VIEWPOINT

CRT REPAIR:
Resolution, Reform & the Heart of the Matter

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WHEELCHAIR REPAIR IS A COMPLEX TOPIC. From communications to payment sources, challenges can be abundant for those in need of repair. Diane Racicot from National Seating & Mobility (NSM) and Wayne Grau from the National Coalition for Assistive and Rehab Technology (NCART) discuss client relations, policy implementations, process improvements and more.

Mobility Management Editor Laurie Watanabe: We're going to be talking about wheelchair repair, which is an enormous, complex subject. Before we dive into some ideas and possible strategies, let's start at the beginning. I wanted to ask you about the pain and the frustration that I know wheelchair riders and their families feel when it takes a long time to get their equipment repaired.

National Seating & Mobility is a nationwide wheelchair provider. NCART is an organization of wheelchair professionals, including providers, state provider organizations, clinical organizations, academic institutions, and seating and wheelchair manufacturers. How do you personally feel about the current process of wheelchair repair? Do you also feel frustration, and do you understand why consumers are frustrated?

DIANE RACICOT: It's very frustrating for both parties, for our customers and for us as a provider. Complex Rehab Technology [CRT] providers are having to navigate a lot of complex policies that deal with insurance plans and what we have to do for most of our customers.

The majority of them are going to be processing their wheelchair repairs via insurance. In addition to what's already a complex system in place, there are a number of challenges that affect CRT repairs for consumers. That's been magnified over the past couple years with the COVID situation and supply chain challenges that we've had.

> **"A good thing about the remote diagnostic is it helps us stay a step ahead. Nine times out of 10, we have to go out and evaluate. That takes time. With our scheduling, we're two to three weeks out a lot of times because we're packed. Everyone's got to get on the schedule. We're trying to make that even more efficient with the IT systems."**
> **— Diane Racicot**

It's not like you can just call today and come into one of our branches and get your chair repaired immediately. A lot of consumers have to go through policies and procedures for authorization that we as a provider have to follow. It can sometimes take a little bit more time than we care for.

Over 90% of our repairs are done in the home. We're one of those few industries that does the majority of our services in a client's home. This involves a lot of coordination of scheduling times, etc. It's not a simple thing.

Most wheelchair parts are proprietary. We work with various manufacturers, with all of them. As a national supplier, we work with many different [manufacturers], and there can be 1,000 different components or parts for one wheelchair, depending on the design or what kind of wheelchair it is. These wheelchairs do not have parts that can be easily swapped out for other [generic] parts, as can be the case when repairing other devices.

It's very complex. It's not a simple fix. The name is "Complex Rehab" for a reason. It's not uncommon, either, to go to a client's home for an initial repair when we've been told by the client, "I think it's the battery." We get there, and nine times out of 10, we see something else is wrong with it, too.

DIANE RACICOT, NATIONAL SEATING & MOBILITY

Now we have to go back to get authorization for that part or piece also. That adds to that timeline, which gets very frustrating for a client. They'll ask, "Why didn't you fix it the first time?" There are various reasons that can add to that process of why it is taking so long.

The other thing is wheelchairs are expected to experience wear and tear. Even though wheelchairs have a five-year useful lifespan, that does not mean the wheelchair is going to last five years and never need a repair, or that all parts and components are

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WAYNE GRAU, NATIONAL COALITION FOR ASSISTIVE AND REHAB TECHNOLOGY (NCART)

covered under that five-year useful life. They're expected to have wear and tear on batteries, tires, armrests, joystick components. These things are commonly used and expected to be replaced or repaired during that five-year life. That's not under warranty. However, the unfortunate thing in the industry is we can't do preventative maintenance.

The client doesn't get service until the wheelchair actually breaks down. That's a little bit of a backwards thinking process. Think about that: It's a complex piece of medical equipment, and there is maintenance that needs to be done. But CRT is not set up that way. The client doesn't get service until the actual chair goes down, which is unfortunate because with a lot of our clients, depending on what type of chair they're in, if it goes down, they're down.

