THE OFFICIAL NEWSLETTER OF THE NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS

NRRTS news

inside

Life on Wheels 4
Visions 12
Spotlight on CFON 17
Versus 20

VOLUME 4 FALL 2007

from the nrrts' office | SIMON MARGOLIS

page 24

INDUSTRY LEADERS SPEAK OUT

NRRTS UPDATE

Over the past few months, the NRRTS staff and volunteer leadership have been busy working on behalf of NRRTS Registrants, the industry and profession in general and of course on behalf of the clients we serve.

NRRTS continues to work for you and the clients you serve.

NRRTS published the first two issues of *Perspectives*, a monthly electronic publication designed specifically for lawmakers and their staffs. The cover letter for the faxed document read:

"NRRTS is the National Registry of Rehabilitation Technology Suppliers. We are an association of more than 800 people nationwide who provide complex wheeled mobility and seated positioning systems to Americans of all ages and diagnoses who have significant physical disabilities.

We want to share with you the clinical, professional and more personal side of what we do via excerpts from *NRRTS News*, our organization's newsletter written by patient-consumers, therapists and suppliers. We hope this will give you additional information to help make decisions about critical issues that impact the lives of people with disabilities, your constituents, who we serve."

If you would like to receive a faxed copy of future issues of *Perspectives*, or if you have decision makers who might benefit from receiving this publication, please e-mail name(s) and fax number(s) to smargolis@nrrts.org.

The total cost of continuing education credits, including travel, lodging, registration fees, etc., ranges from $400 to $1000 per CEU (10 contact hours of education or training). This doesn't include the productivity and time lost from work. NRRTS has developed a continuing-education teleseminar program that will cost NRRTS Registrants around $200

CONTINUED ON PAGE 6

rehab forum

MORE EDUCATION FOR ALL THERAPISTS

GINNY PALEG, MS PT

Hey you—yeah you. I'm talking to my DME dealer, manufacturer's rep and manufacturer. I (and all the other PTs, OTs, PTAs, COTAs and SLPs) need high-quality continuing education. There are PTs running seating clinics who don't know the difference between tilt and recline. So many therapists have no idea how to choose between foam and air cushions. There are OTs who have never seen a pressure map. Some of us think Medicare and Medicaid don't pay for pressure cushions for the bed (mattress overlays). We need real classes about the real differences between your product and the six others that look just like it. We need a really good instructor who has spent time in a clinic treating and who understands our world—the real world of conflicting interests. Please offer annual courses—in every state—that teach one small piece of the equipment pie, leaving the attendees experts in that area (e.g. switch placement for power). Then, please come back the next year and give us

CONTINUED ON PAGE 8

Kids ROCK™

"She's learned she can **MOVE** *and* **AFFECT** *her* **ENVIRONMENT**.
When she is in the Kids ROCK chair, she lights up and gets excited."
— Lori Swenson, Mother and OTR/L

The Kids ROCK™ with the Active Seating component helps children to:

- increase their ability to self-support
- challenge and strengthen their core muscle groups
- encourage weight shift and improve their comfort
- enhance eye contact and involvement with their environment

The Kids ROCK™ wheelchair with Active Seating gives children access to movement in their seating system.

Movement is Life
regardless of our level of ability!

A.R.T. Group
Artistry in Rehab Technology

kids UP

Partnering Together to Mobilize Kids

A.R.T. Group is a division of Sunrise Medical

For more information on the Kids Rock™ wheelchair please visit our web site at www.artgrouprehab.com, or call us toll free at 866.795.1779.

contents

advertisers' INDEX

Altimate Medical 35
Bodypoint, Inc. 12
BodyTech Northwest 4
Convaid Inc. 27
Freedom Designs Inc. 7
Innovative Concepts 16
Invacare Corporation 31
Leonard Medica Group (New Mobility) 34
MK Battery 5
Mobility Management Magazine 46
Motion Concepts 11
Nielsen Business Media 10
Otto Bock Health Care 39
Permobil Inc. 9
Prairie Seating 13
PRM - Precision Rehab Manufacturing 29
Quantum Rehab/Div of Pride Mobility, Inc. 23
Real Design 6
Ride Designs 18
Rifton Equipment 45
Snug Seat, Inc. 37
Stealth Products 15
Sunrise Medical 19
The A.R.T. Group ..... Inside Front Cover
The MED Group 14
The ROHO Group ..... Inside Back Cover
TiLite 33
U.S. Rehab 21
University of British Columbia 16
Vista Medical, Inc. 41
Wenzelite Rehab (Drive) 36

EDITOR AMY ODOM

EDITORIAL ADVISORY BOARD JERRY KEIDERLING, KATHY FALLON, CRTS®, SIMON MARGOLIS

DESIGN MARK HARTSFIELD, HARTSFIELD DESIGN

PRINTER PARKS PRINTING

NRRTS OFFICE
6732 W. Coal Mine Ave., #379
Littleton, CO 80123-4573
www.nrrts.org

For all advertising inquiries, contact Amy Odom at 806/722-2322, Fax 806/783-9984 or aodom@nrrts.org

from the nrrts' office
NRRTS Update 1

rehab forum
More Education for All Therapists 1

life on wheels
Life in a Wheelchair 4

marketing the credential
Adversity 10

visions
One RTS's Inspirational Story 12

spotlight on CFON
Not for the Weak at Heart 17

capitol hill & you
HR 2231 Press Event Summary 18

versus
Survival Steps 20

dollars by design
Documentation and Audits of PMDs 22

feature
Industry Leaders Speak Out About Complex Rehab 24

nrrts & the industry
Medtrade 2007 42
New Registrants 44
CRTS® 44
Former Registrants 44
ATS Credential 46

HAS YOUR MAILING OR EMAIL ADDRESS CHANGED?

Please help us keep our records current by providing your updated information to Amy Odom at aodom@nrrts.org.

LIFE IN A WHEELCHAIR

Larry White is manager of The MED National Repair Center (NRC). The NRC repairs and rebuilds power-chair electronics, controllers, joysticks and other electronic components from Sunrise, Pride, Permobil and Invacare for all HME providers. Larry can be reached at lwhite@medgroup.com.

LARRY WHITE
The MED National Repair Center

How is life in a wheelchair? As you can imagine, it is quite confining. However, my chair also enables me to get around, to do things with my family and to work so I can support them. I have a wonderful wife, two sons, a daughter-in-law and a granddaughter who have all been my sources of energy and who have given me many reasons to carry on, despite the difficult circumstances that surround a person in a wheelchair.

Before my accident, I dreamed of all the different activities my family and I would experience together and of the places I wanted to take with them—camping and hiking in the mountains, horseback riding at the same place I went as a kid and skiing the slopes I'd skied before.

I also had hopes of going places and doing things that we could experience for the first time together, like going golfing as a family and creating our own foursome. But, all those hopes and dreams were made impossible the moment a pick-up truck hit me. Now, rather than participating in all of these activities, I watch my family experience them instead. And even though I usually feel the mixed emotions of delight, anger, jealousy and depression, I am thankful that my chair at least allows me to be there for some of the activities.

I have been a very active person my whole life, as you can tell, and I have tried to stay as active as possible in a wheelchair. I have played basketball, and I also became involved in archery. And though these activities are just substitutes for what I really want to do, they would not be possible without having a wheelchair that allowed me to be mobile.

To make life in a wheelchair easier and more fulfilling, the most important place for change is in our ADA laws. One of the most significant challenges for a person in a wheelchair is travel. In fact, I do very little of it because most public places like restrooms and motels are not wheelchair friendly or accessible.

When I go to public restrooms, I often can't even close the stall door because there isn't enough space for my chair. Or, when I stay in a motel, I often can't get my chair in the restroom at all. My family and I have gone to places where I have had to wait outside while they go inside, because there isn't a ramp or lift for wheelchairs. And in other places, my family and I cannot sit together because I have to sit in the wheelchair space and my family has to sit somewhere else. This lack of consideration upsets me, as it would most.

