



December 9, 2011

Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

**Re: Centers for Medicare and Medicaid Services' Prior Authorization of Power Mobility
Demonstration**

Dear Administrator Tavenner:

United Spinal Association opposes the Centers for Medicare and Medicaid Services (CMS)' prior authorization of power mobility devices (PMD) demonstration project scheduled to be implemented January 1, 2012. United Spinal requests that there be greater opportunity for public comment to ensure that its implementation will not have an adverse impact on seniors and people with disabilities in the seven demonstration states, (California, Florida, Illinois, Michigan, New York, North Carolina and Texas) in which more than 43% of Medicare wheelchair users reside. We have serious concerns that the program will contribute to confusion and chaos in the name of reducing expense. We therefore urge CMS to work with Congress and power mobility stakeholders to identify alternative approaches that will fulfill CMS' interests in reducing overpayment and fraud and abuse without significant disruptions to the disability and aged communities.

Founded in 1946 by paralyzed veterans, United Spinal Association is the largest disability-led nonprofit organization serving and representing the interests of all Americans living with spinal cord injuries and disorders. It has more than 35,000 members in all 50 states and reaches out to these individuals through its chapters and support group network. Throughout its history, United Spinal Association has dedicated its energy, talents and programs to improving the quality of life for these Americans of all ages and advancing their independence. People with severe physical disabilities or a chronic, debilitating medical condition often need a power wheelchair to participate fully in their home and community. This may include the most basic of human needs such as bathing, dressing, feeding, grooming and toileting or all aspects of independent living including caring for themselves or others; shopping; banking; going to work, school or training programs; participating in church, community and family events; attending medical appointments; traveling; voting, and other activities that everyone else takes for granted.

On November 15th CMS announced a widespread, three-year demonstration project for power mobility devices with no notice to Congress, Medicare beneficiaries, their physicians or the durable medical equipment (DME) suppliers in the seven demonstration states. The first phase of the program requires a "prepayment review" of all power mobility claims submitted for payment. The problem is that this review will occur after the power wheelchair has been dispensed and begun to be used by the beneficiary. CMS should not restrict access to medical care or rescind care that has already been provided. With a considerable percentage of the currently high error rates reported on these claims being attributable to paperwork inaccuracies or omissions, suppliers are placed in the position of potentially having to remove denied mobility devices from beneficiaries' homes when the medical necessity may be genuine.

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Beneficiaries should not be burdened with the uncertainty of the pre-payment review phase or denied their mobility independence while CMS develops and implements an untested, prior authorization process. Nor should beneficiaries, often living on limited fixed incomes, be placed in a position of paying their deductible and 20 percent copayment only to be at risk for having the device repossessed if the claim is denied for any reason.

In phase two of the demonstration, CMS will move to a newly developed “prior authorization” program in the seven states three to nine months after the implementation of the demonstration. Does Medicare truly have to recreate the wheel for such a program? There are many effective examples in use in the private sector and by government programs. Rather than build a new process, we see no rationale for Medicare not adopting the well-established and highly successful process for prior authorization that is now in use by 49 of the nation’s State Medicaid programs, as well as by Medicare Managed Care Plans.

The expense of developing an entirely new process and disrupting beneficiaries’ lives are not justifiable in Phase I and could be averted if CMS moved directly to an effective prior authorization process with opportunity for input from Congress, the public and the mobility device industry. We believe an acceptable prior authorization process can be achieved this way and allow beneficiaries to be aware of coverage decisions prior to receiving the recommended course of medical care. Most beneficiaries have genuine needs for their PMD and most appeals of denials are eventually overturned. Beneficiaries are dependent on their physicians for verification of the claim of medical necessity. Medicare must help physicians provide the correct information for medical necessity with templates that will enable satisfactory prior authorization claims submissions to ensure the process provides timely access.

United Spinal Association asks CMS to stop the implementation of this demonstration project prior to January 1, 2012. United Spinal urges the agency to work with Congress and power mobility stakeholders to find a viable alternative that will help to reduce fraud, abuse and improper payment for power mobility devices without delaying unnecessarily Medicare beneficiaries’ timely access to needed medical equipment or creating onerous new challenges for providers and suppliers to fulfill those needs. Thank you for your consideration of this request. Should you have any questions, please contact our Director of Government Relations, Alexandra Bennewith, at 202-556-2076, ext. 7102 or at abennewith@unitedspinal.org.

Sincerely,



Paul Tobin
President and CEO