



Craig Hospital

Redefining Possible for People with Spinal Cord and Brain Injuries

3425 S. Clarkson St.
Englewood, CO
80113

April 13, 2015

Colorado Cross-Disability Coalition
655 Broadway #755
Denver, CO 80203

RE: DME Survey

Dear Ms. Reiskin,

Craig Hospital is committed to educating our patients about their DME vendor options. Each patient (whose insurance allows vendor choice) receives a list of DME vendor options. We also provide an extensive list of vendors on our website as a resource for anyone in the community.

While this survey does not directly reflect Craig Hospital's patient population, we are concerned about DME repair issues that could possibly hinder independence. It is important to Craig Hospital that people receive the DME follow up services they need.

We try to the best of our ability to make sure our patients are as independent as possible when they leave Craig Hospital. We work to make sure patients have all DME needs before discharge and educate patients and their families about routine maintenance and offer a wheelchair maintenance class as part of our inpatient program. We are also committed to educating our patients and their families about advocating for themselves on how to remain independent when they return home. This includes helping our patients to locate DME providers in their own communities who can help with maintenance and other equipment needs.

Sincerely,

Dana Polonsky, PT
Vice President of Clinical Services
Craig Hospital



COLORADO

Department of Health Care
Policy & Financing

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

February 2, 2014

Colorado Cross-Disability Coalition
655 Broadway #775
Denver, CO 80203

RE: DME Survey

Dear Ms. Reiskin,

We would like to thank CCDC, the Chanda Plan Foundation, and Family Voices Colorado for putting together this informative survey. This survey measured some of the issues around wheelchair repairs that the Department has been hearing about anecdotally from Colorado Medicaid members. While the results do show some strengths and positive changes, it also shows that there is more work that needs to be done. The survey does a good job quantifying and identifying the main pain points which members experience.

As the survey showed, repair is a major component of the services DME suppliers provide. This is also one of the main frustration points for members. Below is the Department's response to what the survey identified as main factors for repair delays.

Prior Authorization- The result for question 14 showed that prior authorization was identified as the second most common reason for delayed repairs. Colorado Medicaid does not require PAR's for repairs unless the maximum units have been exceeded for a given time period. The Department reformed suppliers about our PAR policies during the wheelchair benefit collaborative process and we will continue to educate providers about our repair PAR policies so that they don't go through unnecessary steps causing delays.

Communication – The survey results showed that miscommunication on the supplier end contributed to a significant amount of delayed repairs. The reasons ranged from not placing orders when they come in, losing paper work, and ordering wrong parts. The Department will reinforce with suppliers that Medicaid requires the prompt service and repair of wheelchairs encourage them to review and improve their processes.

Back up chair- The survey result showed that more than half of members said they don't have a working back-up chair. The Department understands the importance of having a backup chair while the primary chair is being repaired. According to the wheelchair benefit policy statement that recently went through the benefit collaborative process (the policy will be effective once it is signed by the Medicaid Director), secondary chair purchase and back-up chair rental are Colorado Medicaid benefits. If a member does not have a secondary or a back-up chair, Medicaid can pay for the rental of a back-up chair. Once the new benefit is effective, the

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www.colorado.gov/hcpf



Department will do an educational outreach to providers so that they can inform members what options they have.

Education – It was interesting to see that close to 75% of the respondents said they don't know of other DME companies they can utilize in the community. As part of the effort to educate members and make information readily available, the Department will publish on HCPF's website a list of CRT providers that are operating in our state so that members can know they do have some options available. We also would like to work with you, as mentioned in the benefits collaborative process, on creating a handbook for Medicaid clients who use wheelchairs to help people in management of these issues.

Thank you again for sending us this information and we look forward to continued improvement in this benefit area.

Sincerely,



Judy Zerzan, MD, MPH
Chief Medical Officer/ Client and Clinical Care Office Director
Department of Health Care Policy and Financing





Colorado
Cross-Disability
Coalition

January 2, 2015

TO: Michelle Longo, NuMotion
Patrick Mahncke, USA Mobility
Judy Zerzan and Eskedar Makonnen, HCPF
Dana Polonsky, Craig Hospital

RE: DME

As a result of ongoing complaints [CCDC](#), the [Chanda Plan Foundation](#) and [Family Voices Colorado](#) conducted a survey for several weeks about DME. We are happy to share the results with you now. This letter also makes some specific requests about resolutions. To measure resolutions, we will repeat the survey in approximately 6 months with the hope to see improvement. These results are not surprising and give credence to what advocates have been saying for a significant amount of time. Many of these problematic issues that were brought up in April 2013 during a Community Meeting at Atlantis with NuMotion that focused on DME.

The majority of the 72 qualifiedⁱ respondents used NuMotion. Out the 10% that said "other" half of them listed United, which is a company that has been purchased by NuMotion. Most people heard about their company through a medical provider referral. Alarming almost 70% of clients do not know that they have a choice of providers. This tells us that education amongst medical professionals is desperately needed.

Most of the people surveyed had a primary wheelchair that was older than one year (not in warranty) but less than six years. 23% have a primary chair older than six years. Almost 90% are on Medicaid, about half have Medicare and only 20% have private insurance. We realize this may be skewed by our organizational memberships, however CCDC, Family Voices Colorado and the Chanda Plan Foundation have a majority of members living in deep poverty. Other organizations also sent out the survey and have a more diverse clientele.

In the past two years about half the population needed repairs other than routine maintenance between one and three times, 25% needed repairs 4-6 times and almost 20% needed repairs more than 6 times. A little over 10% did not need any repairs other than routine. Most clients 63.48% have NO backup chair. Alarming, more than 70% of clients did not get service to get moving within 24 hours after their most recent emergency. Emergency was defined as the chair could not move safely and refers only to people with no backup wheelchair. This is a very alarming statistic as it takes only 24 hours for a pressure sore to develop. We defined mobile as the chair was useable or a safe loaner (chair part or chair) was provided. This does not require a complete fix, only that the chair has the most basic functionality and safety.

The data on how long it takes to get a call back once an emergency call is made varied dramatically with 20% getting a call back within four hours and 20% waiting between two and five days. It seems the most common failures are motors, controllers and seating functions (tilt and recline).



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While 30% did have their chair fixed in 24 hours or less, the same number waited 3-5 days and almost 20% waited more than 10 days. We find this completely unacceptable in any situation. Often and appropriately the repair is a temporary fix especially if parts are not in stock and have to be ordered. We saw similar variety in how long it took for the permanent fix, with more than 30% happening in less than two days but more than 20% taking more than one month. The reasons for delay are very concerning. The most common was backorder of parts. The second most common had to do with prior authorization. Given that most respondents are Medicaid clients and Medicaid does not require prior authorization for repairs this says that vendors may be going through unnecessary steps causing delays that are preventable. Miscommunication or lack of communication accounts for more than 30% of delays. The consequences of delays resulted in at least one pressure sore, two contractures, and for almost 30% people who had pain beyond their normal level that required medical intervention. 60% required use of additional LTSS. People lost time at work, a serious issue for a population that has an unemployment rate of over 70%. Several reported lost time at school and lost employment for family caregivers. This does not include the significant stress that comes from being completely unable to move.

We also asked about all repairs, including those that were NOT emergencies. More than 50% had to make more than one trip to get a repair done because (1) after waiting for parts, the wrong parts were ordered or (2) the first repair did not solve the problem. Approximately 30% reported having a repair happen promptly.

There are rich comments in the report as well as data on customer service that are worth a review.

The policy issues that come to mind include:

- 1) If we cannot hold vendors accountable to do repairs within 24 hours then we probably need to expand our coverage of equivalent backup chairs. Clients that are completely dependent upon their chairs, meaning that they are not able to walk at all and not able to propel a manual chair independently should never be made to wait more than 24 hours. In an urban area waiting more than 6 hours is not appropriate. Probably all clients in rural areas need a functional backup chair. Clearly the consequences of making people wait are not only bad for the client but expensive for the taxpayer.
- 2) It appears that parts inventory remains a serious problem. There is a large enough population in Colorado to justify a reasonable parts supply of motors, controllers, and actuators, and other parts related to seating function. We have a strong Medicaid program with a solid DME benefit and most clients who use power chairs have Medicaid coverage. When a part is used a new one should be immediately ordered, rather than wait until there is a crisis. Legislation was passed last year requiring an adequate stock of parts. Who is charged with enforcement?
- 3) Communication also appears to be the cause of many problems, such as ordering wrong parts. What is the oversight? Does this exist with Medicaid as a funder or CMS or some other state agency? Is there some business process organization that can help solve these problems that seem to have plagued the industry?
- 4) We need to educate medical providers that they should be giving their clients a choice of provider where such choice exists. It would also help if HCPF had a place on their



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website explaining what complex rehab is and identifying choices for clients. For example CCDC recently learned that there is a complex rehab provider in Grand Junction. CCDC management was not aware of this and had been erroneously saying that Denver Metro was the only part of the state with more than one provider.

- 5) As CCDC has said for years, if not decades, we need to have client education. Clients need to know what to demand when getting a chair, how to communicate to the vendor how they will use the chair, etc. While all things that are mechanical will break, our anecdotal experience is that far too many people are given chairs that are completely inappropriate. Some of this is caused by third party out of state vendors. However if we did a better job educating clients they could be better consumers and self-advocates. Clients should also be educated to call HCPF, their RCCO or an advocate if they are left lying in bed for days on end. CCDC has had several experienced where a client had been lying in bed or in some untenable and dangerous situation and called CCDC. Staff then called a vendor and they had no idea that a repair was urgent because the client had not been empowered or educated to make it clear that a repair MUST happen quickly. In those situations the vendor stated that they would have used a different approach had they known the true urgency of the situation.

We would like you to each send us a written statement about what each of you can do that is within your control to fix this. We will be sending this out to our community and a larger audience but felt it only fair to include your perspectives. You can send the responses to Julie Reiskin at jreiskin@ccdconline.org and she will share with the others.

We appreciate your prompt attention to this matter. Because we want our vendors to focus on repairs, we will give you all until 1/26/15 to respond.

Please respond with the following:

- 1) Your reaction to this data
- 2) What you believe can be done about this systemically
- 3) What your company/agency agrees to do specifically.

We hope that this will be the start of finally fixing these problems that we have been hearing about for a long time. Our best wishes for a wonderful New Year and we look forward to hearing from each of you on or before 1/26/15.

