

**A Separate Benefit For
Complex Rehab Technology**

March 4, 2010

Today's Presentation

- ▶ Background
- ▶ Work Group & Activities
- ▶ Discussion Paper
- ▶ Initial Proposed Changes
- ▶ Next Steps
- ▶ Open Discussion

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Why Pursue Separate Benefit

- ▶ Significant challenges threaten access to Complex Rehab Technology products and services for individuals with disabilities
- ▶ These threats (coding, coverage, payment) will only increase unless meaningful changes are made.....it will get worse
- ▶ The purpose of a Separate Benefit is to **improve and protect access** to these products and services for these individuals

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What Is Complex Rehab Technology

- ▶ Medically necessary, individually configured devices that require evaluation, fitting, adjustment or programming
- ▶ Designed to meet the specific and unique medical, physical, and functional needs of an individual with a primary diagnosis resulting from a congenital disorder, progressive or degenerative neuromuscular disease, or from certain types of injury or trauma
- ▶ Current Separate Benefit activities relate to individually configured manual and power wheelchair systems, adaptive seating systems, alternative positioning systems and other mobility devices. Other products may be added in the future.

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Five Objectives

1. Develop **clearer and more consistent coverage policies** that address the unique needs of individuals with complex disabilities.
2. Establish **stronger and more enforceable supplier standards** to promote better clinical outcomes and consumer protection.
3. Obtain **formal recognition of product-related services and costs** to allow for appropriate funding.
4. Provide **payment stability** to ensure continued access to products and an environment that encourages innovation and technological solutions.
5. Produce **an improved coverage and payment system that can serve as a model** for Medicaid and other payers to follow.

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Steering Committee & Work Group

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- ▶ Tim Pederson- tpederson@westmedrehab.com
- ▶ 13 additional Work Group members

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Activities To Date

- ▶ Webinars- Sept, Oct, Nov, Jan
- ▶ Articles in industry/other publications
- ▶ Medtrade presentation- Oct
- ▶ Consensus Conference- Oct
- ▶ Initial calls and conversations with Consumer and Clinician groups
- ▶ Work Group meetings- Dec, Feb
- ▶ Work Group conference calls- too many to mention!!

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Discussion Paper

- ▶ Being published as “starting point”
- ▶ Initial outline of proposed changes
- ▶ Allows for more detailed discussion among stakeholders
- ▶ Four focus areas for change:
 - Products and Coding
 - Coverage and Documentation
 - Payment
 - Supplier Quality Standards

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Review & Comment

- ▶ The Discussion Paper can be obtained at www.ncart.us or by contacting any Steering Committee member
- ▶ Written comments can be submitted to complexrehabtech@gmail.com or to any Steering Committee member
- ▶ A dedicated project “blog” has also been established to solicit comments at <http://complexrehabtech.blogspot.com>
- ▶ Comments requested by March 31st

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Products & Coding Changes

- ✓ Current HCPCS codes, as appropriate, will be classified as Complex Rehab Technology (CRT) and will only be available through accredited CRT companies
- ✓ Modifications and additions will be made, as needed, to codes that currently contain both CRT products and non-CRT products to segregate CRT from DME
- ✓ New codes will be added for "uncoded" CRT items that are routinely provided but currently do not have an assigned code
- ✓ Work will continue under Coding Work Group

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Coverage & Documentation Changes

- ✓ A pathway will be established to ensure that beneficiaries with certain diagnoses and/or clinical presentations are able to go through a CRT Evaluation to ensure they receive the most appropriate equipment
- ✓ Coverage criteria for CRT will be based on a determination of beneficiary's functional abilities and limitations, rather than specific diagnoses or other highly prescriptive and limiting criteria
- ✓ The primary weight for clinical documentation will be shifted from the physician to the Occupational Therapist and/or the Physical Therapist

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Coverage & Doc. Changes (cont'd)

- ✓ The "in-the-home" restriction that exists within Medicare policies will not apply to CRT
- ✓ CRT will be covered in Skilled Nursing Facilities for beneficiaries who could transition out into the community if provided with these assistive products
- ✓ Documentation requirements will be appropriate and clearly defined to help reduce unreasonable administrative burdens
- ✓ Work will continue under Coverage Work Group

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Payment Changes

- ✓ A payment methodology will be established for CRT that adequately covers both the product costs and the related service costs that are associated with the provision of these devices
- ✓ A Washington, DC based consulting firm, Avalere Health Group, is assisting in identifying the potential options and the preferred methodology to pursue

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Supplier Standards Changes

- ✓ The Complex Rehab Technology company (CRTC) must have the capability to service and repair all equipment it supplies
 - For beneficiaries residing within the CRTC's sales and service area, must provide service and repair either through its own internal capability or through a written arrangement with another accredited CRTC (does not apply for beneficiaries who move out of the area or for whom funding is not available).
 - For beneficiaries residing outside the CRTC's sales and service area, or in cases where a beneficiary moves out of selling CRTC's area, the CRTC must use its best efforts to locate an accredited CRTC in the beneficiary's home area that will provide future service and repair.

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Supplier Stds. Changes (cont'd)

- ✓ At the time of Evaluation, the CRTC must provide the beneficiary with written information about how the beneficiary will receive service and repair after delivery of the equipment
- ✓ The CRTC must provide or arrange for interim rental equipment or components while beneficiary-owned manual wheelchair or power wheelchair equipment is being repaired. The CRTC can bill for these interim items.

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Supplier Stds. Changes (cont'd)

- ✓ The CRTC must employ at least one qualified rehab technology professional (RTP) per location
 - A qualified RTP is an individual who has successfully completed the RESNA ATP exam and has fulfilled "additional requirements"
 - These additional requirements may include: obtaining the RESNA SMS certification, or obtaining an enhanced NRRTS CRTS credential, or meeting other similar requirements that might be developed by the industry and profession in conjunction with CMS
 - A reasonable transition period will be provided to allow individuals to secure this new qualification
- ✓ Work will continue under Standards Work Group

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Next Steps

1. Ongoing industry review and feedback through March 31st
2. Consumer and clinician outreach
3. Report from Avalere Health Group on regulatory and legislative roadmap
4. Continue Work Group activities
5. Legislative language drafted and Congressional support pursued

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Open Discussion

Remember the goal.....

*To **improve and protect access** to
Complex Rehab Technology products and
services for individuals with complex
disabilities and medical conditions*

Help spread the word to
generate interest, input and support

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