



November 23, 2009

Mr. Jim Toedtman
Editor
AARP Bulletin
601 E St. NW
Washington, DC 20049

Sent via email to: bulletin@aarp.org

Dear Mr. Toedtman,

I am writing on behalf of the National Coalition for Assistive and Rehab Technology (NCART) regarding your column "The Case of the Expensive Wheelchair" which appeared in the November 2009 AARP Bulletin. Unfortunately you left out some very important details.

We agree whole heartedly that healthcare reform must include the elimination of Medicare fraud and abuse. And legitimate activities to fight this problem must be pursued and should result in big savings. However the key to effectively combating fraud and abuse is to fight it in an informed manner, not through catchy headlines or sound bites that produce significant misperceptions. I'd ask you to keep these points in mind in reviewing your writing:

- All power wheelchairs are not equal. Our members provide the "complex" type of power wheelchairs and seating systems which account for only 7% of the power wheelchairs Medicare pays for. These power wheelchairs are used by Medicare beneficiaries with significant disabilities resulting from spinal cord injuries, traumatic brain injuries, and amyotrophic lateral sclerosis (ALS).
- This technology, when properly provided, plays a critical role in keeping people with disabilities active and functional within their homes and communities. It's not a simple power wheelchair, but rather an individually configured mobility and positioning system. The technology not only supplies independence and function, but also helps keep the overall cost of healthcare down by reducing additional medical complications and caregiver requirements.
- The "product" cost is only one component of the total cost. The process of providing complex power wheelchairs involves both medical personnel and supplier personnel performing a variety of activities. The activities and costs of the supplier, starting with the initial assessment and continuing through final delivery and ongoing support, are significant. These include initial assessment, trial equipment and simulation,

technology assessment, home assessment, recommendation, documentation, assembly, delivery, fitting, adjusting, product training, short term follow-up, and finally ongoing repair and maintenance. A qualified supplier must also have supporting staff, systems, facilities, and credentials in place. These also come with a cost.

- The solution to fraud and abuse isn't cutting access to products and services that keep people with disabilities functional and independent. It's keeping bad apples from getting provider numbers and the ability to bill Medicare. This gets done by enforcing tight application standards at the front-end and then following up with a proper monitoring of billing trends. As an industry we've been pushing that for years.

NCART and other organizations are working to promote policies, regulations, and legislation to ensure individuals with complex disabilities and medical conditions have appropriate access to necessary assistive equipment and services. Unfortunately articles like this do a real disservice to this goal and to these individuals. And this group of people includes AARP members. I hope as we move forward AARP will join in the effort to protect and improve access in this critical area to enable people to be active and functional within their homes and communities.

I'd welcome the opportunity to speak with you on this issue and work with you to correct the misperceptions this column created. You can also learn more about complex rehab technology products and services by visiting our website at www.ncart.us

Sincerely,



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