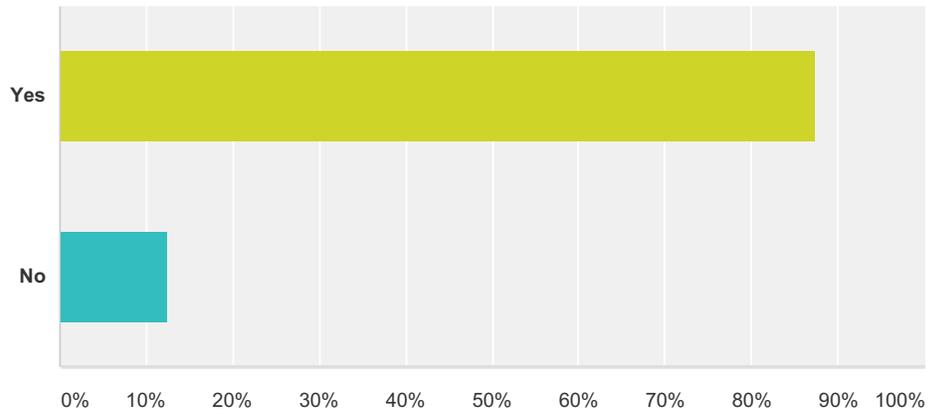
Sincerely
Julie Reiskin, Chanda Hinton, Sam Murillo

ⁱ We disqualified anyone that said they or a family member did not use a wheelchair

Durable Medical Equipment (DME) Survey

Q1 Do you or an immediate family member use a wheelchair?

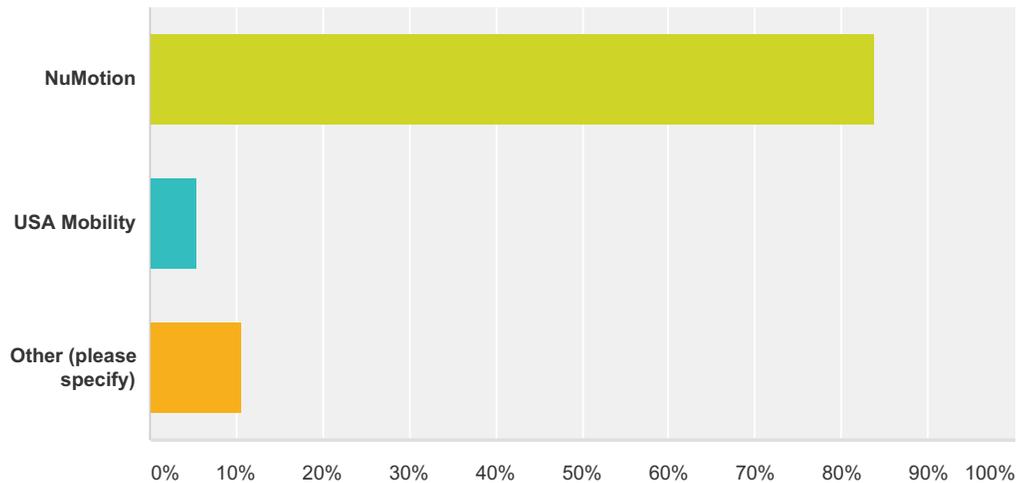
Answered: 72 Skipped: 1



Answer Choices	Responses
Yes	87.50% 63
No	12.50% 9
Total	72

Q2 What company do you use?

Answered: 56 Skipped: 17



Answer Choices	Responses
NuMotion	83.93% 47
USA Mobility	5.36% 3
Other (please specify)	10.71% 6

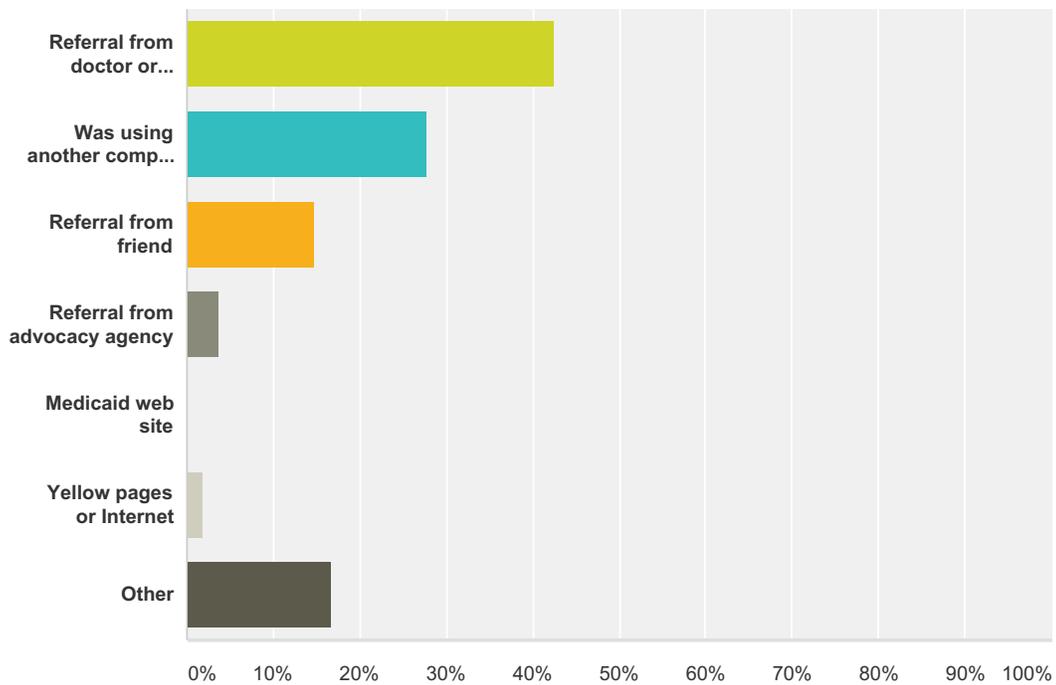
Durable Medical Equipment (DME) Survey

Total	56
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#	Other (please specify)	Date
1	VA	11/11/2014 10:16 PM
2	multiple	11/11/2014 5:26 PM
3	na	11/10/2014 9:57 PM
4	United Seating and Mobility	10/28/2014 9:41 AM
5	United	10/27/2014 11:41 AM
6	National Seating	10/21/2014 1:34 PM

Q3 How did you hear about your company?

Answered: 54 Skipped: 19



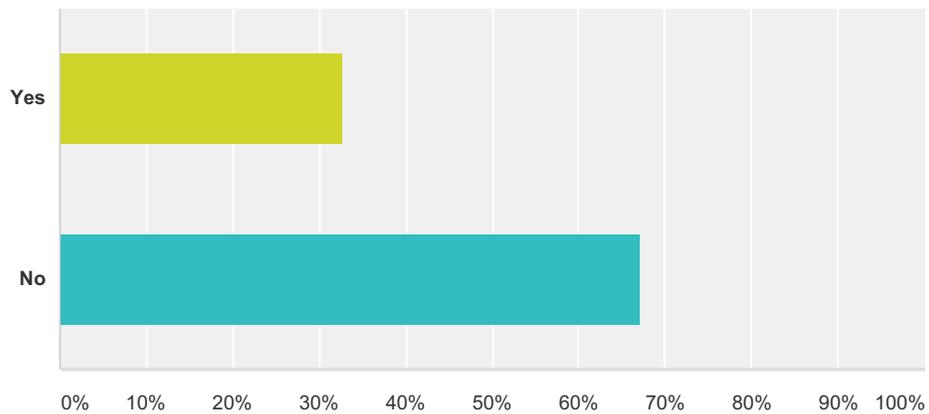
Answer Choices	Responses	
Referral from doctor or hospital or rehab center	42.59%	23
Was using another company and it went out of business	27.78%	15
Referral from friend	14.81%	8
Referral from advocacy agency	3.70%	2
Medicaid web site	0.00%	0
Yellow pages or Internet	1.85%	1
Other	16.67%	9
Total Respondents: 54		

Durable Medical Equipment (DME) Survey

#	Other (please specify)	Date
1	military	11/11/2014 10:16 PM
2	referral from Julie Reiskin to (ATG?)	11/9/2014 3:12 PM
3	Have moved with them through all of their acquisitions of other companies. (National Seating and Mobility, ATG Rehab, etc.)	11/5/2014 9:01 PM
4	developmental pathways recommendation	10/28/2014 11:34 PM
5	not sure	10/24/2014 10:38 AM
6	therapist referral	10/23/2014 3:52 PM
7	they bought ATG	10/22/2014 1:59 PM
8	Was using another company and they became NuMotion	10/22/2014 10:08 AM
9	been with them before becoming nu motion	10/21/2014 3:59 PM
10	used it in the past	10/21/2014 2:56 PM
11	Home health PT	10/21/2014 1:40 PM

Q4 Do you know of other DME companies you can utilize in the community?

Answered: 55 Skipped: 18

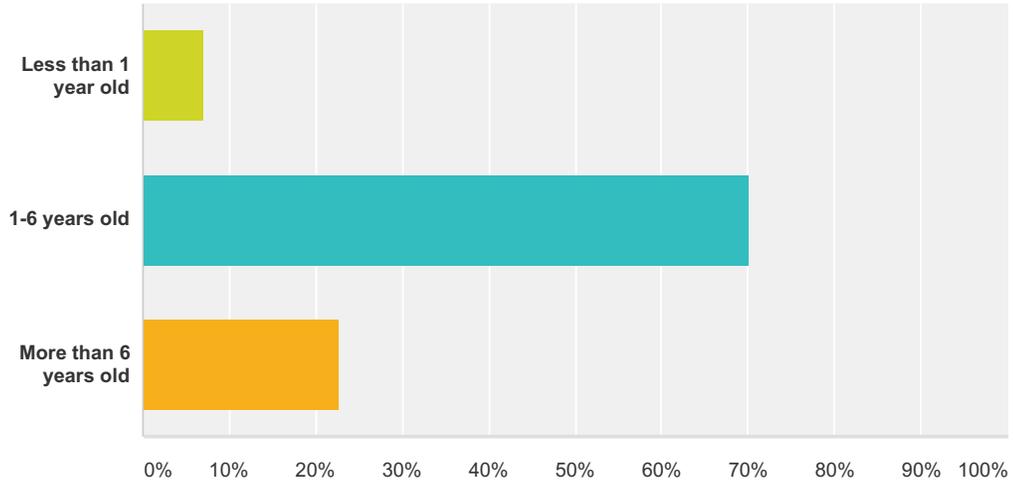


Answer Choices	Responses
Yes	32.73% 18
No	67.27% 37
Total	55

Q5 How old is your primary wheelchair?