An acquaintance of mine asked me one day, "why do we need the ADA laws that are in effect today?" I tried to answer him, but he stopped me and explained that he wasn't really after an answer. Later that night, I realized what he was getting at … the point was that money is sadly often more important in this country than meeting peoples' needs. Though this realization is an awful reflection on society, it is what we must work to improve.

So to answer the question, "how is life in a wheelchair?" It could be worse, but it could also be a whole lot better. Rather than allowing life in a wheelchair to be a cheap substitute for the way it is supposed to be, we must all take action—to pass even laws and make certain they are enforced. And I hope that one day, living a full life in a wheelchair in this country won't take laws—just a society of caring people.

"I Shoulda Used MK"

MK Battery – Power You Can Depend On.

For 25 years, MK Battery has set the standard for batteries used in power mobility. It is no wonder that many leading wheelchair manufacturers trust MK as the energy source for their equipment. Consumers demand higher performance and reliability because nobody wants to be left stranded. When run-time, cycle-life and safety matter, depend on MK Battery.

MK POWERED

800-372-9253 • Fax: 714-937-0818 • www.mkbattery.com

continued from page 1

NRRTS UPDATE

per CEU (awarded by the University of Pittsburgh) with no travel cost or lost time and productivity. This program will also be available to the industry and profession in general for a cost of approximately $300. Please watch the NRRTS Web site for details.

• • • • • • • • •

In 2008, *NRRTS News* will be renamed *Directions*. As well as a new name, *Directions* has a new editorial calendar – five issues yearly instead of four. *Directions* will be published in a more sophisticated magazine format with expanded circulation. *Directions* will continue to contain the same high-quality, pertinent content that you have grown to expect.

• • • • • • • • •

The NRRTS Web site has been redesigned as a portal leading to information about regulatory, legislative, policy and service delivery issues impacting the lives of suppliers, clinicians and clients. There is up-to-the-minute information about these areas of interest to keep you, your referral sources and your clients informed. Please visit the site often as content changes on a daily basis.

The newly renovated site also includes on-line registration for NRRTS educational programs and on-line ordering for NRRTS publications, including the print-on-demand version of the streamlined NRRTS Directory.

• • • • • • • • •

NRRTS again facilitated the Rehab Track during the Medtrade® show in Orlando. Close to 100 people attended each of the 16 sessions presented by professionals and industry leaders.

• • • • • • • • •

NRRTS, working closely with NCART, has developed comments and expressed significant concern to CMS about a number of the provisions of the powered mobility device coverage policy—specifically revolving around documentation and evaluation requirements. Please check the NRRTS Web site for the latest developments.

• • • • • • • • •

NRRTS continues to work for you and the clients you serve. Please share your questions, comments and/or concerns by e-mailing us at smargolis@nrrts.org.

Simon Margolis can be reached at smargolis@nrrts.org or 763-559-8153.

Someone had to be FIRST...

TriPod™ LT

Pediatric (E1237)

Mid-Wheel Drive Manual Wheelchair

Now Available!

TriPod®LT features include:

- Lightweight with a sleek appearance.
- Wheels located on the center frame allow for a tighter turning radius.
- Maneuvers effectively over small objects & low curbs.
- Standard & pediatric sizes available.
- Seat pan and seat sling optional. See order form.
- Transport option availability. WC-19 crash tested.

CONSIDER THE POSSIBILITIES...

A TriPod®LT Pediatric was selected as a first wheelchair for 2½ years old Rueben.

FREEDOM DESIGNS INCORPORATED

"Making it Easy!"

2241 Madera Rd., Simi Valley, CA 93065
Phone: 800-331-8551 • Fax: 888-582-1509
www.freedomdesigns.com

continued from page 1

MORE EDUCATION FOR ALL THERAPISTS

another piece of the pie (e.g. cushions). And, don't forget to register for CEUs, so we can keep our licenses.

The funding game is getting more and more complicated, and the therapist is left holding the bag when it comes to writing the letter of medical necessity (LMN). Quite frankly, not all of us are up for the task. Sometimes you come at lunchtime and spend an hour showing us your products, but that's like giving us a raw egg when we have no frying pan. We did not learn this stuff in school, and we can hardly keep up with all the changes in treatment techniques and the neurological basis of them, never mind all the latest equipment information. We are drowning in confusion about wheelchairs, toilet supports and bath chairs. Since many of us have never heard of RESNA or NRRTS (ok, not me today—but me five years ago), we don't get the ATP thing and we are sure going to be shocked when we find out next April that we are no longer qualified to assess for power.

Most therapists have never been to Medtrade®, International Seating Symposium or Abilities Expo to see firsthand and compare all the equipment. We go to learn about theory and treatment at the American Academy of Cerebral Palsy and Developmental Medicine and other big conferences; these aren't attended by the equipment folks. Where is a gal (or guy) who orders infrequently supposed to learn? We don't know what we don't know, and my colleagues are floundering. DME dealers, manufacturers' reps and manufacturers are uniquely qualified and positioned (pun intended) to save the day (and the process)!

I am the listerve monitor for the pediatric section of the APTA and get to read all of the postings on this forum. I am shocked that so many therapists have never heard of Stealth's I2I headrest (invented by Leslie Fitzsimmons, a pediatric PT herself!), Kids rock and XPanda (new dynamic seating systems that allow the child to go into extension and return back to midline), Squiggles (an equipment line for one to five year olds that includes a positioning mat system, and an early activity system for infants) or Kidsert (an inexpensive positioning insert from Otto Bock for umbrella strollers). How can we recommend and get our patients the best possible equipment if we don't know what is available?

Please keep educational training for therapists in your budgets.

Medtrade® is shrinking; many folks were not there this year, and more are saying they plan not to attend next year. We need equipment folks to offer educational sessions and seminars at our local state meetings; we need you at our schools and we need you at the national PT and OT meetings.

If therapists don't have qualified and knowledgeable RTSs and are not strong in the equipment arena, they will continue to make costly mistakes and not optimize function for their patients. Quality continuing-education courses can make us better therapists.

Please keep educational training for therapists in your budgets. If you need to cut costs, then ask the therapists to do all the work—we will round up 25–40 other therapists and you can give us full-day training sessions with an expert trainer who understands educational design and who has a point (a certain red-headed expert in seating, positioning and pressure mapping from Ireland who works for a big company in Colorado comes to mind). It would also be good if the trainer actually knew more then we did; we want higher level presentations with case studies and then we want that trainer to see a few of our patients and help us in real life.

While we are on the topic of training, please move slowly through Webinars. Many school-based and small-town practices don't have the high-speed connections necessary to use this technology. Or, our employers may not allow us to sit in front of the computer for an hour, and we like the face-to-face sessions better anyway. We want help with our real-live and present patients. The technology is great and we will learn to use it for certain things, but it's not the only method of education. Please keep at least some face-to-face training.

We need more demo equipment. For LMNs, we need to say we have tried the patient in other equipment. How can we do that if we don't have it? Please don't spend all your resources at big hospitals and rehab centers; most of us are in small towns or rural areas, but we will throw business your way if you help us see why our patient can't live without your equipment.

In conclusion, thanks for taking a moment to read this and for allowing me to stand on my soapbox for a few minutes. Together, we can keep the quality in rehab and make sure that every therapist who assesses patients for adaptive equipment knows everything they need to do in order to maximize the patients' outcomes and functions.

Ginny Paleg is a pediatric physical therapist in Silver Spring, Maryland. She works part time for her local school system in early intervention (ages zero to three). She is the reimbursement representative and listserve monitor for the pediatric section of the APTA. She is on a committee with the APTA that is addressing the ATP issue and she is also a doctoral candidate at the University of Maryland. Ginny is on the editorial boards of PT Products and Rehab Management Magazine. She teaches continuing education courses to therapists and teachers on topics such as gait training, standers, transportation safety, compression garments and alternative therapies.
She can be reached at ginny@paleg.com.