They can't go anywhere. A lot of times, they're stuck at home and stuck in bed. It's a terrible thing.

We want wheelchairs to be serviced as fast as possible. What really made this horrible — and why you're hearing a lot about right-to-repair laws over the past year or so, is because what happened with COVID and the supply chain was a perfect storm. For us, there was a major supply shortage that started in spring of 2022.

During that time period, you had a back order of parts and components. All those clients' wheelchairs kept needing repair and service at the usual rate, but the lack of parts created a perfect storm of backlogs that we're finally now coming out of. But we had a supply chain that was backed up and just worsened the situation. It really shed light on just how broken the repair process is that we have to go through, and how challenging it is for our customers. Those are just some things that I know that from our side as a provider have really been a struggle.

MM: Wayne, I know that you work with the ITEM Coalition very closely and you work with a number of other organizations as well. Do you understand the frustration that consumers are feeling? Are you hearing a lot about that? Are you also frustrated?

WAYNE GRAU: Yes. As Diane stated, the current repair and service process is broken, and it's in need of reform. We just don't just want to stick a Band-Aid on it because that's the way it's been going for years.

The repair process has been inefficient for many years, but the public health emergency broke it. It broke the process with supply chain issues and labor shortages, and that is still continuing, as Diane has described. It's very frustrating for consumers. We've heard about it because they just want their equipment fixed as fast as possible, and we understand that completely.

If we were operating in a repair system controlled by the payers, then the process would be much faster. Unfortunately, we as an industry have been educating payers over the last 20 years on the bottlenecks and the inefficiency of the process. But everyone, excluding Medicare, believes we are coming at this from a profitability perspective, when really the focus is on eliminating red tape and speeding up the process for consumers.

Diane stated 90% of the repairs are done in the home, which places additional burdens and obstacles that limit the number of repairs that we can do in the home versus the number of repairs we could perform in our repair facilities. We could double the number of repairs if we worked in our repair facilities. I know NSM has made considerable investments in their in-shop locations to create a better repair experience for their consumers. That's happening with other providers as well. We understand it, and we want to fix it.

MM: So, everybody is frustrated, and everybody acknowledges that there's an issue. Now, I'd like to pivot to talk about how NSM and NCART have been working on the repair issue. I understand that sometimes those efforts are public, and people are aware of them. But there probably are other parts of the problem that you're working on behind the scenes.

First of all, how big an issue is this for wheelchair professionals, for the wheelchair provider? Can you also give me an idea of what resources you've been tapping into, such as any organizations or experts you've been working with to try to attack this problem?

WAYNE GRAU: NCART is participating with consumers, legislators, suppliers, and state agencies to educate everyone on the present repair process. These stakeholders have been surprised when we go through the complexity of the issue. It seems so simple, but it's very complex. We just can't point to one thing and say if we fix that one issue, all the problems of repair and service are going to go away.

We are working nationally with consumer groups — United Spinal Association, the Christopher & Dana Reeve Foundation, and the ITEM Coalition — to educate them and also to get their input. We want to listen to the consumer groups. They have good ideas that we probably want to include in regulations or legislation. In the end, we all need to work together to get repair and service reform passed. We no longer accept the Band-Aid approach. Real reform is needed, now.

DIANE RACICOT: To the point that Wayne was speaking to: for us, too, at NSM, we have been working locally in some marketplaces with advocacy groups and consumer groups, to get feedback on the experience of what we're dealing with as a provider. We know there's always room for improvement, especially with communication to the customer and scheduling, and how the process works best. We've started to invest heavily in this the past year and a half. And into the next two years, we're investing heavily in IT platforms that we need to put in behind the scenes to help with our routing, to help get things over to our insurance plans faster, or to build diagnostic exceptions to what we do.

The remote service diagnostic option is huge, but it's going to take time because we need our customers to get comfortable with that platform, too, which is not always an easy thing.