Answered: 57 Skipped: 16

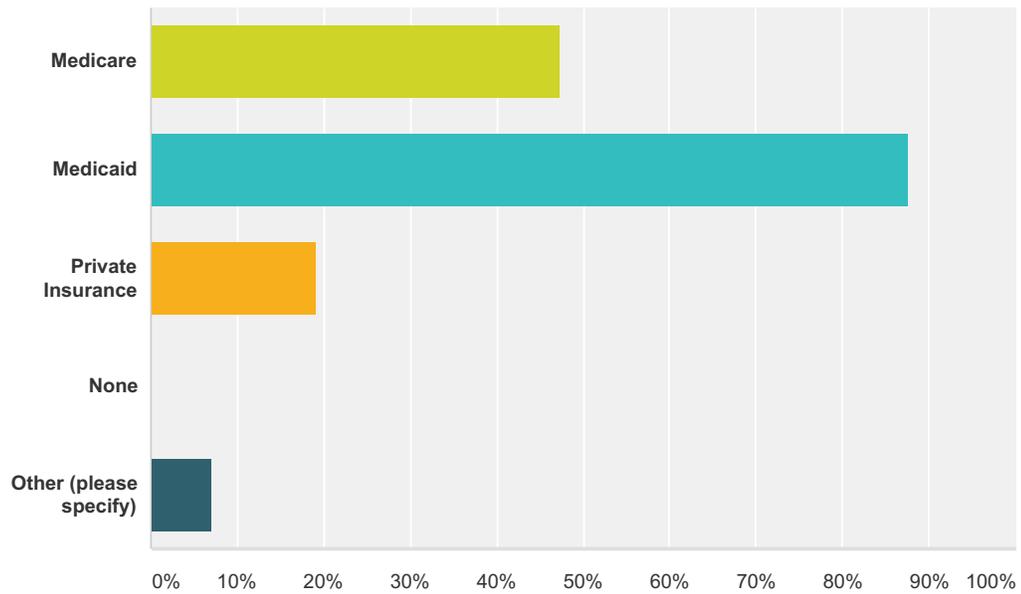
Durable Medical Equipment (DME) Survey



Answer Choices	Responses	Count
Less than 1 year old	7.02%	4
1-6 years old	70.18%	40
More than 6 years old	22.81%	13
Total		57

Q6 What insurance do you have? (Check all that apply)

Answered: 57 Skipped: 16



Answer Choices	Responses	Count
Medicare	47.37%	27
Medicaid	87.72%	50

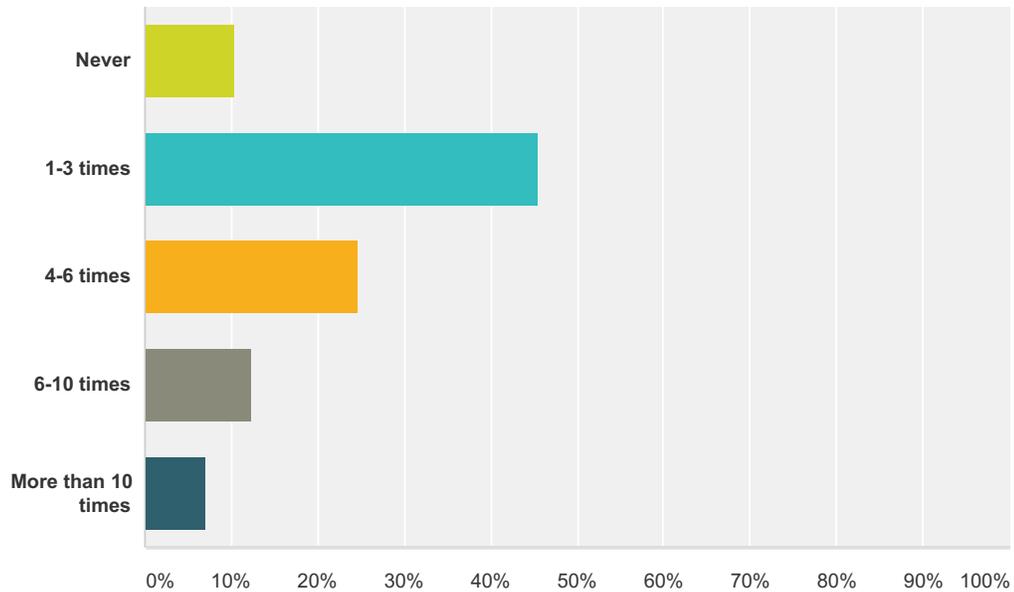
Durable Medical Equipment (DME) Survey

Private Insurance	19.30%	11
None	0.00%	0
Other (please specify)	7.02%	4
Total Respondents: 57		

#	Other (please specify)	Date
1	United Health Care and Anthem	11/15/2014 3:10 PM
2	va	11/13/2014 10:29 AM
3	Employer insurance	11/5/2014 9:01 PM
4	Kaiser	10/27/2014 11:41 AM

Q7 In the past two years approximately how often have you needed wheelchair repairs for services OTHER than routine items such as replacement of tires and batteries?

Answered: 57 Skipped: 16

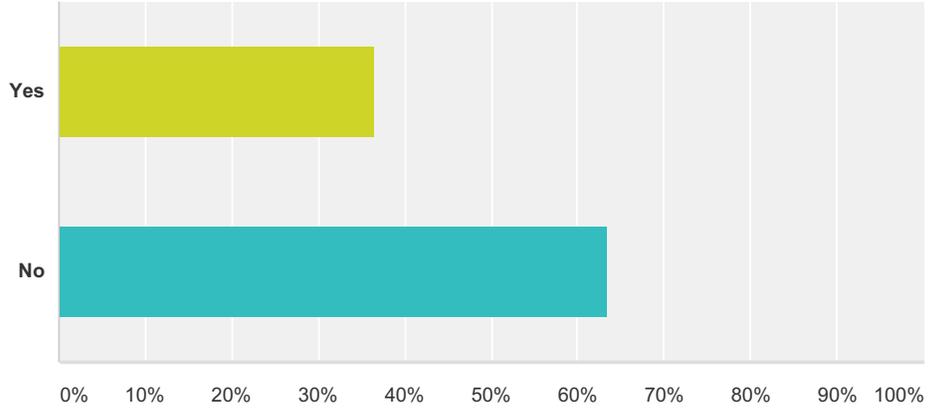


Answer Choices	Responses
Never	10.53% 6
1-3 times	45.61% 26
4-6 times	24.56% 14
6-10 times	12.28% 7
More than 10 times	7.02% 4
Total	57

Durable Medical Equipment (DME) Survey

Q8 Do you have a working backup? This means a backup that is safe, functional and you can sit in without causing severe pain or sores.

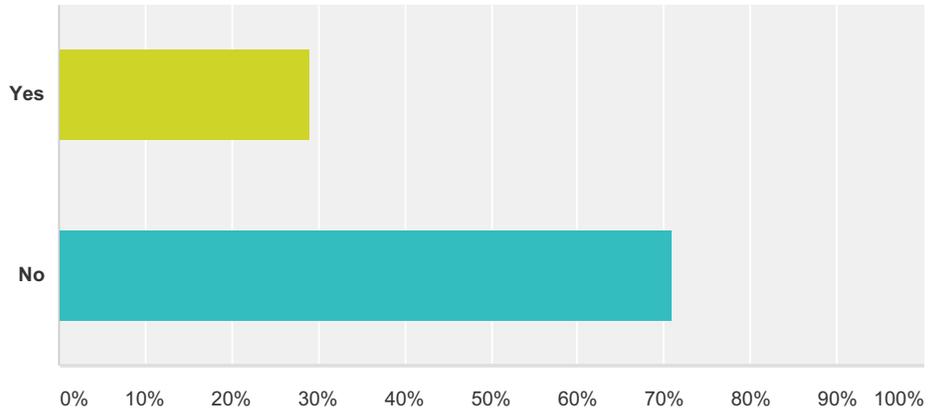
Answered: 52 Skipped: 21



Answer Choices	Responses
Yes	36.54% 19
No	63.46% 33
Total	52

Q9 Thinking of the most recent repair that was an emergency-meaning your chair could not move safely: Did you get service to get you mobile within 24 hours? Mobile means that your chair was fixed or you received an appropriate safe loaner.

Answered: 31 Skipped: 42



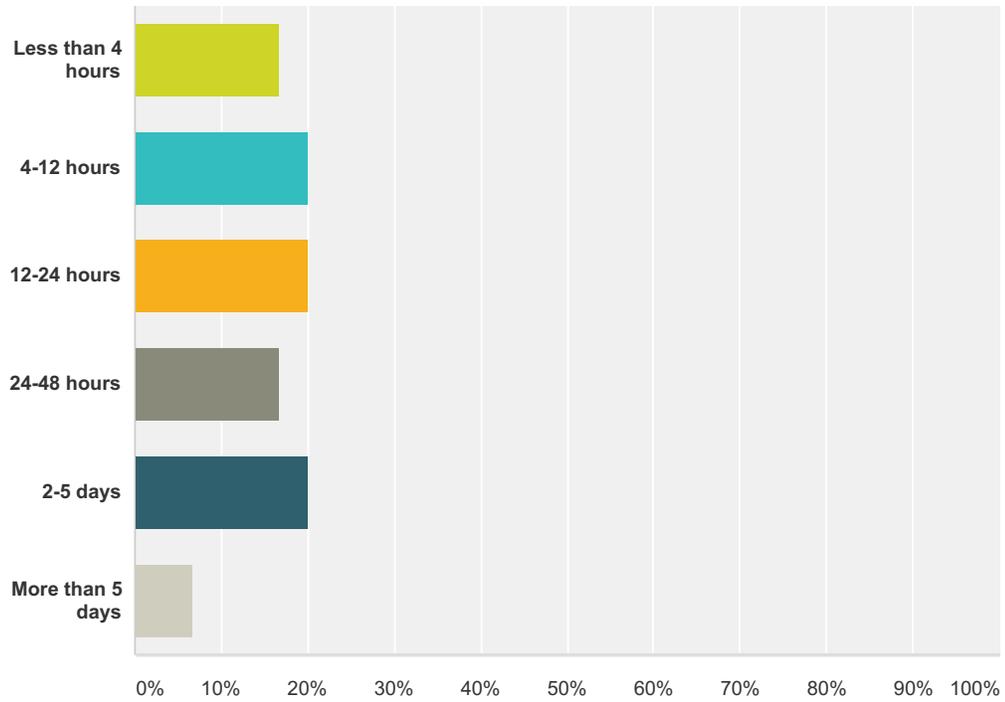
Answer Choices	Responses
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Durable Medical Equipment (DME) Survey

Yes	29.03%	9
No	70.97%	22
Total		31

Q10 How long did it take from the time you called until the time you received a call back?