DECISIONS MADE IN HASTE.
LIKE MINDS AND TASTES, CHANGE. AND THIS IS NOT THE DAY FOR ME
OR THE KNOT TO BE TIED. SO DOWN THE ROAD I'LL GO,
NOT SLOW, IN...
MY PERMOBIL.

STREET CORPUS	
MAXIMUM SPEED	7.5 MPH
DRIVING RANGE	15-22 Miles
GROUND CLEARANCE	2.4"
LENGTH	32.5"
WIDTH	24.75"
SEAT TO FLOOR HEIGHT	19.5"
GRADIENT CAPACITY	10 Degrees
USER WEIGHT CAPACITY	300 LBS
SEAT WIDTH	17" to 23"
SEAT DEPTH	14" to 22"
POWER SEAT ELEVATOR	10"

** Shown with custom painted shroud*

RUSSELL RODRIGUEZ *Permobil user since 2001*

Prose by Ekula Saq – Permobil user since 2001

permobil

THE POWER OF MOBILITY

1.800.736.0925 • www.permobil.com

ADVERSITY

About the author:
Simon Margolis can be reached at
smargolis@nrrts.org or 763-559-8153.

SIMON MARGOLIS
NRRTS

A daughter complained to her father about her life and how things were so difficult for her. She did not how she was going to make it, and she wanted to give up. She was tired of fighting and struggling; it seemed as one problem was solved a new one arose.

Her father, a chef, took her to the kitchen. He filled three pots with water and placed each on a high fire. Soon the pots came to a boil. In one he placed carrots, in the second he placed eggs and in the last he placed ground coffee beans. He let them sit and boil, without saying a word.

The daughter impatiently waited, wondering what he was doing. After about twenty minutes, he turned off the burners. He fished the carrots out and placed them in a bowl. He pulled the eggs out and placed them in a bowl. Then, he ladled the coffee out and placed it in a mug.

Turning to her, he asked: "Darling, what do you see?"

"Carrots, eggs and coffee," she replied.

He brought her closer and asked her to feel the carrots. She did and noted that they were soft. He then asked her to take an egg and break it. After pulling off the shell, she observed the hard-boiled egg. Finally, he asked her to sip the coffee. She smiled as she tasted its rich aroma.

She humbly asked: "What does it mean, father?"

He explained that each of them had faced the same adversity, boiling water, but each reacted differently.

The carrot went in strong, hard and unrelenting. But after being subjected to the boiling water, it softened and became weak.

The egg had been fragile. Its thin outer shell had protected its liquid interior. But after sitting through the boiling water, its inside became hardened.

The ground coffee beans were unique, however. After they were in the boiling water, they changed the water, turning into something wonderful.

"Which are you?" he asked his daughter. "When adversity knocks on your door, how do you respond? Are you a carrot, an egg or are you coffee beans?"

Which are you?

Solutions

for the widest range of client needs

Concepts
Motion

matrx
SEATING SERIES

Toll Free Tel: 1.888.433.6818 ▶ Toll Free Fax: 1.888.433.6834 ▶ www.motionconcepts.com

ONE RTS'S INSPIRATIONAL STORY

WEESIE WALKER, ATS, CRTS®

I became involved in the Rehab industry in 1977 when a friend of mine, the office manager at Abbey Rents in Atlanta, hired me to help with Medicare claims. I must admit: I hated it!

While working at Abbey, I got my first taste of providing seating and mobility. My manager at Abbey took me to Shepherd Spinal Center to expose me to the process of providing assistive technology. The Shepherd Spinal Center had just opened a unit at a local hospital, and I was intrigued by the components on chairs and interested in how wheelchair choices were made based on each individual's needs. Since my background was in early-childhood education, the manager let me work with pediatric clients. I was fortunate enough to be surrounded with therapists who were wiling to share their knowledge with me, and together, we worked on seating chair-bound patients. It was an amazing experience—much more rewarding for me than filing Medicare claims. There weren't lots of options available at that particular time. But, I was totally intrigued with the process of fitting the options to the individuals needs. Then, from that point, I began working with the pediatric clients.

It wasn't long before I began taking charge of my own education and attended my first seating workshop; it was with Adrienne Bergen at Medtrade®. I thought to myself: "well, I am doing something right!" And remember, in those early days, there weren't very many products; we knew of just about every option there was available.

Today, with all the new technology coming our way, it's critical to stay on top of all the new information as it's released to continue providing the best possible services for clients. Some of the new technology is truly wonderful, and some is not so wonderful; it's my job to know the difference. To keep up with all the changes, I go to as many different conferences as my time and resources will allow, and I have never left one of those conferences without learning

CONTINUED ON PAGE 14

Prairie Seating Corporation

Creating Posibilities®

With the *Reflection* PSS 98
plane and simple® **Planar Simulator**
"designed with the therapist in mind"

To the *Reflection* PSS 97
Molding Frame, fully powered tilt,
recline and seat depth adjustment
Now featuring Latex Free Bags

To the Mold
Foam or Plaster

To the finished *Reflection*
Custom Contoured Cushions
vinyl-covered or naked with removable covers,
mounting: pans or wood and mounting hardware

To the *Luve-Base*®
With optional lateral tilt

Reflection®
Custom Contoured Cushions

All machined components are manufactured
in our ISO/TS 16949 & ISO 14001 registered
Hi-Tech CNC Facility: Grot Tool & Mfg. Inc.

Prairie Seating Corp. 7515 Linder Ave - Skokie, IL 60077 847-568-0001 Fax 847-568-0002
E-mail prairieusa@aol.com www.prairieseating.com

continued from page 12

ONE RTS'S INSPIRATIONAL STORY

something valuable. After all, there is always something more to learn.

Soon after I attended my first workshop, I was looking for any opportunity to attend more and found myself in Memphis for a seating conference. While there, I went to a meeting one evening focused on creating an association of seating specialists. Simon Margolis was there to discuss his vision for how to go about creating such an organization, and he explained how it could offer recognition for the very important role we played in providing custom seating. NRRTS was being formed, and I couldn't wait to join! The year was 1991, I believe.

Being a RTS is a very good fit for my personality.

Previous to being on the NRRTS Board, I was the editor of *NRRTS News* for several years. While there, I sat in on board meetings, which prepared me to later accept a position on the NRRTS board in 2001. Though at the time there were many issues for the board to overcome, I would have to say that today we are faced with even more dramatic and serious issues. It's crucial for us all to join together to make our voices heard.

The primary obstacle of serving on the board is making time; as I said before, we are all working long hours. And for me, I am never "caught up." Even with that being the case, serving on the NRRTS board has been one of the best experiences of my professional life.

I have talked with many registrants over the years, and each has an opinion about the issues surrounding the industry. I always encourage these people to consider running for a board position. The board is made up of individuals from all over the country, which provides the rare opportunity of seeing different points of view.

Being a RTS is a very good fit for my personality, because I love working with people and I'm a naturally curious person. Plus, I love to travel. There is such satisfaction in watching clients try out their new systems and then seeing the smiles spread across their faces when they discover how much the systems can help. The job is very rewarding; it really makes a positive difference in the lives of others—and in mine.

Our industry is made of individuals who are very talented, caring and dedicated. Given the nature of our work, we stay on the run and it is often difficult to even think about taking on more responsibility. But, being a board member allows me the opportunity to

CONTINUED ON PAGE 16

Stealth Products

Making a difference one design at a time.

We now offer a new wide range of seating products with a "One Stop Shop" feel. From Seats to Backs/ Belts to Seating Hardware/Head Supports to Laterals etc. We have the products to make your decisions easier.

Mobility Products

TWBTL-Thin lateral

Incorporating the articulating function of the existing lateral the "New" Thin TWBL will allow the arm supports to be easily swung back.