We're making a heavy investment in staffing, but there's a labor shortage across the nation. And being a repair technician is not a simple job. You're going into people's homes. You're learning about more than 3,000 or 4,000 different component pieces just for one manufacturer.

When you're dealing with components from eight to nine different manufacturers just to be able to repair chairs, that's a lot to learn. It takes time to get that experience and to understand those chairs inside and out. We've also invested in looking at how we're staffing in certain marketplaces where we've got heavier customer bases.

The challenge is you're seeing fewer and fewer providers out there doing Complex Rehab, so you're seeing bottlenecks there, too. You're down to two or three providers in a marketplace. That's not a good thing. It's a challenge, and it's hard for the consumers.

Because of what has happened in the industry over the years, a lot of suppliers have exited the market. We love to provide service [for consumers whose original suppliers have exited the industry], but there's also a limited capacity, even for a national supplier. We can't keep getting stretched so thin, and we need to help. So it's a challenge. We're working with NCART, AAHomecare, and United Spinal. We want to work on repair language and policies. I work with the insurance plans on understanding how government and state providers and repair policies are set up.

They're antiquated. They're not real-world policies. They're old. They've been in place for a long time. The policies do not reflect what the industry deals with. They don't reflect what our consumers deal with.

At the end of the day, our customers are paying for this, really. It's their quality of life that's being hindered here. We do need to get changes done. It is a system that has been broken. No one really understands that.

When I talk with senators and legislators and tell them exactly how repair policies operate, they say, "Oh, really?"

I say, "Yes." They don't always know their own repair policies or the state procedures they have in place for CRT. There's a lot of work that needs to be done from all avenues. Everybody can do better, but we're moving towards it. It just can't happen fast enough for our consumers right now. That's the

National Seating & Mobility (NSM) is North America's premier provider of customized mobility, home and vehicle accessibility, and full-service equipment maintenance and repair solutions for people who have mobility needs. NSM provides 360-degree complete mobility solutions to meet needs ranging from simple to complex. Headquartered in Franklin, Tennessee, NSM has locations across the United States, and more than 20 offices in Canada.

problem. We're feeling it.

MM: It's fair to say that a lot of different groups are coming at this problem from different angles, different perspectives, different specialties. It's going to take basically everybody participating because this is not a simple problem. It's not going to be a matter of "You providers need to do better," or "You insurance companies need to do better." Everybody needs to come together. Is that an accurate way of looking at it?

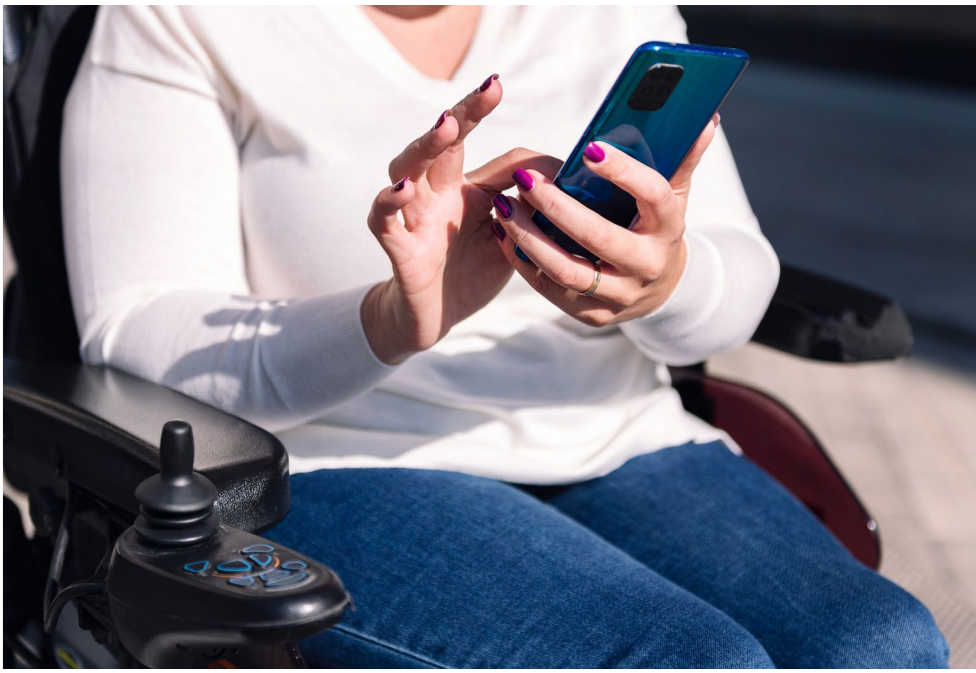
DIANE RACICOT: Yes. Like I said, it's a complex issue. There are multiple things. You can't just throw more people at this problem and think that's going to fix it. Let's be blunt; it's not going to be like that. It will take a multitude of other actions. We all need to face that and take a forward step. It's very much a multi-faceted problem.