Answered: 30 Skipped: 43

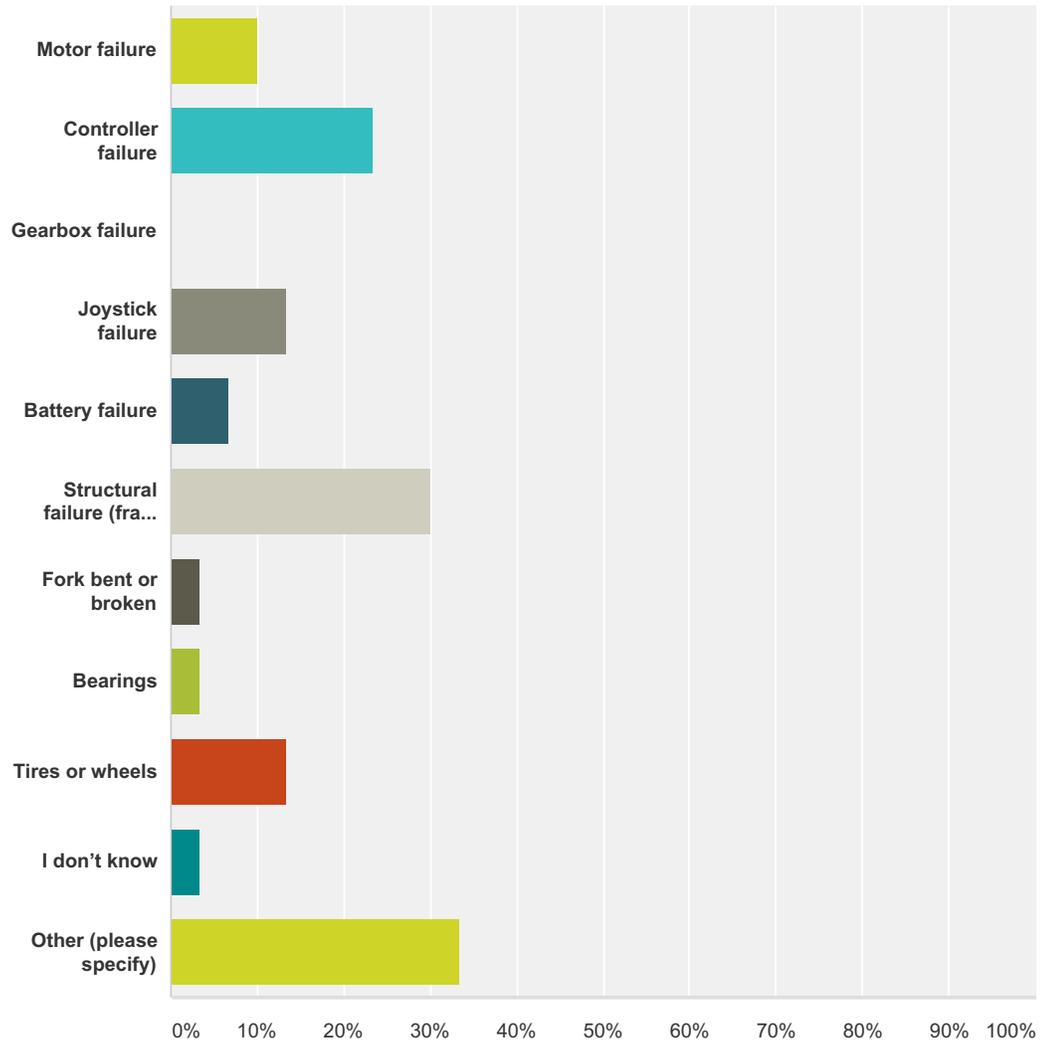


Answer Choices	Responses	Count
Less than 4 hours	16.67%	5
4-12 hours	20.00%	6
12-24 hours	20.00%	6
24-48 hours	16.67%	5
2-5 days	20.00%	6
More than 5 days	6.67%	2
Total		30

Q11 What was the problem?

Answered: 30 Skipped: 43

Durable Medical Equipment (DME) Survey



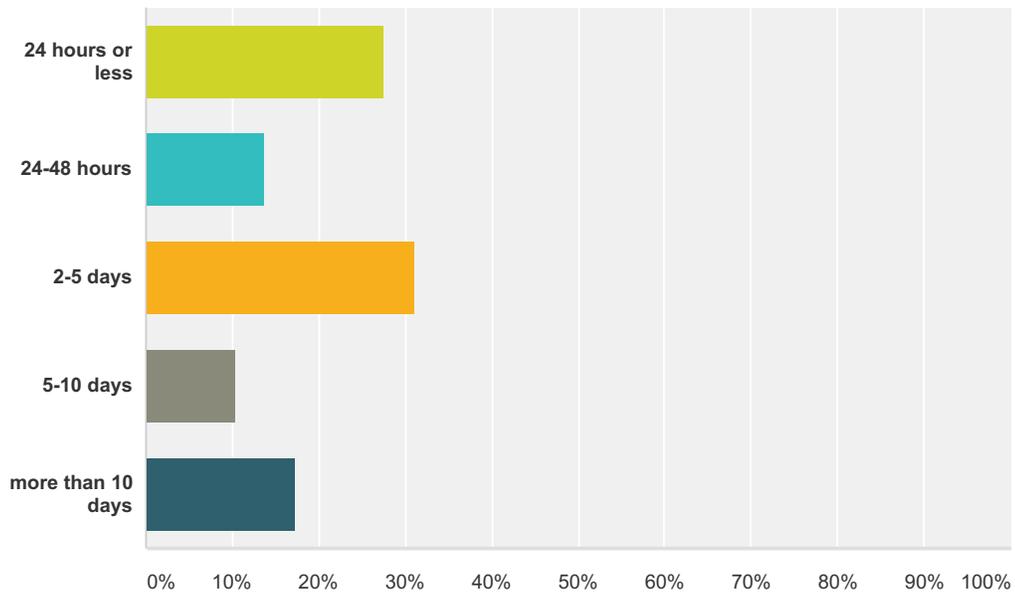
Answer Choices	Responses
Motor failure	10.00% 3
Controller failure	23.33% 7
Gearbox failure	0.00% 0
Joystick failure	13.33% 4
Battery failure	6.67% 2
Structural failure (frame, seat or back)	30.00% 9
Fork bent or broken	3.33% 1
Bearings	3.33% 1
Tires or wheels	13.33% 4
I don't know	3.33% 1
Other (please specify)	33.33% 10
Total Respondents: 30	

Durable Medical Equipment (DME) Survey

#	Other (please specify)	Date
1	chair stopped reclining	11/15/2014 3:12 PM
2	WC is 12+ yrs. old. New one ordered in 2012 still not useable!	11/11/2014 9:31 PM
3	tilt default error Could only drive when chair was tilted back 45 degrees or more	11/11/2014 7:32 PM
4	several parts required replacement, it is a manual "Scout" wheelchair	10/27/2014 11:48 AM
5	Head rest broke for person with no neck control.	10/24/2014 12:34 PM
6	Brakes	10/23/2014 12:27 PM
7	breaks	10/22/2014 3:46 PM
8	electronic component failed	10/22/2014 10:11 AM
9	non-functioning seat belt	10/21/2014 3:00 PM
10	N/A	10/19/2014 9:17 PM

Q12 How long did it take to get you mobile (either your chair fixed or an appropriate loaner)?

Answered: 29 Skipped: 44

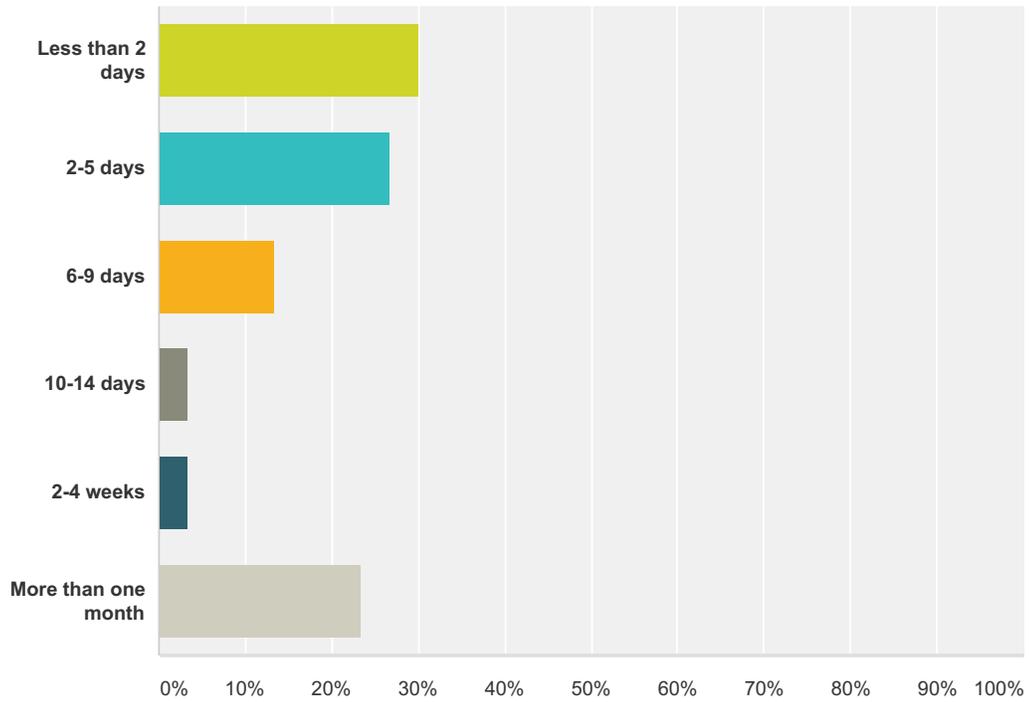


Answer Choices	Responses	
24 hours or less	27.59%	8
24-48 hours	13.79%	4
2-5 days	31.03%	9
5-10 days	10.34%	3
more than 10 days	17.24%	5
Total		29

Durable Medical Equipment (DME) Survey

Q13 How long did it take before the repair was completed?