CALL TODAY TO SEE WHAT WE CAN DO FOR YOU!

Seating & Positioning

Head Positioning

1.800.965.9229 • www.stealthproducts.com • info@stealthproducts.com

continued from page 14

ONE RTS'S INSPIRATIONAL STORY

give back to our industry—even if in a small way. My entire medical education came from others who were willing to share their knowledge; this is my way of repaying the favor.

I see the RTS profession headed toward a higher level. Perhaps one day, it will be a degreed program. As our health-care system keeps evolving, our profession will become more and more important. And with funding the way it is, it will take an experienced individual to maximize dollars for the best outcome. The need for our expertise is not going away.

The obstacles in this profession are many—some we have control over and some we don't. Keeping an attitude of involvement is the most important thing we can do, especially now. We can't give up! NRRTS needs the support of RTSs, because we are who represent all RTSs—registrants or not. By hard work and perseverance, we will come through this crisis stronger than before.

Keeping an attitude of involvement is the most important thing we can do.

About the author:
Weesie Walker, ATS, CRTS®, is NRRTS President and works for National Seating & Mobility in Atlanta, GA. She is married with two grown children and four grandchildren.
She can be reached at wwalker@nsm-seating.com

NOT FOR THE WEAK AT HEART

SCOTT LOPEZ, OTR/L, ATP

We recently had a great employee resign and move to another industry. His reasoning was that he was tired of fighting the fight. In fact, after he turned in his resignation, he told me this industry is "not for the weak at heart." We have individuals come into and just as quickly retreat from our industry everyday, but what made this individual's resignation so unfortunate was he truly comprehended what we (rehab providers) are trying to accomplish. After voluntarily moving from a marketing position into a supervisory position over managed-care order processing, he grew tired of fighting—fighting everyday to get the needs of the individuals we serve met.

This industry is not for the weak at heart.

Does this sound familiar? Do you ever grow tired of fighting for something that to you makes perfect sense: meeting the needs of individuals with disabilities? Do you ever wonder why you continue with this profession, or think something else might be easier? I hope not, because there are too many individuals and families counting on your knowledge and expertise to formulate the right solutions to meet their needs. When I get up every morning, I know what we do improves the quality of life for the individuals we serve, and to me that is the ultimate reward. It encourages me to continue fighting. What steps are you taking to ensure our clients' benefits are preserved?

This industry continues to change and evolve; there will always be obstacles we must triumph over to ensure our clients receive the equipment that best meets their needs. Looking back over the past few years, our industry has had some of the most significant changes in its history. Once upon a time, we were able to provide what we, as professional RTSs, felt was the most appropriate equipment to meet the needs of our clients—regardless of the diagnosis. We based these solutions on the ability of our clients to access their environment and increase their independence.

Today, the solutions of yesterday are becoming a distant memory; diagnosis-specific criteria and the in-the-home rule are changing our roles as suppliers and practitioners. We are now limited to referencing a list to confirm that the equipment we have specified has the correct code that matches our clients' diagnoses. We have moved from finding solutions that actually met our clients' needs to configuring equipment based solely on their diagnoses. I don't necessarily disagree with some sort of a diagnosis-driven methodology, but many of the clients we serve truly require equipment that provides better skin protection and postural support than what their diagnoses indicate—a concern most of us have with the new coding system.

Moving forward, we must take the appropriate steps to ensure our clients receive the most appropriate equipment to meets their needs. We must continue to fight, and if you are a little weak at heart, please take the time to step back and explore the reasons why you choose to work in this industry. Think about all the clients you have helped and the positive outcomes that have resulted because you are using your expertise to provide the right solution—a solution that truly makes a difference in an individual's life.

With competitive bidding on the horizon, it is now more important than ever to fight to preserve the rights of individuals with disabilities, so they can have access to the most appropriate equipment. I urge each of you to contact your representatives in congress; inform them about how the services we provide impact those individuals' lives; explain to them why competitive bidding will limit independence and deny access to the most appropriate equipment. There are several tools available which are designed to provide information about current issues affecting access to equipment for individuals with disabilities. A great place to start is at the National Coalition for Assistive and Rehabilitation Technology's (NCART) Web site, www.ncartcoalition.org.

We all must continue to fight to preserve individuals' rights. Our industry will always continue to change and evolve, so please, for the sake of all those who are counting on us, don't give up. Now, more than ever, is not the time to be weak at heart.

About the author:
Scott Lopez, OTR/L, ATP, is Director of Business Development at United Seating & Mobility. To contact him, send an e-mail to slopez@unitedseating.com.

HR 2231 PRESS EVENT SUMMARY

SHARON HILDEBRANDT
Executive Director of NCART

On Tuesday, September 25, 2007, five members of congress, including Representatives Tom Allen (D-ME) and Ron Lewis (R-KY), attended a press briefing on Capitol Hill that called for the passage of HR 2231, the "Medicare Access to Complex Rehabilitation and Assistive Technology Act". Twelve complex wheelchair consumers who came from all over the country joined them. Asserting that "competitive acquisition does not work well when unique products, configurations or specific combinations of products are needed to meet the clinical needs of an individual", Rep. Allen urged congress to quickly enact the legislation. Rep. Lewis conceded that competitive bidding is a concept he generally supports, but that it is "irresponsible to modify access to such specialized equipment, fitted to meet specific and unique individual needs, based on the lowest bid."

The competitive bidding program not only affects the patient but the quality of life for the patient and caregiver.

Selene Faer Dalton-Kumins of Arlington, Virginia described how spending only three months in a poorly fitted power wheelchair caused a 50 percent reduction in the use of her right arm. The consequences of an ill-fitted wheelchair affected her ability to perform her job functions and activities of daily living. Jan Mitchell of Canton, Ohio (Miss Wheelchair Ohio 2007) said her wheelchair allows her to be involved in her community and called her wheelchair not her legs, but her life. She declared that a substandard wheelchair would result in associated medical problems, including debilitating pressure sores. And others attested that including complex rehab in the competitive-bidding program would not only affect the patient, but would also severely affect the quality of life for the patient's family and caregivers, too.

As of September 2007, HR 2231 had twenty cosponsors in the House of Representatives.

Article and photograph courtesy of Sharon Hildebrandt, Executive Director of NCART. Sharon can be reached at sharonh@ncart.us.

Now more than ever...
We've Got your Back!

JAYMount™
Adjustable Hardware

Spine-Align Posture
Conforming System

A multitude of
shapes and sizes

JAY®
SEATING

When buying a back, most people expect it to work without complication: the shell fits just right, the hardware mounts easily, contouring matches exactly, and moving the back on and off the chair is effortless. For most products, this is the ideal not the reality... until the **J3 Back**. Never before have the creative minds behind Jay spent more time studying the subtleties of fitting the back to the chair and the user to the back. Their result: The **J3 Back**. The most comprehensive combination of adjustable hardware, individual shell sizes and positioning capabilities ever assembled. **Introducing J3™...**

For more information and educational opportunities please visit the J3 Webpage at J3.sunrisemedical.com or call 1-800-333-4000.

SUNRISE MEDICAL
www.sunrisemedical.com

improving people's lives

SURVIVAL STEPS FOR SUPPLIERS NOT AWARDED COMPETITIVE BID CONTRACTS

JEFFREY S. BAIRD, ESQ.

It is simply not a happy situation if an HME company is not awarded a competitive bid contract. However, the following are responsive steps an HME company can take if it is not awarded a competitive bid contract.

Continue As a "Grandfathered" Supplier

There will be a "grandfathering" process for oxygen equipment and supplies; inexpensive or routinely purchased items furnished on a rental basis; items requiring frequent and substantial servicing; and capped items furnished on a rental basis. Only HME companies that began furnishing these items prior to the implementation of competitive bidding will be eligible to participate as a grandfathered supplier.

Innovative HME companies are focusing on the cash market.

