

Wheelchair Repair Task Force

MEETING MINUTES

Thursday, November 2nd, 2023

11:30 AM in Room 1A of the LOB and Zoom and YouTube Live

The meeting was called to order at 11:31 AM by Chairman, Beverley Brakeman.

The following task force members were present:

Members: Beverley Brakeman, Sen. Seminara L. S08, Rep. Case, J. 63, Rep. Smith, F. 118, David Morgana, Jonathan Sigworth, Rick Famiglietti, Joseph Shortt, Melissa Marshall, Sheldon Toubman, Wayne Grau, Diane Racicot, John Lee Goetz, Gary Gilberti, Darrell Ruopp, Jon Slifka, Shirley Skyers-Thomas, Ginny Mahoney, Barbara Cass, Jim Carson, Seth Johnson, Susan Halpin

Absent were: Michelle Duprey, Diane Racicot

Opening Statements & Introductions:

Chair Brakeman convenes the meeting at 11:31AM, she states that the industry will be giving a presentation.

Approval of Minutes – October 18th, 2023

The Chair makes a motion to approve the minutes from the last meeting, Rep. Case makes the motion and Senator Seminara seconds the motion, the minutes were approved unanimously.

Industry Presentation:

Wayne Grau gives an overview of what the presentation will cover. He starts with the repair process, and that they are always looking for a way to condense the process. NCART has

to gather information from customers (problems, symptoms, insurance, prescriptions, etc.). He states every insurance and carrier is different, whether something is under warranty, if there are prior authorizations, or initial providers of equipment. Provider schedules repair assessment with the customer, and the quickest way is remote technology. The next quickest method is to go to the provider's location. The longest method is to go to the customer's home. He states the provider identifies potential loaner equipment and acknowledges that these wheelchairs aren't the typical wheelchairs that you'd find at the airport. He states that when the technician does the assessment, they want to not only fix the chair but figure out why it is happening, some steps of the assessment are determined by the health insurance.

If a new part is needed for a wheelchair, then it needs to go through prior authorization. He states that a lot of paperwork is needed for these repairs and that it can slow down the process. He states that insurance can slow the process as well, as they assess whether the new chair or changes are the same type of chair that the customer always has had. If it's a warranty issue, the provider supplies information to the manufacturer to assess whether it is covered under warranty. If it isn't a warranty issue, the customer is notified, and the repair would have to go through the health insurance process.

Wayne clears up misconceptions from the previous meetings regarding NuMotion and other providers technicians, and market makeup. He also gives some background on where NuMotion and NSM are located, as well as corporate offices. He gives a breakdown of the types of wheelchairs NuMotion and NSM provide. NuMotion provides 33% manual, 27% powered, and 40% other. NSM provides 60% powered, 34% manual, and 6% other. He goes over the payer mix, NSM (56% private, 20% Medicare, 23% Medicaid, 1% other) NuMotion (38% Medicare, 37% Medicaid, 25% private insurance). He states that the percentage of repairs vs. new equipment for NSM is 47% and 58% for NuMotion. He acknowledges NuMotion having 572 national technicians, 14 in CT. NSM has 485 national technicians, 14 in CT. He states that the national payment average is \$20-\$40/hour and in Connecticut, it's \$34-43/hour. It depends on how experienced they are, where they live, and their seniority. Wayne states technicians provide both in-shop and in-home repairs, and states that 20% of customers utilize the remote assessment option and 18% of them have the issue resolved.

Wayne states that the average response time for a repair is the same day. He states that COVID broke the system related to CRTs, but that in-shop repairs take about 2-4 days, and for in-home, it's 24-27 days. He states when they receive parts and get the prior authorization the average is 2-4 days in-shop, and 25-27 days in-home. He states the average number of days to get a prior authorization is 8 days, and then the part is immediately ordered which takes about 3-5 days if the manufacturer has it in stock, if not it can take up to 21-28 days. He states the top five repairs relate to two battery issues, swing away hardware, joysticks, and arm pad replacements. He states that Medicare has ranges for what they allow to be covered and shares the cost average for these repairs. He states that companies invest a lot in inventory, and typically have support for 75,000-85,000 parts. He shares that companies have an automatic purchasing mechanism if a certain part goes below a threshold. He states that for a majority of the custom rehab parts they have to be ordered from the manufacturer which takes about 3-5 days to deliver.

He shares Medicaid needs prior authorization for anything over \$1,000 or miscellaneous, Medicare doesn't require prior authorization for repairs, and private insurance has various amounts of days for prior authorizations (United – 7-9 days, BCBS - 6-10 days, Aetna - 5-7

days). He states that approval rates for prior authorizations are 98%.