WAYNE GRAU: We can get this done, but it's about all of us focusing on working together. If we do that, we can make it happen. We've seen that happen before, and we believe that working together with everybody will give us real service and repair reform.

MM: I have a couple of suggestions that I've heard about and wanted to discuss. For example, one suggestion is to create a repair window, meaning that from the time a consumer contacts a provider such as NSM and says, "My wheelchair is broken," NSM would be required to send a technician to the consumer's home to examine and diagnose the wheelchair in "x" number of days.

But Diane, I've heard that sometimes, "My wheelchair doesn't work" is literally all the information you get, correct? You don't get a lot of background into what that might mean.

I know it can be a challenge for you to send a technician right away to drive for hours to a consumer's home. Could this be an opportunity for the industry to use, for example, remote service technology to create virtual visits? Could that be something that gets the repair process moving more quickly? My thought is that these remove service appointments would be like telehealth appointments for wheelchairs.



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Is that an example where if a repair window is mandated, you might be able to apply technology to it to make that policy more feasible?

DIANE RACICOT: Absolutely. We do that now. We do have remote service diagnostics that we do. The client or their caregiver has to be able to use a smartphone, tablet or laptop. Remote diagnostics is the first thing we always try to do, if we can, with our consumer, because it does save a step in a process.

A lot of our consumers are really smart about their chairs, so sometimes they have an idea of what's wrong. We'll do a remote diagnostic with them and look at it. Sometimes that remote technician can look and see that maybe it's a loose wire, and they can say to the client, "I think you have a loose wire connection on here. Can you or your caregiver move this?"

Sometimes that might fix it, which is great. We save a trip, and they are able to get moving. What's good thing about the remote diagnostic is it helps us stay a step ahead. Like you said, nine times out of 10, we have to go out and evaluate. That takes time. With our scheduling, we're two to three weeks out a lot of times because our schedule is packed.

We're trying to make that even more efficient with the IT systems that we spoke about. If we can see remotely that there are two or three problems, I can call the insurance, and sometimes you can put everything onto the insurance plan to do that repair, depending on what the client has.

We can save a step and get that going.

One of the other strategies we're doing, too, is if we know nine out of 10 times that a repair is covered by the insurance, I can get that order going ahead of time. That saves weeks, if we can get that done. It's very important that we do it; it has to be an option

"Advocate hard with your government and insurance payers. Like the associations that we already mentioned, they're advocating, we're trying to get that. Consumers, they have to advocate for themselves... I'm advocating, I'm constantly going and talking with our senators and congressmen, and CMS, and our advocacy groups, explaining all the things that we go through. With my position from operations and dealing with the insurance plans, it's a little bit more of an insight, the exact realities of what it takes to do this. Of course we're going to keep trying to hire and get more in place."
— Diane Racicot

for us. It's hard at times, but our consumers are pretty savvy. Again, it takes teamwork.

WAYNE GRAU: National Seating & Mobility and the wheelchair manufacturers have invested a lot of money to offer remote technology, because as Diane says, when it can be utilized by the consumers, it will speed up the repair process.