Subcontract With a Contract Supplier

Many contract suppliers will need subcontractors to help them fulfill their responsibilities under competitive bidding contracts. In a subcontract arrangement, the contract supplier must have the operational responsibilities and financial risk for providing the product. The arrangement also needs to meet the Medicare anti-kickback statute and other applicable laws.

CMS does not require a subcontractor to be accredited, but an accrediting organization may require the contract supplier insure a subcontractor follow the same quality standards as the contract supplier.

Provide Products and Services Not Subject to Competitive Bidding

Suppliers may sell products that are not covered in the competitive bidding program's product categories, therefore avoiding the bidding process.

Focus On Cash Sales

Innovative HME companies are focusing on the cash market, and pricing products that are sold for cash at lower prices than what Medicare allows for the same items. Because the company is saving in Medicare claim-submission costs, it can afford to lower prices for the cash market. If taking this route, it is important that the company adheres to OIG guidance on discounts to cash customers.

The HME company is prohibited from charging Medicare substantially in excess of the company's usual charges, unless there is good cause. The current regulations do not give any guidance on what constitutes "substantially in excess" or "usual charges." However, "[un]usual circumstances or medical complications requiring additional time, effort, [and] expense" would be considered good cause. While there have been some efforts by the OIG to define "substantially in excess" and "usual charges," no final rule has been issued, and no clear guidance has been provided.

Also, the entity operating the retail business may not be able to insulate affiliated companies from liability under the "substantially in excess" regulations by forming a separate legal entity to operate the retail business.

Consider Long-Term Care Facilities

Most residents in long-term care facilities may receive DME reimbursed by Medicare Part B as if they were residents of their own homes. For those long-term care facilities that are not paid a per-diem rate for patient care, HME companies may either bill Medicare directly for provision of the equipment, or, in some cases, facilities may choose to contract with the HME company to provide the equipment directly to the facility and then the facility will provide it as a benefit to its residents.

Contact Hospices

The hospice benefit paid to the HME company includes the equipment and products used to service the beneficiary. HME companies are not entitled to receive reimbursement from Medicare for equipment provided to hospice patients. Hospices, however, may purchase this equipment directly from HME companies. The HME company should approach hospice providers in its market to inquire about their source of medical equipment and to determine if the hospice is a potential purchaser of equipment or supplies.

Bid On Veterans Administration (VA) Hospitals and Facilities

The VA is a large purchaser of DME and routinely sends out requests for proposals asking that HME companies submit a bid to different VA regions or facilities that service patients. An overview of the VA bid process is available online at http://www.va.gov/osdbu/library/factsheet/smoothprocess. More detailed information about the claim submission process and regions is also available

CONTINUED ON PAGE 41

U.S. Rehab: Providing the resources you need on your bookshelf:

- Assistive Technology Training and CEAC from US Rehab®
- Policies/procedures and quality management from VGM Education
- Sign up for a Billing and Reimbursement Roadshow w/Peggy Walker
- Comprehensive online HME education from VGMU

You BELONG with us! U.S. ★ REHAB®

www.usrehab.com • 800-987-7342

DOCUMENTATION AND AUDITS OF PMDS: IS IT REALLY THAT BAD?

CLAUDIA AMORTEGUI,
President,
The Orion Group, Inc.

It seems like each day I wake up there are new "clarified instructions" for what Medicare wants regarding PMD documentation. Unfortunately for our side, complex rehab, we are getting caught in the middle of the battle. As some have said, if it wasn't for the abuse in the original K11 market, all of these requirements would have never been created. The issue is these rules are based on the way consumer-power business is run. Obviously, this differs greatly in our world, but at this point we have to follow the rules. By all means, the abuse has been beyond belief, but unfortunately the people who truly need this equipment are having to jump through hoops that are not normal for their types of conditions.

We simply need to read and understand the information we obtain.

When it comes to documentation, I have found collecting the "chart notes" and other supporting materials can be difficult to attain at times, but the information needed is typically there. Sometimes I find providers attempt to go overboard in collecting specific documentation—especially for well-qualifying patients. The trick to getting this right is to first understand what is enough, and second, to have someone actually read the documentation received. This sounds basic, but this is where I find many errors.

For example, many times companies look for word-for-word answers to the algorithmic approach in the chart notes. You should realize this will never happen—at least if it is not "prepped." The way to look at it is some of those questions are answered, but in different manners. The question regarding the use of lower level equipment (cane, crutch, walker) is answered automatically for those patients with a complete spinal cord injury. Dependent of the level of their injury, this may also hold true for the manual wheelchair question. Just understand some of the algorithmic approach may be answered within the patient's condition itself.

As for getting the information, if a physician's office states it cannot provide this due to HIPAA constraints, be sure to fax a copy of your signed release of information statement (which you should receive during your initial visit with a client). In most cases, this will eliminate any concerns. Something else to remember is your therapist evaluations, or as Medicare calls them, LCMP evaluations, will assist in documentation as long as they are thorough. By no means do these evaluations take the place of physician chart notes, but they will certainly be more detailed, specifically for all the parts and pieces that are billed separately.

If I think documentation collection is not as difficult as people say, then why was there such a significant percentage of denials reported in the "probe" completed by Regions A & B? It seemed like everything was denied. Honestly, the results were not a surprise. First, look at the code, K0823; for those of you primarily in the complex rehab business, you should rarely—if ever—use this code. Also, many of the denials were given due to the fact the providers targeted were sent "development" letters; providers were asked to provide additional information, but when many did not reply, it resulted in automatic denials. In addition, of those who did reply, chart notes that supported the medical need were typically not included. I think this is where everyone gets scared, but again, think about your type of clients versus theirs: they're different.

When it comes down to it, we simply need to read and understand the information we obtain. And remember, more does not always mean better. Be sure staff members are knowledgeable enough to understand what they are reading and how it pertains to coverage. Be sure to track how many days it takes to receive the required information; in most cases, complex rehab providers respond well within the required 45 days of the request's receipt. With these keys, you should be fine. There are always exceptions, but do not make those the rules.

As always, The Orion Group is here to answer any questions you may have or to assist in any way with your billing or Medicare questions. We can be reached at info@orionreimbusement.net or 303-623-4411.

TRU-Balance® 2 Lift and Tilt
(coming soon)

QUANTUM® REHAB

REHAB SOLUTIONS AS DIVERSE AS YOUR CLIENTS

From basic configurations to the most complex applications, Quantum Rehab® builds power chair solutions to meet your clients' needs.

Custom Solutions

TRU-Comfort™ Seating System

Q6000Z shown with Q-Logic Drive Controls and TRU-Balance® 2 Power Positioning

Q-Logic Drive Controls

Secondary Drive Controls

COUNT ON QUANTUM® FOR CUSTOMIZED SOLUTIONS.

TRU-Balance® 2 Power Positioning

Call today! (US) **866-800-2002** • (Canada) **888-570-1113**
Visit us on the web: **www.quantumrehab.com**

INDUSTRY LEADERS SPEAK OUT ABOUT COMPLEX REHAB AND ASSISTIVE TECHNOLOGY

NRRTS News sent the following questions to a core group of industry leaders requesting their feedback. Jerry Keiderling, President of U.S. Rehab; Rita Hostak, Vice President, Government Relations for Sunrise Medical; Cara Bachenheimer, Vice President, Government Relations for Invacare; Tom Rolick, Vice President of Business Development for Permobil; Seth Johnson, Vice President, Government Affairs for Pride/Quantum Rehab; and Don Clayback, Senior Vice President—Networks for The MED Group graciously provided their opinions. Thanks to each of them for their time!


JERRY KEIDERLING


RITA HOSTAK


CARA BACHENHEIMER


TOM ROLICK


SETH JOHNSON


DON CLAYBACK

How does your organization describe Complex Rehab and Assistive Technology products and services?