Answered: 30 Skipped: 43

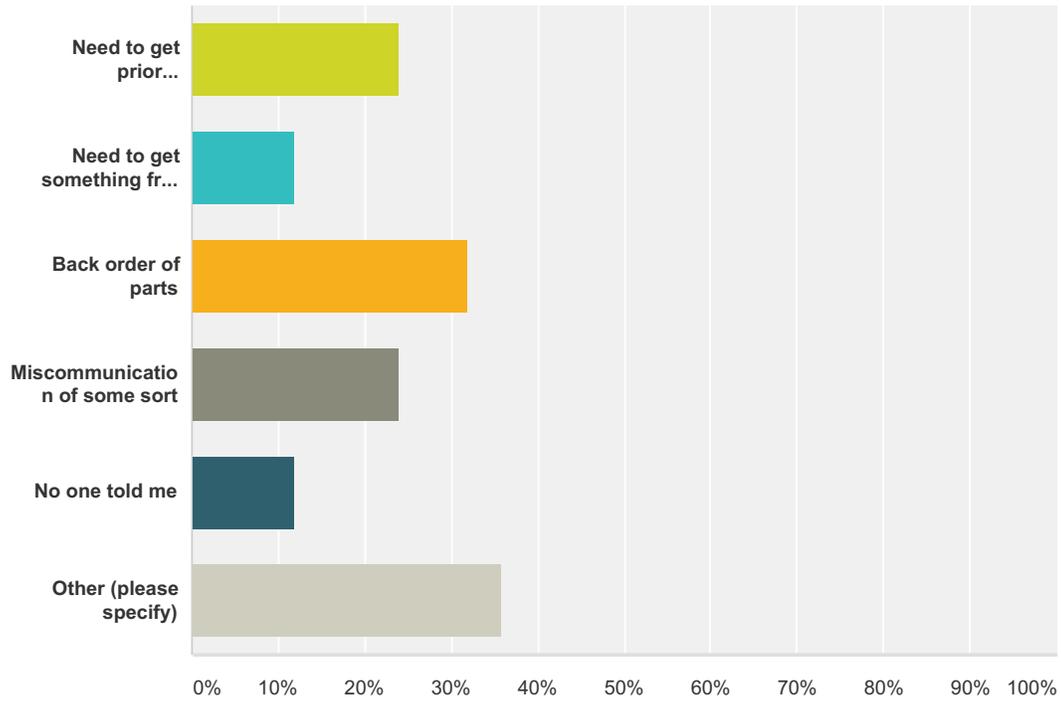


Answer Choices	Responses
Less than 2 days	30.00% 9
2-5 days	26.67% 8
6-9 days	13.33% 4
10-14 days	3.33% 1
2-4 weeks	3.33% 1
More than one month	23.33% 7
Total	30

Q14 If there was a delay of more than a couple days why?

Answered: 25 Skipped: 48

Durable Medical Equipment (DME) Survey



Answer Choices	Responses
Need to get prior authorization	24.00% 6
Need to get something from doctor	12.00% 3
Back order of parts	32.00% 8
Miscommunication of some sort	24.00% 6
No one told me	12.00% 3
Other (please specify)	36.00% 9
Total Respondents: 25	

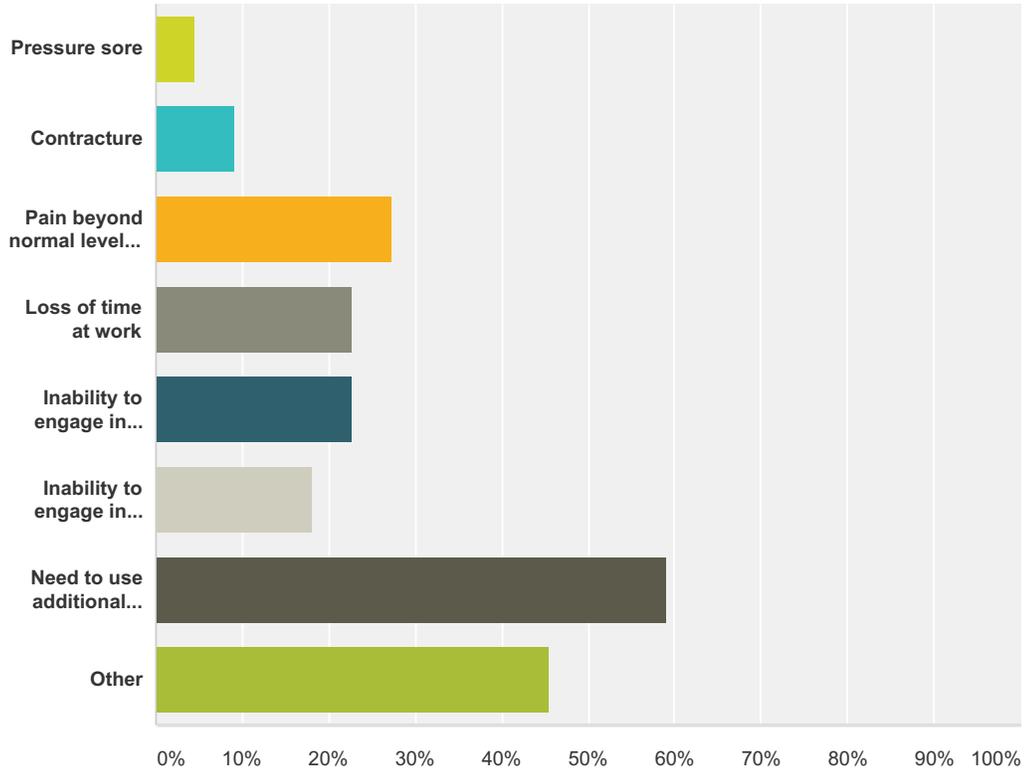
#	Other (please specify)	Date
1	There wasn't a delay because father in law brought it in and waiting for the repairs to be completed	11/15/2014 3:12 PM
2	too busy and had to come when i could get appt time	11/11/2014 3:41 PM
3	company too busy	10/31/2014 7:18 AM
4	Although my most current interaction was not lengthy, there have been other times where the repair took months due to losing paperwork, ordering the wrong part, etc.	10/28/2014 9:57 AM
5	NA	10/24/2014 12:34 PM
6	we went to another dealer for a new bolot, because I called and they said if I came right in, they would fix it on the spot.	10/23/2014 4:02 PM
7	happened just before a weekend	10/22/2014 10:11 AM
8	order not turned in twice, wrong parts ordered twice	10/21/2014 6:54 PM
9	N/A	10/19/2014 9:17 PM

Q15 Did you have any of these

Durable Medical Equipment (DME) Survey

consequences as a result of the delay?

Answered: 22 Skipped: 51



Answer Choices	Responses
Pressure sore	4.55% 1
Contracture	9.09% 2
Pain beyond normal level that required additional medication or medical intervention	27.27% 6
Loss of time at work	22.73% 5
Inability to engage in volunteer responsibility	22.73% 5
Inability to engage in parental or family responsibility	18.18% 4
Need to use additional personal assistance	59.09% 13
Other	45.45% 10
Total Respondents: 22	

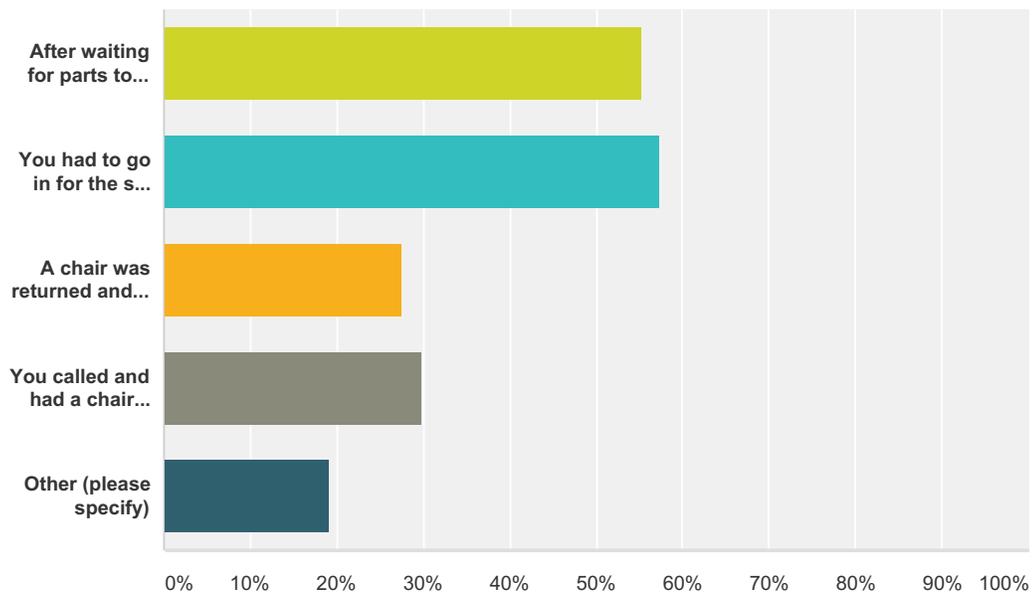
#	Other (please specify)	Date
1	Lost time at school, STRESS!!	11/23/2014 5:57 PM
2	My son has intractable epilepsy. Although he is ambulatory, I cannot move him without the wheelchair for about 1.5 days (sometimes longer) after a series of seizures. This can happen weekly and did, while we were without the wheelchair. We were essentially homebound.	10/27/2014 11:48 AM
3	Missed school	10/24/2014 12:34 PM
4	impact on participation in school	10/23/2014 10:12 PM

Durable Medical Equipment (DME) Survey

5	late to school because the bolt on the front wheel broke in half and chair could not roll.	10/23/2014 4:02 PM
6	safety concerns when the breaks aren't working	10/22/2014 3:46 PM
7	lack of independent mobility - back up is a manual chair, primary is a power chair	10/22/2014 10:11 AM
8	more work for family member caregiver	10/21/2014 6:54 PM
9	Confines to bed	10/21/2014 11:25 AM
10	N/A	10/19/2014 9:17 PM

Q16 Thinking of the past two years: Have you experienced any of the following with wheelchair repairs?