Laurie, you brought up a good point about repairs in the home. We as an industry have always offered and will continue to offer in-home repairs for consumers who are unable to utilize remote technology, or who don't have the transportation to get to our repair facilities.

However, more consumers are choosing to come to our repair facilities because they know they can get their equipment repaired faster. The industry has to do a better job of educating the consumers that they have choices as to where and when they can get their equipment repaired.

We are also working with a few states that have transportation coverage for wheelchair repairs, thereby giving the consumer access to transportation options that will help quicken the process.

MM: That sounds great, because I love what Diane said about how sometimes a consumer might think it's a battery problem on a power chair, and if you've got a good technician, they can see if the consumer can fix it on their own.

At least that gets you further down the road versus sending a technician and all the technician knows is that the chair doesn't move. There's a huge difference between those two starting points, knowing we're 95% sure it's just the battery, or we're 90% sure it's not just the battery. That might even impact the type of technician or experience that you send out there, correct?

DIANE RACICOT: Absolutely, because who we send out depends on the problem or problems. A lot of times when we do this remotely, it helps save that extra step. It gives the information we need to send the right type of technician, too, depending on seniority needed and the complexity of the repairs.

WAYNE GRAU: If we could get prior authorization removed for repairs, that repair technician can bring the equipment out there that he thinks he's going to need and repair it right then and there, without having to waste another trip. Again, this is lessening the amount of time the consumer has to wait. That's the thing that we're trying to show policy makers and educate them on, so they understand the process is broken. We need to fix it.

MM: That's a great point, Wayne. It's not just the wheelchairs that are broken. The process, the policy, they're broken as well.

Another idea I've heard about is loaner wheelchairs. For example, if I'm in a car accident, my car insurance company will pay for me to get a rental car while my car is being repaired. I've heard a similar question being posed in a wheelchair sense: Could loaner wheelchairs be provided to consumers while their wheelchairs are down or being repaired?

But I have some questions about that, especially on the Complex Rehab side, where the wheelchairs are very different from each other.

Complex Rehab Technology wheelchairs are configured to be unique to each person. Is it feasible in Complex Rehab to just give a consumer a loaner chair?

I also wanted to ask whether or not insurance companies are paying for loaner wheelchairs the way that my car insurance company would pay for my rental car.

DIANE RACICOT: Yes and no. Most insurance plans will ask us to provide a loaner. That's in some of their policies: They'll put into their Durable Medical Equipment (DME) provider manuals that providers need to have something in place for loaner wheelchairs. They don't always specify an exact "match for match" for a client because that's very challenging to do.

Medicaid and Medicare do offer a one-month rental, so if you have a

loaner chair, they'll let you rent for one month only. Nine times out of 10, if you're repairing a complex chair — because of the parts and pieces you need and the various timelines to get them — you hope get the repair done in 30 days, but that's not always the case.

With commercial insurance plans, there are very few that will give you a loaner or reimburse for a loaner. Typically, those loaners are provided at our cost. We have loaners we give out as a provider because we know our consumers need mobility. The challenge is if someone's in a Group 3 complex chair — let's say they have a specialized back and seat cushion — we don't always have a loaner available, because our clients' chairs are individually configured. To be able to provide everyone with a loaner chair that's equal to the one being repaired, I would need to individually configure a loaner for every single client. I would have to have a backup of that same model.

Ideally, there would be policies that allow for repair of backup chairs. Most of our complex users keep old chairs in their home. It would be great if we could get the funding to keep those old chairs functional, so they could serve as backups while the current chair is getting repaired.

I wish all states could have that policy. Because it's very challenging for us to get like-for-like configuration loaner chairs.

But what really kicked us in the teeth over this past year and a half was the supply chain shortage. We ended up cannibalizing what loaners we did have — stealing joysticks off them, for example — so we could repair customers' primary wheelchairs and keep them up and running. We were using so many parts off of our loaner chairs that our loaner fleet has really been depleted. Now we're trying to build that back up.