Jerry Keiderling: Hopefully, everyone of us describes complex rehab as is outlined in H.R. 2231: Medically necessary adaptive seating, positioning and mobility devices and speech-generating devices that are evaluated, fitted, configured, adjusted or programmed to meet the specific and unique needs of an individual with a primary diagnosis resulting from injury or trauma or which is neuromuscular in nature. These products and services provided are individually unique to the patients and their specific needs.

Rita Hostak: Sunrise Medical considers products that are highly configurable and ordered and built to individual specifications provided through an assessment and measurements of a specific individual as those that qualify as rehab. Assistive technology, from our perspective, includes devices such as speech-generating devices, environmental controls, etc.

Cara Bachenheimer: Invacare defines rehab and assistive technology products and services—the scope of practice covered by our activities—as those prescribed by a physician that:

- Primarily address and provide wheeled mobility, seating and alternative positioning, ambulation support or environmental controls to meet the physiologic and functional needs of people with disabilities—as well as assisting these people in performing their daily living activities—and are provided under at least one of the following situations:
  - the consumer has a primary diagnosis which results from childhood or adult onset disease, injury or trauma; or
  - the consumer has a primary diagnosis or symptom otology that is neuromuscular in nature; or
  - the consumer requires adaptive seating or positioning equipment; or
  - the consumer is under age 21; or
  - the consumer has a diagnosis that indicates a need for other assistive technology.

Tom Rolick: Groups 3, 4, and 5 SADMERC classified products.

Seth Johnson: Complex rehab and assistive technology products are products and services that provide wheeled mobility, seating and positioning, ambulation support or environmental controls to meet the medical needs of people with disabilities. For power wheelchairs, Pride/Quantum Rehab works within the Medicare definition of complex rehab, which CMS has currently defined as Group 2 single-power option and above.

Don Clayback: In essence, we use a definition along the lines of what was included in the Rehab Exemption legislation. The products and services relate to medically necessary adaptive seating, positioning, mobility devices and other specialized equipment that is evaluated, fitted, configured, adjusted or programmed to meet the specific and unique needs of an individual with a primary diagnosis resulting from injury or trauma.

In the long run, is Medicare or Medicaid going to be the more difficult problem to solve for suppliers of complex rehab and assistive technology equipment and services? Why?

Jerry Keiderling: Competitive bidding aside, Medicaid will be a much more difficult problem in the future. States have already begun to slash reimbursement levels and categories due to the lack of a favorable operating budget—some going to the far reaches of a "cost-plus" type payment that can be very damaging to the scope of service necessary to provide proper equipment for those in need.

Rita Hostak: For many reasons, addressing Medicare and Medicaid independently is unrealistic. In many cases, the industry must work through the Medicare issues in an effort to resolve or avoid problems related to Medicaid. Coding is a good example, as CMS has HCPCS coding authority. Any significant changes in coding tend to result in changes in coverage and in payment. These changes are often the impetus for Medicaid to make changes as well. Because of the connectivity between these two payers, it is critical to work closely with CMS and its contractors regarding changes in coding, coverage and payment to ensure the best possible medical policy and adequate reimbursement. This strategy offers an appropriate policy to promote with Medicaid programs across the country. Moreover, this allows for a strong unified voice across the States. Without this, the industry ends up working in smaller groups at the state level. As a result, there can be different messages and strategies on the part of the industry while the individual Medicaid programs are beginning to work in a collaborative manner and comparing information. This paradigm can certainly make the Medicaid problems more difficult to solve.

Cara Bachenheimer: While both programs present different and sometimes unique challenges, Medicare is perceived by other payers as the "leader" in setting policy. Therefore, any restrictive policy that the Medicare program implements, such as restrictive coverage and payment policies, the state Medicaid programs and private payers typically follow suit. For example, state Medicaid programs that are attempting to impose the "in-the-home" coverage restriction that Medicare has initiated, despite fairly clear legal mandates that the states cannot do so. Therefore, if we could solve all our problems with Medicare, we'd likely solve those same problems with other payers as well.

Tom Rolick: Both will be challenging considering the proposed changes. Medicaid may become

CONTINUED ON PAGE 26

continued from page 25

INDUSTRY LEADERS

somewhat more problematic, as they can independently interpret and selectively adhere to Medicare's policy and payment conditions.

Seth Johnson: Medicaid—we have more than 50 funding programs, and each one is different. Many states are facing a shortfall in revenues and are looking for ways to save money (Michigan for instance). The states, for the most part, do not understand complex rehab and how we help save them money by keeping people out of nursing homes and other institutional settings. Some states are also currently looking to adapt the new Medicare codes and recalculate their fee schedules by taking a percentage off of the significantly reduced (27 percent on average) Medicare fee schedules that went into effect November 2006. On top of that, some states are looking at a cost-plus system, whereby they will pay a percentage above your cost. There is no payment provision for any type of service provided and no recognition of the pre-approval costs such as evaluation, approval paperwork or travel time. The most effective way for providers to lobby the states is to join together and lobby as one entity through their state association or to create a rehab council or organization like the rehab providers in Texas did a few years ago.

Don Clayback: While they both present challenges, as an industry, I think Medicaid will be the more difficult. Given there are different programs for each state, each with their own rules and funding rates, dealing with the overall Medicaid system very difficult. In addition, each state has its own budget pressures, and the "DME" benefit, which includes complex rehab, can be vulnerable. The bottom line is that they both will require ongoing attention and manpower.

Report fraud and abuse to the OIG.

How did complex rehab get to the precarious place it's in today and what steps can we take to avoid this precipice in the future?

Jerry Keiderling: The problems we face today have been festering for quite some time, and only now have they come to the surface and caught great attention.

There are several steps we as an industry can take to help solve these problems and to help avoid future attacks on our industry:

a. Get involved. I know this statement has been used a lot, but it's true. We need everyone in the rehab industry to take the jump into building a communications line to their elected officials. They need to hear from us, and even more importantly, from our patients. Remember politicians see everyone as a constituent, but we as suppliers only represent one part of the industry—the moneymakers. Oh, it's sad but true. In their eyes, we are part of the problem, not the solution. This makes our job as communicators very difficult.

b. Be a part of the organizations fighting for the industry: NRRTS, NCART and the AAHomecare Rehab Council (RATC). These organizations are doing all they can to preserve our right to provide quality products and service for a fair price. They need your support.

c. Maybe most importantly, report fraud and abuse to the OIG. When you hear of fraudulent activities happening in your area, gather as much information and details as possible and report it. If you are concerned about "being involved," you shouldn't be. You are simply doing the right thing. There are avenues to report these activities anonymously, if that makes you feel more comfortable. The OIG has proven they can't/don't police the industry very well. In fact, had they performed to even a satisfactory level, we might not be in as much peril as we are today.

Rita Hostak: We can either point to outside forces or we can recognize our own failures. Hindsight is definitely more acutely focused, but I believe a campaign to educate policy makers and legislators about complex rehab and how it differs from DME should have been launched long before now. In addition, we should have anticipated the choking budgets related to health care in general and armed ourselves with studies validating the cost of the service component related to complex rehab and positive clinical outcomes for the individuals that depend on this technology. In order to stabilize the rehab industry going forward, we must change the way we respond, have a rigorous strategy and not limit our efforts to the current crisis. Instead, we must be intensely focused on stabilizing and revitalizing the rehab industry, and we must be willing to expend resources on a long-term strategy.