Answered: 47 Skipped: 26



Answer Choices	Responses
After waiting for parts to be delivered the parts were the wrong parts, and another wait ensued?	55.32% 26
You had to go in for the same problem more than once?	57.45% 27
A chair was returned and either it was not fixed or was returned with new problem.	27.66% 13
You called and had a chair fixed promptly, or had a solution that worked quickly (such as putting your seating on a backup or loaner base)	29.79% 14
Other (please specify)	19.15% 9
Total Respondents: 47	

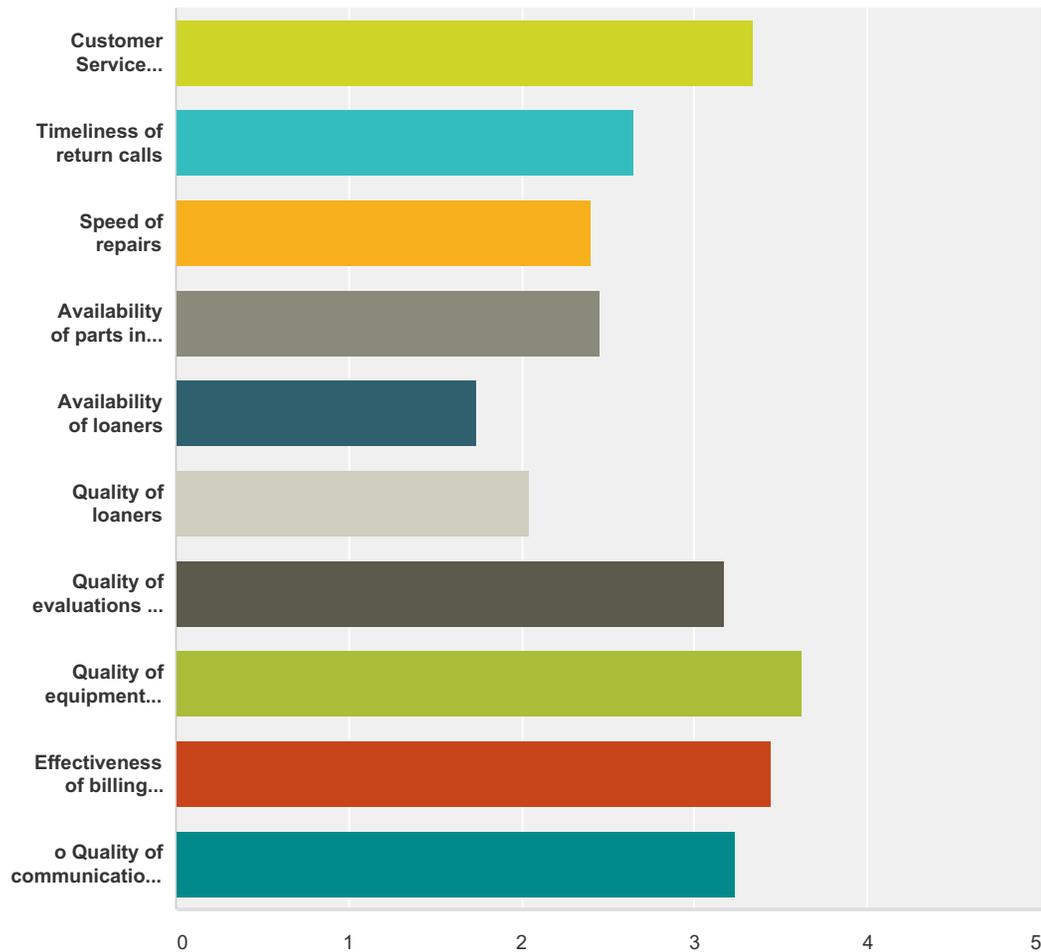
#	Other (please specify)	Date
1	Chairs not built as specified, despite repeated attempts to rectify	11/23/2014 5:57 PM
2	got a dangerous replacement	11/9/2014 3:18 PM
3	Finding seat cushions that are comfortable enough to prevent numbness and sores	11/5/2014 9:28 PM
4	excessive waits on parts, staff not understanding what parts were needed	11/5/2014 6:02 PM

Durable Medical Equipment (DME) Survey

5	It took far too long to get it repaired and caused great hardship for our family.	10/27/2014 11:48 AM
6	they had a joystick recall mine not replaced yet.	10/22/2014 2:09 PM
7	Endless waits on hold. Calls not returned. Said would call back in a few minutes and then no return call	10/21/2014 11:25 AM
8	New chair didn't work and they would not to a house call.	10/20/2014 7:18 AM
9	N/A	10/19/2014 9:17 PM

Q17 On a scale from 1-5 - (1 being completely unsatisfied and 5 being completely satisfied), how satisfied are you with your current DME company on the following items? (If the question does not apply please click NA which is the button after 5)

Answered: 54 Skipped: 19



	1	2	3	4	5	N/A	Total	Average Rating
Customer Service (friendliness of staff)	5.56% 3	14.81% 8	38.89% 21	18.52% 10	20.37% 11	1.85% 1	54	3.34

Durable Medical Equipment (DME) Survey

Timeliness of return calls	26.42% 14	16.98% 9	26.42% 14	20.75% 11	7.55% 4	1.89% 1	53	2.65
Speed of repairs	29.63% 16	27.78% 15	20.37% 11	12.96% 7	7.41% 4	1.85% 1	54	2.40
Availability of parts in stock	29.63% 16	24.07% 13	18.52% 10	12.96% 7	9.26% 5	5.56% 3	54	2.45
Availability of loaners	40.74% 22	9.26% 5	9.26% 5	1.85% 1	3.70% 2	35.19% 19	54	1.74
Quality of loaners	17.31% 9	7.69% 4	7.69% 4	5.77% 3	0.00% 0	61.54% 32	52	2.05
Quality of evaluations for new equipment	16.67% 9	18.52% 10	7.41% 4	25.93% 14	20.37% 11	11.11% 6	54	3.17
Quality of equipment purchased	3.85% 2	11.54% 6	15.38% 8	38.46% 20	17.31% 9	13.46% 7	52	3.62
Effectiveness of billing office	9.26% 5	11.11% 6	12.96% 7	16.67% 9	22.22% 12	27.78% 15	54	3.44
o Quality of communication with medical providers	11.32% 6	11.32% 6	26.42% 14	16.98% 9	18.87% 10	15.09% 8	53	3.24

Q18 Is there anything else you want to add about DME service in Colorado?

Answered: 38 Skipped: 35

#	Responses	Date
1	Loaners? There is no such thing for people who have complex seating needs. An off the shelf rental does not work for all. Loaners don't come with transportation tie downs and school buses will not transport without them. Everyone is certainly friendly in the DME business. However, the reimbursement rates and paperwork are SO bad that none of the companies or their sales people want to take on the repairs and maintenance. This is for a pediatric chair... can't wait for adulthood when it supposedly gets worse!	11/23/2014 5:57 PM
2	Waiting for repairs to be done I had to transfer a large man onto a small flat hard mat table with a Hoyer over a large throw rug (hard to maneuver) and he had to lay flat on his back for 3 1/2 hrs. No way to give pressure reliefs We are in desperate need of a GOOD DME!!!!!!	11/17/2014 8:23 PM
3	it was very difficult when getting my new chair the paper had to be filled out reapeadly by my docs the person in the chair should be able to pick the person doing the repairs	11/12/2014 5:04 PM
4	The time between wheelchair evaluations and the actual repairs is excessively slow, sometimes months. The customer service is always friendly, but there are often mistakes that appear to be due to inefficiency or a lack of communication. i.e. Repairman being sent out with the wrong parts or one missing. Fortunately, our repairs are usually routine and these mistakes have not been dire to our functioning. On a positive note, it is wonderfully convenient to have repairs and service come directly to our home.	11/12/2014 10:41 AM
5	Ño	11/11/2014 11:32 PM
6	Medicaid was billed for my new wheelchair in 2012. It still is not useable for me after all this time!	11/11/2014 9:31 PM
7	techs some are great and well trained however most have had to call manufacturer for problem solving	11/11/2014 7:32 PM
8	I use Numotion and they are horrible at following through with orders. I always have issues mostlys someone dropping the ball at some point. I have to constantly call to make sure my order are being processed properly. And They have been trying to resolve a coding error and it has been 4 months now! They are not problem solvers at all. You would think after being in the industry for so long it would not be a problem at all however that has never been the case.	11/11/2014 7:31 PM

Durable Medical Equipment (DME) Survey

9	I think you mean complex rehabilitation technology. When the survey started with durable medical equipment, I started answering questions as if you were asking about catheters, bath benches, toilet seats, etc. Others might be confused too. Check HB14-1211 for detail. Or do you mean catheters?	11/11/2014 5:30 PM
10	My medical supplier seems to learn from me.	11/9/2014 3:18 PM
11	With my disability, loaners are never an option. If my chair breaks down, I can't get out of bed or get anywhere. So, please, take our calls, calls us back, and have more repair people to come out and fix our chairs on-site.	11/7/2014 8:12 PM
12	Medicaid does not reimburse well enough for alternate types of transfer devices that may be medically necessary.	11/5/2014 9:28 PM
13	Need better accountability. The recourse of the state of all or nothing, i.e. put up with them or kick them out, has to stop. There needs to be a progressive fine structure for violations.	11/5/2014 6:02 PM
14	The only reason I get timely service, is because NuMotion knows I volunteer & work for CCDC and the only reason I am able to "work" with their Customer Service staff is because when they get rude; I tell them "You know what? I will just call Michele Longo" and they change their attitude.	11/5/2014 12:23 PM
15	Standard replacement parts for DME sold by supplier should be kept in inventory just like an auto dealership does	11/2/2014 2:15 PM
16	we had to privately have our daughter's wheelchair welded 2x and told that the chair was now too old to get fixed again after being refused a new one for 3 yrs with many new parts added or repaired. now we can order a new one but the process is taking over 3 mos but once the new one arrives a new x frame can be placed on the old one so it is a safe standby chair. this is so aggravating!!	10/28/2014 11:39 PM
17	There should be a way for a therapist assess the seating and configuration of the chair at least annually, not just prior to purchase and it should be someone who has expertise in both therapy and the use of wheelchairs, not just a sales rep. Loaners that are appropriate should be available at all times. My son was sometimes in the position of not being able to leave his apartment due to not having a chair while being repaired, which meant he missed work. This directly impacts the perception (false) that individuals with disabilities are not reliable employees. Orders for replacement parts are frequently lost, such as seat cushions. Funding for a back-up chair and maintenance of that chair should be available. My son has a manual chair for backup, but it is old and falling apart, as his power chair is his primary chair. The MOST IMPORTANT need is for an emergency response system for wheelchair repairs. My son was stranded in a snowstorm for 2 hours because his chair had a power failure. If AAA can do, why is there no recourse for individuals who use wheelchairs for mobility? It should also be the norm that when a repair that makes the chair unable to operate is needed, a repair person should be in the home within 24 hours. We have often had to wait two weeks.	10/28/2014 9:57 AM
18	I am frustrated because a very necessary and expensive piece of equipment was ordered for my loved one and it was never evaluated or discussed if it would work for him and it doesn't work for him at all and another option can't be purchased so a brand new piece of equipment sits in my basement and we are still using the old piece which is causing sores and nothing can be done except to wait until insurance will buy another or unless I pay for it out of pocket. This never should have been ordered without proper consultation. Very frustrating!!!!!!	10/27/2014 1:59 PM
19	We have experienced prompt service in response to Head Rest breaking once I "threw a fit" about the safety and risks to my son with no neck control. The problems that we mostly experienced pertain to a break down of the same three systems repeatedly. No one is tracking the issues, but dealing with each situation as a distinct issue versus taking the time to problem-solve the overall cause for these parts to continue to malfunction, and fix that. Each time there was a problem, we face a 4-6 month turn around between the time that I call for a Repair to the time that the REAL issue is resolved (scheduling a diagnostic visit with Repair, errors in ordering of parts, waiting for PARs, scheduling for installation). We are currently waiting for a part (that controls power tilt and communication switch) to be repaired. I started the repair request on 8/6/14. An incorrect part was installed on Oct 8, 2014. We are still operating without the part and waiting for a proper repair! On another most trying note: it took the ENTIRE year of 2013, for my son to be assessed and fitted for a custom seat (since he had outgrown his existing seat), and then to have it delivered. Literally, I placed the initial call in January of 2013 and he received it in January of 2014. No one tracked the length of time for each stage of the process (except for myself) nor caught the fact that the approved PAR sat on some one's desk for 2 months (except for myself), before they acted on the PAR. Meanwhile my son, who does not have the ability to adjust his own body, who had outgrown his chair in January of 2013, received his new seat in January of 2014.	10/24/2014 12:34 PM
20	I have no idea how the payment and billing process works as I am completely out of the loop.	10/23/2014 10:12 PM