We're always going to be challenged to have like-for-like loaners. It's almost impossible to do. Only CMS [Centers for Medicare and Medicaid Services] has a policy that a person's allowed to have a manual backup for a power chair, and CMS will pay for that. Nobody else does that. Plus, a manual backup chair is not much good for a Group 3 chair user.

That manual backup chair won't be very helpful. The consumer using that manual backup chair can't move themselves; they have to have someone else move them. These are some of the things that we're dealing with. There's some programs out there like in Massachusetts that say they're leading the curve. They're actually looking at doing a loaner fleet program to help out providers because they know it's such a challenging thing to do.

Plus, when we get our loaner chairs back, they usually come back quite damaged, and we can't use them again. That's another problem. I hate to say that because I don't want to sound like we're feeling sorry for ourselves — but those expenses also come out of our pockets. It's an issue. I would love to have a loaner for everybody in the world, but that's not always the reality of what we're dealing with.

WAYNE GRAU: As Diana said, we need to remember that Complex Rehab wheelchairs are not standard DME. With a DME chair, you can easily replace one for another. If you've got a K0001 wheelchair, you deliver another K0001 as a replacement. It doesn't matter.

But the Complex Rehab equipment we provide is physician prescribed and individually configured for that consumer. There may be components from eight different manufacturers on that one chair. We don't get paid to keep a similar type of chair in stock in case a repair is needed. And in some cases, I can tell you that if we provide a standard DME wheelchair instead of a complex chair, we could end up causing more medical issues for that consumer, which is completely against what we stand for.

"More consumers are choosing to come to our repair facilities because they know they can get their equipment repaired faster. The industry has to do a better job of educating the consumers: That they have choices as to where and when they can get their equipment repaired. We are also working with a few states that have transportation cover for wheelchair repairs, thereby giving the consumer access to transportation options that will help quicken the process. If we could get prior authorization removed for repairs, that repair technician can bring the equipment out there when he thinks it's going to be and repair it right then and there, not having to waste another trip. Again, lessening the consumer having to wait."
— Wayne Grau

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We're there to help them. The approach that Diane outlines as a potential solution for the more complex cases, I think, is very innovative.

We also believe that trying to prevent repair issues from becoming emergencies is important. That's why we're asking for preventive maintenance funding. We're asking insurance to cover preventive maintenance so we can identify and fix those items that wear out and ensure the consumer's equipment is in good working condition to meet their needs before it becomes a bigger problem.

Now, Medicare does cover loaner wheelchairs, as Diane said. But payers and policymakers need to provide resources to ensure that loaner fleets are kept in good working order, that and investments can be made to expand those fleets for consumers. The state of Massachusetts has set aside funds to expand the statewide loaner fleet because they've recognized it as a problem, and we commend them for that. We would also like to see other states do the same.

MM: I think both of you have done a really great job in demonstrating how wheelchair repair is such a massively complex issue, and of course, at the heart of that, is always the consumer whose mobility is lost and who cannot go to school, cannot go to work, cannot redistribute their weight or perform pressure relief regimens. Consumers are always at the center of this work, but I think you've done a really good job of showing the ripple effects and how this ripples out to everyone — with Diane even mentioning that most loaner chairs will need repairs themselves when they're returned to the provider.

You want that loaner chair to be ready for the next person, but if you need a technician to spend time working on the loaner chair — time that's not being reimbursed by an insurance payer — that's one less technician available to repair a consumer's primary wheelchair. On top of that, you also don't have enough people with enough expertise to handle complex repairs.

I know NSM and NCART are working on a lot of different possible solutions, many of which you've mentioned. You've mentioned preventive maintenance, for example, because we know from collected data what sorts of repairs wheelchairs are likely to need and when they're likely to need them.

We know more or less when we can expect to need to do those common repairs. What other plans or strategies are you working on, including plans involving legislation? I know legislation takes a long time, but what other strategies are you working on that you haven't mentioned yet?