Cara Bachenheimer: First, we have never been a well-understood provider group, although we have made some incremental improvement in recent years. We are very small but very complex, and policy makers tend to have oversimplified ideas of what we do and what services we provide. Second, the entire DME industry has a poor image in D.C., and we have not managed to escape that. Third, policy makers continue to have the unfounded perception that we are overpaid. This is based in part on policy makers looking simply at acquisition costs of basic products on Web sites, and also on the non-recognition, or severe under-valuing, of the service component. We need to take measured steps to address all three of these issues in a constructive fashion. Ultimately, the best way to communicate the value of what we provide is to ensure consumers are front and center, and they are the

CONTINUED ON PAGE 28

What's new at Convaid?

more Advanced Seating

- Solid planar seat and back give support for longer sitting periods
- Provides good trunk posture for improved respiration & digestion
- In-depth positioning options
- Tilt adjustment from 5°- 45°
- Seating system removes for compact folding
- Crash tested transit model available

MOUNTEE

CRASH TESTED
WC19 COMPLIANT

Easy folding:

1-888-CONVAID
www.convaid.com

Convaid
ADVANCED SEATING & MOBILITY

continued from page 26

INDUSTRY LEADERS

ones communicating these issues to policy makers.

Tom Rolick: The challenges facing complex rehab today are mostly collateral damage due to the fraud and abuse that took place in the consumer-power market of our industry. We can avoid this in the future by further separating the worlds of consumer power and complex rehab.

Seth Johnson: Complex rehab is in the position it is in today for many reasons, but mainly it's due to CMS' response to the widely reported fraud and abuse (which the industry alerted them to) that took place in 2003. As we know, CMS' response was a three-pronged approach focused on implementing new coverage criterion, new codes to better reflect the current technologies available in the marketplace and new fee schedules to ensure appropriate payment. Those changes completely altered the Medicare benefit for these products. While the industry was unified on many of these efforts and worked closely with CMS, the areas where the industry was not unified tended to be the areas that required the most effort on the back end to address the government's initial final proposal. In the future, the best way to protect complex rehab is to have a strong and cohesive lobbying effort that involves every rehab provider working with their senators and representatives (regardless of their committee positions) to educate them and turn them into champions on our issues. Hiring a lobbying firm in Washington, DC may be part of the solution, but we in the industry hold the key to success through our businesses and those beneficiaries/constituents who rely on our products and services in the legislator's state/district everyday. Clinicians, consumers and providers are the ones who carry this message most effectively.

The 10 percent cost provision should help ensure complex rehab is not included in competitive bidding.

Don Clayback: We are a very small piece of the health-care pie and there is a very limited, if any, understanding of what we do. The equipment and manpower involved is expensive and the higher dollar amounts are vulnerable to reduction as payers look to cut back fees. We have suffered significant collateral damage from the fraud and abuse focus on the power-mobility market. We need to continue to develop our message through NRRTS, NCART and the RATC, and we must get more clinician and consumer involvement. Active support of these organizations is critical.

Clinicians, consumers and providers are the ones who carry this message most effectively.

What are the major provisions of the Tanner-Hobson Bill that directly impact complex rehab?

Jerry Keiderling: This bill would amend the competitive acquisition provisions of the Medicare Modernization Act of 2003 (MMA) to protect patient access to top-quality care and protect homecare providers:

- Protect patients by requiring competitive bidding not begin until quality standards are in place.
- Exempt smaller, rural areas (populations less than 500,000).
- Allow all qualified providers to participate at the selected award price.
- Restore the rights of participating providers to administrative and judicial review.
- Exempt items and services unless savings of at least 10 percent can be demonstrated.

Rita Hostak: Did not answer.

Cara Bachenheimer: There are three critical provisions that directly impact complex rehab. First, the "any willing provider" provision that would allow any qualified provider to participate at the bid rate, if that provider's bid was too high. Second, the provision requiring CMS to demonstrate a likelihood of achieving a 10 percent savings prior to including any product category in a bid. Third, the moratorium after the initial 10 sites—Congress would specifically have to pass legislation to allow Medicare to expand the program beyond the initial 10 sites.

Tom Rolick: Did not answer.

Seth Johnson: The 10 percent cost provision should help ensure complex rehab is not included in competitive bidding. The provision would prevent Congress from expanding the program beyond the initial 10 areas without passing another bill expressly authorizing HHS/CMS to move forward with the next 70 areas. Also the "any willing provider" provision would allow all rehab providers who chose to participate at the bid rate to do so as long as they submitted a bid to participate in the program. Lastly, the provision to restore the appeals rights provides added protection to rehab providers, who without the provision have no real legal recourse under the current competitive bidding program framework to challenge the government's decisions within the program.

Don Clayback: The significant provisions include: requiring CMS to document that they can obtain greater than 10 percent in savings, allowing any willing, qualified provider to participate, providing for an appeals process, requiring CMS to report on Round 1 before going to Round 2 and exemption of smaller MSAs from inclusion. These

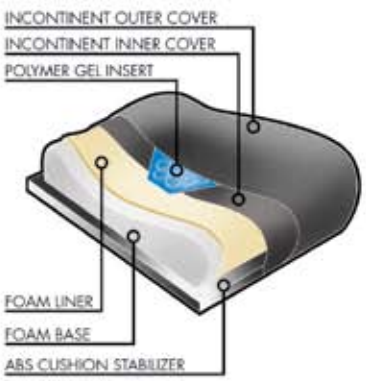
CONTINUED ON PAGE 30

THE HUMAN BODY HAS FINALLY MET ITS MATCH

CUSTOM SEATING SYSTEMS—ONLY FROM PRM.

CUSTOM MEASURED—PRECISION-FIT

Since no two people are exactly alike, Precision-Fit enables you to begin with one of three standard cushion shapes and customize it to you client's specific needs.



And unlike its off-the-shelf predecessors, Precision-Fit is custom-designed as a single, complete cushion unit. What's more, each cushion comes equipped with a waterproof outer cover, a waterproof inner cover, the customized foam shape and a cushion rigidizer. Optional items include a gel insert, adductor reinforcements, extra covers and a drop base with hardware.

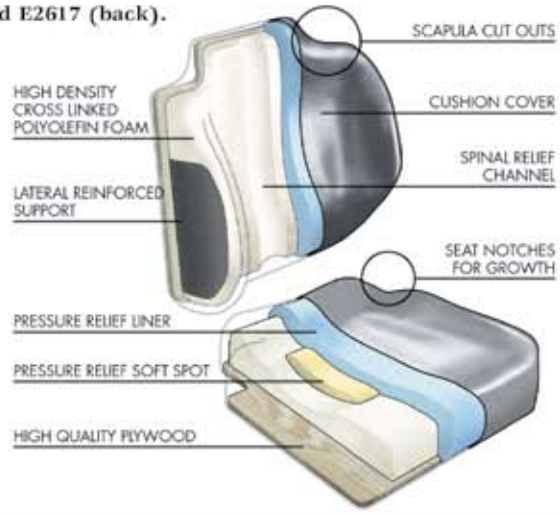
Precision-Fit is Medicare-eligible under code E2609 (seat).

CUSTOM MOLDED—SIGNATURE-FIT

PRM's exclusive Signature-Fit provides multiple foam firmnesses to meet the positioning needs of your client and the pressure relief they cannot do without.

We offer sewn removable covers, rail cuts, reinforced thin laterals, foam waterproofing, plus much more. Our price list and order form outline the cushion options we currently offer.

Signature-Fit is Medicare-eligible under codes E2609 (seat) and E2617 (back).



11861 East Main Road
North East, PA 16428
ph: 814/725-8731
fx: 814/725-2934
toll free: 866-PRM-REHAB
www.prmrehab.com

PRM
THE POWER OF PRECISION

FOR QUALITY, ACCURACY AND ON-TIME DELIVERY, PRM CAN MEET YOUR CUSTOM SEATING AND POSITIONING NEEDS. TO RECEIVE A CURRENT PRICE LIST AND ORDER FORM, CALL TODAY OR VISIT US ONLINE 24/7.

continued from page 28

are not exclusive to complex rehab, but do provide partial relief.

What are the chances that Tanner-Hobson will pass and a companion Senate bill will be successful? Why?