Durable Medical Equipment (DME) Survey

21	Prior authorization takes so long that, with a child, often by the time the authorization is in place, the child has grown, and the size is no longer right. It took 8-9 months to get a stander in, paid for, and adjusted correctly last year. The same goes for the custom seat required by my son, for his wheelchair. Prior authorization takes so long, that by the time it has come through, often the mold is no longer correct for my son's body shape, especially if he is going through a growth spurt.	10/23/2014 4:02 PM
22	We need more competition; then there may be better customer service.	10/23/2014 12:27 PM
23	We need more options and they need handicapped users advice on how to build better chairs!	10/22/2014 2:09 PM
24	I think all the paper work that is required for equipment is unnecessary.	10/22/2014 12:25 PM
25	NuMotion displays corrupt billing and difficult serving the disability community. USA Mobility is a breath of fresh air with people who care and policies that serve the community. I think Kaiser needs to allow patients to choose their DME Provider instead of contracting only with NuMotion. I wish in Denver there was a repair facility, not a sales company, but a repair company.	10/22/2014 10:25 AM
26	There needs to be more choice and MUCH better service. I am not sure if salespeople are overworked, but they never seem to have time to help with problems. No one seems to be able to fix something the first time. So very frustrating!!!	10/21/2014 9:23 PM
27	It is absolutely unacceptable what we go through to get repairs. It is absolutely unacceptable on what junk we get in the first place that we have to go back for so many repairs. DME service need major repair especially NuMotion!!!	10/21/2014 6:54 PM
28	need more choices	10/21/2014 4:02 PM
29	It would be easier if wheelchair repairs would not need a doctor's signature. There is too much Medicaid paperwork that needs doctor's signature. My son has been released by one Medicaid doctor for that reason.	10/21/2014 3:00 PM
30	It took four months to get the wheel and rim type I wanted. It feels as the techs hardly have supplies needed. They once had to go buy an air pump when there was not one on their truck and they knew my issues were air related. It also feels some techs look at my chair like they have never seen a chair before! I feel more training and education is needed as a customer I knew what I needed feature wise because I read a book that went through in detail the various options. I have an Invacare Top End Crossfire T6 and I am very happy with it but it is 5 years old I feel like to get fast repairs you must use words like "safety risk" and remind them the one wheelchair is the only way you can get around. One time they had to take my chair away for an hour I was stuck in one spot of my apartment for that hour. Why might that have happened had there been a fire? I had worse treatment through USA Mobility. So I switched to what was then called somewhere else. My understanding is that NuMotion and USA Mobility have merged and USA Mobility is no longer an option. I do feel if you don't use certain words your appointment time gets moved to months down the road and they told my boyfriend they would not have a loaner for him for a month.	10/21/2014 1:53 PM
31	It takes 2 to 3 months from the date the wheelchair is evaluated for repairs and actually completed. The biggest hold up is with insurance approval under the PAR. In the last 2-years I can remember waiting at least 2 months for a wiring harness and it was completely unusable until repaired.	10/21/2014 1:47 PM
32	None	10/21/2014 12:16 PM
33	No follow-up of new equipment and repairs for adjustments etc. No weekend or holiday hours for emergency equipment breakdowns	10/21/2014 11:25 AM
34	It is horrible. Need more providers	10/21/2014 11:25 AM
35	I always wonder about what I would do if I am "out and about" in the community and my chair breaks or dies on me. Who would I call? The DME companies should have an emergency number to call, and someone available that could help us in that type of situation.	10/21/2014 11:15 AM
36	Although we like our w/c tech, getting an appointment takes way too long and assisting staff doesn't return calls. Would like to see options of companies for w/c's and vans!	10/21/2014 11:10 AM
37	While each situation is likely different, clients with or without an AR should be able to see results at equal speed.	10/21/2014 8:09 AM
38	I answered #7 "Never", so most of the questions on this page aren't applicable.	10/19/2014 9:17 PM



13450 East Smith Road, Suite 600A Aurora, CO 80011

January 24, 2015

TO: Julie Reiskin, Chanda Hinton and Sam Murillo

RE: DME – CRT Survey Results – Response from Numotion

At Numotion, we are committed to continuous improvement. Feedback from our customers is essential to helping us improve and allows us to identify areas of focus that will help meet the mobility needs of those we serve. We are appreciative of the opportunity to review and comment on the recently provided DME survey results. With that said, we especially appreciate the details provided in your survey and the intent with which the survey was conducted. Though the survey results covered many topics, we will provide a response and our plan as applicable to each situation.

First, we would like to share a bit of background concerning Numotion. Numotion was formed by the merger of ATG Rehab and United Seating and Mobility just over two years ago. As a product of this merger, we now have locations throughout the country. However, our primary focus continues to be the provision of the mobility equipment needed to ensure our customers' mobility while maintaining a service culture that is both local and personal.

In Colorado, Numotion has branch locations in Denver, Colorado Springs, Grand Junction, Loveland and Craig Hospital. In total, we currently have 120 team members servicing our customers in Colorado. Of those 120, we have 15 Assistive Technology Practitioners who evaluate and fit customers for their wheelchairs in collaboration with our customers' clinical team. We also have 17 customer service representatives in our service and repair departments and 30 technicians. Our growth in Colorado has provided us with the ability to cover an expanded territory and become more frequently available in each assigned geographical area. In doing so, we now cover the entire state of Colorado.

Our primary focus in 2014 was to continue providing quality services and products to our customers while at the same time finalizing the process of bringing both legacy companies together as a unified Numotion. We took a strong look at the best practices of both companies, adopting the best of the best and completely doing away with those practices that may have been outdated or inefficient. Through this process, it became clear that Service and Repair was an area where we could improve. With this knowledge, we then focused on improving the customer service skills of our Service & Repair staff, reducing backlog, and improving response times. We also continued to build a strong team of individuals committed to helping meet our customers' mobility goals. Unfortunately, in order

to do so, we were forced to experience quite a bit of employee turnover and for a period of time, fell behind as we trained our new team members. Due to the complexity of CRT, this process has taken some time. As the result of these employee changes and a focused effort to reduce evaluation to delivery timeframes, we soon began to notice a sharp increase in customer compliments and a dramatic decrease in customer concerns/complaints.

With that said, Numotion is dedicated to the disability community of Colorado and we feel it is important to partner with organizations such as CCDC and HCPF in order to provide the best possible outcomes to the people of our state. Though we feel that much of the results presented in your most recent survey are in many cases reflective of a time period within which Numotion was admittedly not meeting either internal or external Service & Repair customer service expectations, we feel we have since made significant progress in this area. Of course, there is still more work left to do. Several of our Colorado 2015 goals and objectives have been outlined below.

As mentioned in the cover letter provided with your survey results, there were 7 main areas of concern.

1. **24 Hour Service** – From one customer to the next, an individual’s dependence on their wheelchair varies greatly. For some, being without mobility for an hour can mean complete immobility. For others, the situation may not be quite as serious. Many times, when an individual’s equipment breaks down, we’re able to provide a loaner or spare part in order to help bridge the gap between breakage and repair. Other times, loaner parts or chairs appropriate for the complex and individualized needs of our customers may not be available. This is understandable due to the wide range of potential disabilities and complex individual needs for which our company delivers products and services. Other times, one of our biggest challenges can be fully understanding the urgency of the situation. Occasionally, our customers do not express the full scope of the problem and/or how long the problem may have been occurring. Of course, there are also times when our staff is not asking the right questions and/or isn’t fully versed in the resources available to them that would allow us to take care of the customer more immediately.
 - a. What we are currently doing to improve the situation:
 - i. We have developed training for our customer service staff designed to produce the discourse required to uncover the urgency of each customer’s need.
 - ii. We are consistently reviewing our loaner fleet and loaner parts to ensure adequate equipment.
 - b. Our future plans:
 - i. Establishing a triage protocol by level of need and complexity.
 - ii. Setting up an escalation process in the event we need management support to find a more immediate solution.