DIANE RACICOT: I think it's important that we, being a national provider, look at our markets to see where the service backlogs are. So with supply chain issues, new chairs that have to be delivered, repair backlogs, we're redirecting some resources to those areas — a market blitz, as I like to call it, to try to get the backlog caught up and try to get to the point where we're finally getting all the parts and pieces in to get out to people's homes and get those repairs done as fast as we can.

That takes time. It takes probably a month or two to get this caught up, at least, depending on what market it is and the number of people that we're helping.

As part of that, too, we're now looking at different inventories, to see what we have and what we can learn from when we were working during COVID. Trust me, our inventory levels now are going to go up. We're looking at changing some of the things that we're doing because of what we experienced with the COVID situation and supply chain shortages.

Those are things that we're starting to do a little differently. We're also looking at how we submit claims to an insurance plan; we're looking to take a shorter route when we can. We'll take a little bit more risk on ourselves

"I think the more that we educate, the more people understand, and the better approach we can bring to fixing the problem. I would ask consumers to work with us and come together to advocate for reforming the repair and service system. I will tell you the industry is committed to fixing this issue for consumers now and in the future, but we need their help and support to do that. In my opinion, this is a fight worth fighting because we want to ensure that we're taking care of those folks that we serve. That's the most important thing."
— Wayne Grau

to get things done quicker. There's an insurance saying: Not every payer guarantees a payment of the claim at the end of the day. We've lived and breathed that, but we're taking more risks with that because we know the repair timeline is just not as short as it needs to be for our clients.

As I stated earlier, we have IT platforms that we're improving upon as part of the routing, part of the strategies, part of the submittals to the plans, and part of what we're doing with the orders to our manufacturers when we do have to get something in that has to be individually configured. How are we doing it faster, quicker? How do we get it to our manufacturers without having to do extra steps? That's part of our IT platforms that we're trying to improve. Of course, the other part is training our technicians — getting our manufacturers involved to help us train our technicians and teach them techniques that are quicker and smarter, to get these repairs done and these chairs out.

Again, to that point, we need to find quality staff, and we need to keep them. It's a high turnover industry, partly because we do so much of the work in clients' homes. That's not the easiest thing to do. Some people have a knack for it, have the compassion to work with our clients. But not everybody does. Sometimes, the turnover is high for our technicians. That's something we're constantly battling. We're trying to build a staff that stays. We want a technician that has more than two years' experience underneath their belt because they know how to do the repairs.

We have increased salaries. We've done sign-on bonuses. We have incentive plans to keep our technicians and keep them moving up or even to promote them to become an Assistive Technology Professional down the road. We get them those service letters, and we take steps to keep them with us. Again, it's a challenge. I like to say to anybody listening out there who's looking: We are hiring. If you want to be a technician, come on over. We would never turn anyone away. We're constantly posting for positions because we need our technicians.

Technicians, as I always say, are the backbone of the company because that's what keeps everybody up and moving. Think about it. You go to the dentist every six months. Why? Because you want to keep your teeth in shape before they become a problem. We need to be looking at our clients the same way. That mobility device is their legs. It is their life. It is how they get to work. It's how they get to school.

It's how they do everything. We need to get to that point where we're able to maintain the staffing, maintain what we need, but also have all the other steps that we need to keep them moving. It's just that the policies we've had in place have been in there for too long and haven't been changed for the times. They haven't even been looked at. We have an aging population. Mobility needs are going to go up. The unfortunate thing is that the needs are increasing, but there are fewer of us out there doing it. We need help.

WAYNE GRAU: I think pandemic really forced businesses, and not just Complex Rehab providers or NSM, to become more efficient and make investments that would help their customers. As Diane discussed, NSM has made those significant investments that have helped the situation, but we have to remember a number of things have been outside of their control. The supply chain we talked about, for instance, and we're aware of that. We keep talking about labor shortages. That hit every industry. The last number I think, was 8.83 million job openings nationwide.

Again, these are things that were not controllable by NSM, but had a huge impact on their customers.