He states that the biggest challenges are supply chain, lack of labor, prior authorization requirements, PHE creating a backlog, and inadequate payment for repair services because travel and assessment time aren't covered. He states that the industry has invested in customer access tools, more efficient call routing systems, and a customer website to allow more options for service beyond phone calls. They've also invested to speed up the repair process by expanding repair hours in-shop, investing in Inventory Management Systems to control large parts of inventory, and evaluating all parts of the process to eliminate time.

He shows the websites of NuMotion and NSM to show order transparency and updates on orders. He states that the following would be beneficial; removing prior authorizations for repairs only, the original prescription should be valid for 5 years, eliminating the need for a prescription or statement of continued need, increasing the number of items that have no prior authorization requirement, set pricing structure for individual consideration parts, and cover and pay for repairs to consumer owned back up chairs to utilize for loaners. He also wants insurers to cover and pay for preventative maintenance. He asks for consumers to partner with the industry to educate other users about utilizing remote technology and in shop repair service instead of having their equipment serviced at home. He also wants the industry to get a reasonable time period to implement fixes and proposes a monthly report on progress.

Questions and General Discussion:

Melissa Marshall states that a lot of people need in-home repairs and disagrees with the encouragement to go to the shop for repairs, and asks if all the shops are on a bus route. Gary Gilberti states no, that they will always do in-home repairs and that 90% of their customers do in-home repairs and 20% prefer it.

Melissa states that she doesn't agree it's preferred and that for her to get somewhere is extremely difficult. She thinks it's important to acknowledge that most disabled people have lives and aren't just sitting around doing nothing and having all of the time in the world. Wayne states that individuals who can come in to get the repairs free up the queue for those wanting in-home repairs. Gary states that it is an incorrect assumption that disabled people have nothing going on and that the industry works hard to work with them.

Barbara Cass asks what defines a complex chair. Wayne states it's a customized chair.

Barbara asks if there is an aggregate of the number of individuals who use a seating system for their individual needs. Wayne states he doesn't have the data but could get the data. Barbara is worried that there aren't enough technicians. Gary states that they have 24 remote technicians on top of the 28 technicians, and 50 individuals to take calls. Barbara states that she's seen firsthand how delays in nursing homes impact individuals. She asks if nursing home residents use the remote option, and Gary states he can get the data. He also states that the remote option is limited if the person doesn't have video technology.

David Morgana asks about technician categorizing. Gary says it's semantics and that they are all able to do repairs.

Sheldon Toubman asks if both companies consider the number of technicians to be sufficient. Wayne states that they are fully staffed.

Sheldon asks if the days it takes to get a repair done are business days or calendar days. Wayne believes it is business days, but he will double-check.

Sheldon said that, based on the industry's presentation, an average of 49-54 days of the total in-home repair delay time (ranging from 78-90 days if there is a back-ordered part, and 60 to 67 days if the part is in-stock) is due to the companies' own delays (24-27 days for doing the needed assessment, and 25-27 days for conducting the repair after prior authorization and the receipt of the part), or between 60% and 82% of the total in-home repair delay, is entirely due to delays of the industry, not that of other parties. He asked how many additional staff it would take to bring the number of days it takes to conduct in-home assessments down to 3 business days and in-home repairs after all parts have been received also down to 3 business days. Gary says it isn't all because of the industry, and that if he could hire 10 more technicians he would.

Sheldon acknowledges that Gary said he'd hire 10 more people if he could, and Sheldon believes that there's no reason he can't. Sheldon wants the data on how many more staff it would take to lower the number of days. Gary states there are a lot of reasons, financials being a big part of that.

Chair Brakeman acknowledges that this is a point of contention and that the data would be beneficial.

Rep. Case says that the prior authorization causes a lot of delay, but that it's a part of the statute. He asks if they have any suggestions. Sheldon says that we agree with the industry that prior authorization for this is unnecessary. He also acknowledges though that the delay is only 8 days out of the 49-54 days.

Sen. Seminara asks if the drivers from medical transportation can't help getting the chair in the car and that prevents the transportation to the shop. She also asks if they have technicians in the office who don't have a full calendar for the day and if they send them to do in-house repairs. Gary says that they do send out technicians. Rick says that if the Rocky Hill location is within $\frac{3}{4}$ mile of a bus route, he will use Para transportation as long as there aren't any other passengers because it takes so long for the ride to happen. He also states that the drivers aren't supposed to help them get on and off the bus. They also don't consider a repair a medical appointment, which causes significant delays. Additionally, the transportation only goes a certain radius from your home and if it's outside the radius you need a medical sign-off. Sen. Seminara believes this is something that should be addressed and hopefully fixed.