2. **Inventory** – According to your survey, one main concern is that providers do not have appropriate or adequate inventory and customers are forced to wait too long for parts to arrive from the manufacturer. The parts that are replaced most frequently and carry the greatest significance are motors, controllers, joysticks and tilt actuators. All Numotion locations have a stocked warehouse with common parts such as batteries, tires and frequently used components. However, the existing challenge is that there are many different motor and electronic components on the marketplace today. For example, when a new power wheelchair is spec'd, there are often multiple motor options available for each power wheelchair. Further complicating matters, manufacturers change products and models frequently. To better illustrate this point, upon review of all motors delivered out of our Denver branch, 650 motors were provided in 2014. Of those 650 motors, 212 had unique part numbers. Of those 212 with unique part numbers, only 16 had a total volume of 10 or more provided during the calendar year. We discovered similar results when researching controllers, joysticks and power seating actuators. As you can imagine, considering the wide range of options available, our constant challenge is to determine the right combination of parts to keep in stock versus those that should be ordered on an as needed basis.
 - a. What we are currently doing to improve the situation:
 - i. Expediting shipping on parts – overnight when the situation demands.
 - ii. Consistently reviewing and ordering stock parts to match our business needs.
 - b. Our future plans:
 - i. Be proactive about stocking commonly replaced parts for new wheelchair models.
 - ii. Review product reliability and share with the manufacturers to help them improve their product. This would result in less repairs and inventory issues.
3. **Wrong Parts** –The arrival of incorrect parts has been challenging for our entire industry. When the evaluating tech is identifying the parts needed for a repair, many things can happen that could potentially cause the wrong parts to be ordered and/or received. Typically, the technician assesses the issue and then calls the manufacturer. He/she then provides the serial number and describes the problem. The manufacturer's representative then often helps diagnose the problem identified by the technician (if needed) and sends the technician a quote with the parts needed to fix the problem. During this step, occasionally the technician's description of what is happening and what is needed could be misinterpreted by the manufacturer or may not prove to be the actual underlying problem. The manufacturer then sends the quote. If the quote is not accurate, we may ultimately order the wrong parts. If a quantity is missed, we may again not receive the proper part(s). Lastly, when the manufacturer pulls the parts there could be a wrong selection prior to shipping. Quite frankly, this entire process is highly manual and subject to error. However, we understand the delays

this can cause the repair process and the impact this may have on our customers. Because of this, we have taken the following actions:

- a. What we are currently doing to improve the situation:
 - i. Techs should, whenever possible, be calling the manufacturer only while in front of the wheelchair in order to best describe the problem/issue.
 - ii. When appropriate, sending a picture of the problem to the manufacturer.
 - iii. Referencing the manufacturer's diagram in the catalog to make sure we are selecting the right part.
 - iv. Ongoing training for our technicians.
- b. Our future plans:
 - i. Recently our IT department created a quality tracking tool. We will be implementing this exciting new program early this year to track any issues/trends and work closely with the manufacturers to correct any problems *using real data*.
 - ii. Continue our training protocol for our technicians.

4. **Communication** - Improving communication with our customers is currently a great point of focus within Numotion nation-wide. Through our own internal review (as well as the review of your survey results), we identified a need to improve live responses to phone calls and a more timely response to voicemails. We have since invested in a new phone system that will allow us to better monitor the live answering of phone calls, the number of calls sent to voicemail, and the days/times at which call volume is heaviest. Understanding the importance of the equipment we provide, we freely admit that we must do a better job of responding to customer calls in a timely manner and have taken several steps toward meeting that goal.

- a. What we are currently doing to improve the situation:
 - i. We are staffed appropriately to handle the call volume and recognize the sense of urgency.
 - ii. We have hired a strong customer service team who has been trained to respond in a timely manner.
 - iii. We have trained and coached the team on returning calls in a manner that meets previously provided expectations.
- b. Our future plans:
 - i. Set up regular points of communication throughout the process of a repair or a new order.
 - ii. Implement new protocol for more frequent communication during times of urgent need.

5. **Other Locations** – As previously mentioned, in Colorado, we have locations in Denver, Loveland, Craig Hospital, Colorado Springs and Grand Junction. A full list of Numotion locations can be found on our website at www.numotion.com.

6. **Authorization** – The survey indicates that 90% of the people surveyed had Medicaid, 50% had Medicare and 20% had private insurance. The survey indicates that there is a concern as to whether providers are causing unnecessary delays and waiting for authorization when not needed. Each payor has different requirements. Some require prescriptions, letters of medical necessity and others do not. Most payors other than Colorado Medicaid require prior authorization for repairs. HCPC codes are codes tied to each part/product type. Colorado Medicaid does not require a prescription for repairs and does not require a prior authorization (PAR) for many commonly used HCPC codes. The challenge is that on any given order, you could have a mixture of parts, some that do not require a PAR and some that do. It is the miscellaneous codes that often require a PAR. There are many times when none of the parts require an authorization and will get processed immediately. If the customer is insured by any other payor, Numotion is often required to obtain medical documentation and in many cases prior authorization. If an authorization is needed, it could take 5 to 15 days, or more to obtain the authorization depending on the payor. In addition, most payors other than Medicaid, will not give a retroactive authorization.

a. What we are currently doing to improve the situation:

- i. Ordering parts without authorization to avoid delays.
- ii. Working with payors other than Medicaid to reduce or eliminate the need for prior authorization.

b. Our future plans:

- i. Discuss with Colorado Medicaid if there are more codes to consider applying no PAR rule.
- ii. Our contracting team is always working with all of our payers to try to reduce documentation and authorization requirements for repairs.

7. **Customer Education** – Choosing a wheelchair and navigating the funding/documentation process can be a very complicated and confusing ordeal. Unfortunately there are few resources designed to educate customers concerning their role in the Service & Repair/new chair provision process and the realities of funding/documentation requirements in our ever-changing industry.

a. What we are currently doing to improve the situation:

- i. We provide a customer handbook with helpful tips as well as customer rights and responsibilities. However, we recognize that during an evaluation for a new wheelchair, there is often an overwhelming amount of information provided for our customers to process. This is especially true for those who are newly injured/diagnosed.

- ii. We partner with clinicians, customers, and caregivers to provide a thorough evaluation where each member of the team offers their perspective and expertise.
- b. Our future plans:
 - i. Provide a consumer guide with tips to help them through the process.
 - ii. Host customer education sessions.

Moving forward, one of Numotion's most important initiatives is to provide world-class customer service and care to each and every one of our customers. We feel strongly that we made a great deal of progress in this area during the second half of 2014 and will continue to improve throughout 2015 and beyond. We have also made it easier for our customers to provide their feedback in re: to our services. In May, 2014, we proudly launched our new customer feedback portal, NumotionListens.com. Based on the selections submitted, if a customer is unsatisfied with our services, our managers are notified immediately and customer contact is expected at first opportunity. Our National Customer Experience Team is also notified and the situation is then documented and will remain open until both parties have agreed that the situation has been resolved. This portal has been an excellent tool for Numotion as we continue to learn what our customers feel we are doing right while also gaining a better understanding of where we need to improve.

Of course, we cannot create change completely on our own. In collaboration with your organization, Numotion plans to continue the fight for continued access to the most appropriate, individually fit, custom mobility equipment available and look forward to partnering with you for years to come.

Thank you again for your feedback and for taking the time to help us learn, grow and improve.

Sincerely,

Michele M Longo – Regional Vice President
Michele.longo@numotion.com (303) 880-5803

Susan Kennedy, OTR/L, ATP – Area Sales Director
Susan.kennedy@numotion.com (949) 357-3105

Justin Richardson – Director of Communications and Customer Relations
Justin.richardson@numotion.com (919) 303-0902 ext. 63976



To: Julie Reiskin, Chanda Hinton, and Sam Murillo
Re: DME Survey Response
Date: January 19, 2015

Thank you for taking the time to reach out to your membership for feedback regarding the provision of service and repair for wheelchair users. The data that was generated is helpful in identifying several areas of needed improvement in both education and the delivery of service and repair from the wheelchair vendor community. Unfortunately, USA Mobility isn't well represented in the survey responses as only two respondents (5%) have utilized our service department. This important statistic provides empirical data to support the idea that ongoing education and outreach is needed about patient choice.

USA Mobility has always been, and continues to be, committed to providing exceptional service. We have established policies and procedures and devoted significant resources to ensure a positive client interactions and prompt response to service inquiries. Below are some of the many things we are doing to ensure clients receive the time and attention they deserve when utilizing our service department.

- Service Triage Policy- USA Mobility triages all incoming service requests and assigns them a priority based on the reported service issue. Response times¹ range from 4 hours to 5 days depending on the service related issue.
- Parts inventory- Every six months, we run reports on parts that have the highest utilization and, if not working, have the potential to render the wheelchair unusable or unsafe. We modify our parts inventory based on historical data to ensure we have the highest utilized parts and parts that represent safety concerns on hand.
- After-hours and weekend service

In 2015, we are committed to providing additional parts inventory to meet the growing demand for wheelchair service and repair. Having parts in-stock significantly reduces the time it requires to resolve service related issues. We are also adding personnel and infrastructure to ensure we can maintain adherence to our service triage policy. Furthermore, we are working toward every service call being answered by a live service technician. This will reduce the need for returned calls and prevent unnecessary service calls for those issues that can be resolved over the phone.

Concerns that remain outside of our control to provide prompt service include funding requirements related to the provision of service and repair. HCPF has worked diligently to reduce the number of barriers related to providing timely service, however, CMS has done the opposite. We are seeing an increasing number of dually-eligible beneficiaries, which require us to comply with Medicare requirement for documentation. These requirements require a significant amount of personnel time and involvement of the prescribing clinician.

A growing concern that presents several obstacles from my perspective is servicing a wheelchair that was provided by another vendor. There are additional documentation requirements and limited access



7808 Cherry Creek S Dr STE 116 Denver, CO 80231
(303)377-8008 www.usamobilityinc.com

to information about the wheelchair that can delay the service completion. Ongoing outreach can be provided to wheelchair consumers to educate them on the importance having available the make, model, serial number, and date of purchase of their equipment. Unless you provided the equipment (or have provided subsequent service on the equipment), the wheelchair vendor will not have this information at their disposal. Having the make, model, serial number, and date of purchase will allow the vendor to determine if they have the appropriate parts in-stock or an appropriate loaner/rental that can be made available. If the client is able to communicate make, model, and serial number, it eliminates the need for a service call just to obtain this information.

Through a collaborative effort, I am confident we can provide service outcomes that wheelchair users deserve. We are committed to being part of the solution and look forward to working with the stakeholders to improve the service delivery model.

Best Regards,
Patrick Mahncke, ATP, CRTS
President
USA Mobility, Inc

ⁱ Amount of time before a service technician is on-site to address the service related issue.



7808 Cherry Creek S Dr STE 116 Denver, CO 80231
(303)377-8008 www.usamobilityinc.com