Now, the supply chain has gotten better. However, as Diane's mentioned, finding the right workers remains a challenge for this industry and for all companies. You mentioned legislation. The issues aren't just with legislation, although there are definitely some improvements we could potentially achieve with legislation. We know that

legislation does take time, and we want to make sure we get it right.

We don't want any unintended consequences occurring from the legislation we support. That's why it does take a little bit more time to take the legislative route. Really, as we've said, the old way of putting a Band-Aid on the problem is over. Consumers in the industry are demanding reforms that will speed up the repair process. We believe that legislation may be required to do that. We'd also like to go down the road of regulation, if we can. It's all, again, being focused on the consumer. Let's get this problem resolved for them and get these items fixed as fast as possible.

MM: Well said. My last question is, given the obvious complexity of this issue, what can stakeholders — consumers or family members, clinicians, suppliers, manufacturers — do at a grassroots level to get involved and be part of the resolution here?

DIANE RACICOT: Advocate hard with your government and insurance payers. The associations that we already mentioned, they're advocating. Consumers have to advocate for themselves. Like, the fact that they don't get coverage for transportation, that they have come to a branch even if their wheelchairs go down because they only get transportation coverage for medical visits.

That's not great. Because our clients, they're at a disadvantage. You can schedule your medical visit months in advance, but when your chair goes down, and if we can't get to them that same day or that week, it's hard.

So, advocate for these things. We need preventive maintenance. We need things that will help to prevent our clients from getting to the point where they break down and they're stranded. We need to have steps that prevent that. We need not just a backup chair, but to be able to repair those backup chairs and keep them moving. We had that with MassHealth, and New York had that policy, too, at one point in time. It really helped.

These are things that are worth advocating for, and worth the clients advocating for, too. It's not just a problem on the provider side. A lot of things have to change if we're going to be able to keep everybody moving.

I'm advocating. I'm constantly going to see and constantly talking with our senators and Congressmen, with CMS, with our advocacy groups, explaining all the things that we do. From my position of operations, where I'm dealing with the insurance plans, I have a little more insight into the exact realities of what it takes to do this work efficiently. So of course, we're going to keep trying to hire and get more people in place.

That's always ongoing, what we as a provider need to do and what we keep doing to do it better and smarter. I'm saying to those in the industry, to really question it. Walk through what the client goes through, what their lives are like, then what we as a provider go through, and then what it takes behind the scenes. Ask the questions.

There is no one fix to the repair issue. It's a multi-step fix. It's going to take time. This is not going to get solved within the next two or three months. This is going to take a year, maybe two years before we really get to where we need to go.

WAYNE GRAU: I commend Diane. I've worked with her in a number of those meetings with senators and representatives, and different legislators, different agencies. She's exceptional at advocating for the consumer and making sure we can quicken the process. She does an amazing job. I would simply ask everyone to become more educated in the present process so they can understand this is not a simple solution. I had one consumer that we had worked with at one point say to me, "Wayne, I had no idea how much red tape was involved with my equipment."

Again, I think the more that we educate, the more people understand, and the better approach we can bring to fixing the problem. I would ask consumers to work with us and come together to advocate for reforming the repair and service system. I will tell you the industry is committed to fixing this issue for consumers now and in the future, but we need their help and support to do that. In my opinion, this is a fight worth fighting because we want to ensure that we're taking care of those folks that we serve. That's the most important thing.

Meet the Podcast Speakers

Diane Racicot is responsible for developing profitable in-network relationships with all payers. She coordinates with NSM's payer relations team for the implementation of all activities related to contracting, credentialing, business and medical licenses, fee schedules and new payer setups, along with training and process improvements for the department.

Wayne Grau is the executive director at NCART. Wayne started his career in the home medical equipment industry in 1990 with Pride Mobility Products, where he began as regional sales manager and eventually assumed new responsibilities that included legislative affairs. Wayne was promoted to director of rehab industry affairs, and at that time began working exclusively with complex rehab companies. Then he was also appointed to the NCART board of directors. After a successful period with MK Battery, Wayne was asked to lead NCART as its executive director.