Rep. Case states that this is something that should be further discussed at the next meeting.

Jonathan Sigworth shows a breakdown of the data presented of the industry and breaks down the industry's timeline for business days versus calendar days. He also acknowledges that some of the data doesn't include factors like the wrong part, lost paperwork, etc. Wayne says that the industry can do twice as many repairs in-shop instead of in-home because of the travel and that the industry isn't going to demand.

Jonathan asks what percentage he wants to move to in-shop. Gary says Numotion is at 20% in-shop, he said they'd be happy with 30%. Gary understands that the solution is more technicians, but it isn't economically possible for them. Gary states that pre-COVID the

timeline was 8 days, and post-COVID it jumped to 18 days because of backlogs and staffing issues.

Jonathan asks if the outstanding orders per month are representative of Connecticut. Gary says yes, and that some customers have multiple repair orders.

Jonathan asks what number of customers use in-home assessment. Gary says he tries to get people to do the remote option, but if they don't have the technology, they automatically schedule an in-home. He doesn't have the exact number but if 20% come in, then 80% are in the in-home queue.

Jonathan asks what percentage of parts ordered tend to be in stock versus out of stock. Gary says the manufacturers would likely have those numbers, but the most common one was joysticks. Jonathan asks for Gary to get the data.

Jonathan asks if they know if something is in stock or out of stock. Gary says they are given an estimated time of delivery.

Jonathan asks what the industry has in place to make sure that a customer doesn't come and then the device can't be fixed. Gary says the delivery boxes are opened the moment they are received to make sure everything is how it's supposed to be.

Rep. Smith acknowledges the desire and need for more technicians in the industry. He asks for the industry to get the group a number of how many technicians they'd need to lower the wait time for repairs. Gary says if they can get travel time paid for, they could afford to hire more staff.

Rep. Smith asks if they increased staff, it would offset travel time. Gary says theoretically yes, but the insurance and full cost of operating the vehicle is an issue.

Darrell Ruopp states removing prior authorization would be a huge help and everyone seems to agree. He states regarding ATPs, have standards of practice and a code of ethics and that minimizing the consumer's exposure to risk is very important. He hopes that the non-ATP techs will continue to get educated. He also has concerns that the wrong parts will be ordered because of a wrong assessment. He shares a story where he gave the repairer the exact numbers for the part, and they still wanted to come out to assess. He states he really wants the time window minimized.

Gary states that they do thoroughly train their employees and can't make all techs ATP's and that many of them don't qualify with the hours.

Joe Shortt shares an experience where he went to get a repair and it was the wrong part. He also states that if he does an in-house repair, he won't know when they'll get there until they text shortly before, so he must take a whole day off. He also states that when he goes in-shop, it's unsafe for him to transfer because no one can help him, and the benches aren't level with the wheelchair.

Sen. Seminara asks that the chart Jonathan made be shared with the group. Sen. Seminara asks how the industry can ensure the right parts are there if they are encouraging people to come to the shop. Gary says there are ways to improve it and that they will be better at that and put together a more comprehensive description of how they'll improve.

Sen. Seminara asks if the joystick issue was resolved in October. Gary says partially but that they are still waiting for some, but they saw a bulk shipment of them.

Sen. Seminara asks if we increased the number of staff and given training time, is there staff available to do the repairs. Gary says yes, we can get there. Sen. Seminara says she has concern of lack of qualified people who could be hired. Gary says that there are people with skill sets that can step in and learn some of these things quickly.

Chair Brakeman states that the chart from Jonathan will be shared with others and that the next meeting will be presented by the customers and advocates.

Sheldon notes that Susan Halpin said something in the chat, and states that Susan Halpin said 13% of the state's population is in fully insured plans which means the state could regulate them but the other insurers you cannot regulate. Also, 28% are on Medicaid, and hopefully could regulate that.

Wayne states that the removal of prior authorizations needs to happen and that the industry has tried to talk to insurers about why. He asks Susan to expand.

Susan Halpin states she doesn't want the legislature to pass something on prior authorization and then people to come back and be surprised that they got a prior authorization request. She states that it happens with state mandates all the time. She states there are generous offers for wheelchair services that the prior authorization issue isn't unique to wheelchairs that resources are finite and that it is a tool to ensure that it is an approved treatment. She also states that the changes will only hit a limited amount of the market.

Closing Remarks:

Chair Brakeman thanked everyone for coming to the meeting and for all the information that was presented.

Announcement of the Date and Time of Next Meeting:

Thursday November 9th @ 11:30am

Adjournment:

The meeting was adjourned at 1:38pm.

Chandra Persaud
Task Force Administrator

Nate Kalechman
Minutes Prepared by