significant and must meet specific payer requirements.
- 8.) Submit and obtain external or internal funding approval. Include pricing detail and medical necessity documentation. Respond to requests for additional information. Follow up and resolve initial denials.
- 9.) Once funding approval is received, prepare purchase orders for all manufacturers and order items.
- 10.) As pieces of equipment are received, store in holding area until all items for the system have arrived.
- 11.) Once all items have arrived, pull customer order and assemble in accordance with measurements and notes.
- 12.) Contact customer and/or therapist to schedule delivery and fitting.
- 13.) Deliver equipment as scheduled. Perform fitting, adjustments, and programming. For cases requiring further work, document additional modifications needed and return to shop for processing.
- 14.) Perform additional modifications as noted at the first fitting and schedule additional deliveries and fittings as needed.
- 15.) At final delivery, perform final fitting and adjustments. Train customer on proper programming, operation and maintenance.
- 16.) Submit for billing to both primary and secondary payers. Follow up through final collection.
- 17.) Respond promptly to requests from the customer or therapist for post-delivery adjustments or operational concerns.
- 18.) Provide ongoing repair and maintenance as needed.

The process of providing complex rehab mobility and seating is very involved. The time taken on each activity is significant. All parties (physician, therapist, rehab technology professional, rehab tech, and other support staff) work together in order to provide the most appropriate equipment to best meet an individual’s medical needs and maximize his or her function and independence.

PREVENT MEDICAID CUTS THAT HURT PEOPLE WITH DISABILITIES

Complex Rehab Technology (CRT) is specialized equipment used by children and adults with disabilities to minimize healthcare costs and maximize independence.

CRT includes individually configured manual and power wheelchairs, seating and positioning systems, and other specialized adaptive equipment.



Individuals who use CRT are a small but high-risk population whose needs must be protected.



11.6%
of the IL
population
reported
mobility-related
disabilities
(CDC, 2017)

Illinois Medicaid covers

1 IN 3 People living with a disability

36% of children with special health needs

Without Access to timely evaluations, deliveries, and repairs, individuals who rely on CRT are at especially high risk for needing medical treatment and hospitalization for pressure ulcers, respiratory complications, and more.



To protect individuals with disabilities, IL legislators must exclude CRT from potential rate cuts in the Medicaid program.



XXXXXX XX, 2021

XXXXX Department of Health

Department Section XXXXX

Address Line 1

Address Line 2

Submitted Electronically via XXXXXX

To Whom It May Concern:

Under the XXXX Public Records Act § XXX et seq., I am requesting copies of public records that detail information regarding state Medicaid claims for 2018 and 2019 or the two most recent fiscal years available.

In order to help you determine status for the purpose of assessing fees, please note that NCART is a non-profit organization comprised of suppliers and manufacturers of Complex Rehab Technology (CRT) products and services that are used by individuals with significant disabilities and medical conditions. This information is not for commercial use.

We are requesting the following information on annual state Medicaid Fee-For-Service, Managed Care, and Medicare crossover expenditures in Excel format:

- Total Number of Medicaid Beneficiaries
- Total Annual Medicaid Payments and Units
 - by Provider Type
 - by Place of Service (i.e. hospital, SNF, etc.)
- Total Annual Medicaid Payments and Units for each E and K HCPCS Code with Supplier Name and Place of Service

We prefer the data be separated by claim type (Fee-For-Service, Managed Care, and Medicare crossover) as different tabs. An electronic response in Excel format is preferred, but PDF or another format is acceptable.

Please confirm receipt of this request and provide an estimated delivery date. If there are any questions or concerns, please contact me at 585-784-0208 or mlee@ncart.us. Thank you in advance for your assistance.

Sincerely,