Jerry Keiderling: Chances are good and momentum is building every day. As of when this was written, there are 134 cosponsors on the House side and 13 on the Senate side. It is estimated that it will take 150–200 cosponsors to really make an impression on the hill. We're on our way, but there is still a long way to go.

Rita Hostak: Did not answer.

Cara Bachenheimer: Our chances depend upon a number of variables. First, there will be a Medicare bill this fall, though we do not know how big, how the House and Senate will resolve their differences or whether the President will sign a Medicare bill that comes from Congress. Second, there is undoubtedly a cost to the Tanner-Hobson bill and the industry must be willing to support a cost saving measure to pay for it. Third, there must be the political will, demonstrated by support from the bill sponsors and a good number of members of Congress and chairmen of the relevant House and Senate committees. That is why it continues to be very important that providers across the country communicate with their senators and representatives about this important issue. It is also possible that portions of the Tanner-Hobson bill, which cost less and are less controversial, could get attached to a moving Medicare package.

Tom Rolick: Did not answer.

Seth Johnson: The bill has 134 cosponsors (at the time of this writing) and is continuing to gain additional support every week. We are, however, still seeing a number of past cosponsors who have not cosponsored the bill this year. Earlier in the year, Congressman Tanner said the industry goal should be 200 cosponsors to ensure success. Clearly, in the current legislative environment, it will be difficult to get the bill passed. However, the closer the number of cosponsors is to 200, the greater our chances of success in getting the bill attached to the Medicare legislation that will likely be voted on in November/December of this year. In addition, the bill will also carryover into next year, which is a big election year!

Don Clayback: While it's hard to quantify the chances, the bigger question is what other options do we have? There is no doubt it is an uphill battle. But the fact is, this bill and the rehab exemption bills are the sole legislative remedies we have. We need to continue to push them forward.

What are the negative outcomes if Tanner-Hobson does not pass?

Jerry Keiderling: Full-bore competitive bidding as set forth in the mandate. Katy, bar the door!

Rita Hostak: Did not answer.

Cara Bachenheimer: If no legislation happens in the next few years, CMS will continue to implement the bidding program, moving to 70 additional metropolitan areas in 2009. If Tanner-Hobson does not pass this year, that does not mean it or a similar bill will not pass next year or in 2009. As CMS moves forward with the bidding program and as issues arise, Congress will be increasingly likely to take legislative action to address those issues.

Tom Rolick: If Tanner-Hobson does not pass in some form, complex rehab would be limited to a select few providers, limiting choices and options.

Seth Johnson: Then competitive bidding will begin with no thought to the proper clinical outcomes for the patient. Competitive bidding in the present form allows unqualified complex rehab companies to bid on the complex rehab products. In the end, the patient will suffer the most. This is an untenable situation.

Don Clayback: Not only will competitive bidding move ahead, but it will do so with no review and appeal process in place.

What are the major provisions of HR 2331, the rehab carve-out bill?

Jerry Keiderling: This bill would amend the competitive acquisition provisions of the Medicare Modernization Act of 2003 (MMA) to protect patient access to top-quality care and protect homecare providers:

- Protect patients by requiring competitive bidding not begin until quality standards are in place.
- Exempt smaller, rural areas (populations less than 500,000).
- Allow all qualified providers to participate at the selected award price.
- Restore the rights of participating providers to administrative and judicial review.
- Exempt items and services unless savings of at least 10 percent can be demonstrated.

Rita Hostak: It exempts complex rehab and assistive technology from competitive bidding, And declares that in establishing medical necessity of a device described as complex rehab for the treatment of an individual, the Secretary shall consider whether the device is expected to be necessary for such treatment taking into account the diagnosis, prognosis and functional need of the individual and the expected progression of the disease or disability involved.

Cara Bachenheimer: This bill would essentially exempt high-end rehab and items and services from the bidding program; CMS would not be allowed to include these items and services in the bidding program.

Tom Rolick: Simply put, complex rehab should not be competitively bid.

CONTINUED ON PAGE 32

Invacare delivers rehab solutions for a changing business model.

Invacare® Pronto® M41™

MK6i™

Invacare® MK6i™ Electronics

Invacare® TDX™ SP with Formula™ CG Tilt

INVACARE®

Yes, you can.®

Invacare® Top End® Crossfire™ Titanium

Invacare® Lynx™ L-3

Invacare® ProSPIN™ X4™ Fixed Front Frame

For more information about the Invacare Products contact your Invacare Territory Business Manager, call us at 800-333-6900 or visit our website at www.invacare.com.

National Corporate Sponsor

Invacare® Flowair™ Cushion

Invacare® Stabilite™ Cushion

continued from page 30

INDUSTRY LEADERS

Seth Johnson: It would exempt all complex rehab products from competitive bidding. This is the best legislation to protect complex rehab and assistive technology.

Don Clayback: HR 2231 is the best bill for complex rehab. It provides a blanket exemption for complex rehab equipment from Medicare's competitive bidding. These products would not be included and the fees and providers would remain as is. It also sends a clear legislative message that our products and services are different from traditional mobility and DME, and they need to be treated differently. This has significant positive aspects beyond just the Medicare program.

We have a chance to get this competitive bidding process right, and HR 2331 is a step in that direction.

Realistically, what are the chances that HR 2231 will pass and that a companion Senate bill will be introduced and passed as well, and what can individuals do to help assure a successful outcome?

Jerry Keiderling: Never give up. HR 2231 has been a slow moving bill, but has caught the eye of many elected officials. It is likely that HR 2231 will not pass as a stand-alone bill, but with sufficient support from Congress, it has a good chance of being attached to another piece of legislation and carried on through. Many of the CMS officials also recognize the specialty nature of complex rehab, but have yet to acknowledge their mistake in allowing it to go to bid. We must keep the fire burning on this subject. Contact your elected officials and explain to them just what complex rehab really is. Once they see the difference between high-end rehab and wheeled mobility, they generally come around and support the action.

Rita Hostak: This legislation is unlikely to pass as a free standing bill. However, if there is sufficient support for the provisions of this legislation and it is acknowledged as low cost, but critically important, there is a good chance the provision could be included in a larger piece of Medicare legislation. NCART is working with Quinn-Gillespie to develop and implement the right strategy that has the highest likelihood for a win. Now is the time for every rehab company, RTS, clinician and consumer to contact members of congress about this issue and ask for support of a complex rehab carve-out.

Cara Bachenheimer: Our success is, like Tanner-Hobson (see previous statement), dependent on political support from key leaders in the House and Senate, as well as the existence of a Medicare vehicle this year.

Tom Rolick: I'm not sure if HR 2231 is big enough to get what it needs to pass, but it may not be so much as getting a lot of people involved as it is getting the right people involved. We have a chance to get this competitive bidding process right, and HR 2231 is a step in that direction.

Seth Johnson: I know that NCART and its members have been working tirelessly to raise awareness of this bill and educate members of Congress on the need to cosponsor it. There are efforts to get more consumers involved, and the recent NCART press conference was very good and provided good consumer testimonies that illustrate why the exemption is necessary. Unfortunately, due to the lack of significant cosponsors (22) and the fact that a Senate companion bill has not been introduced, it will be extremely difficult to get it passed into law this year. However, there is always next year. It is a lot easier to get a bill like this passed in a big election year, when legislators want to help their constituents.

Don Clayback: Again, getting any legislation passed is an uphill battle. But this is a small and focused bill based on a very compelling goal. The cost is not significant and the scope is limited. This is THE rehab bill. We need to get consumers and clinicians engaged with key members of Congress. This is how providers can help in their communities. Additional information and resources can be found at www.ncart.us and www.complexrehab.org.

If HR2231 is unsuccessful, what will complex rehab and assistive technology service provision look like in the short and long term?

Jerry Keiderling: Depending on the winning bid prices within each metropolitan service area, providers will be forced to examine their business models as a whole and as individual service components. Activity-based costing will be a most valuable tool that will tell the story of how business practices will need to change. Lower reimbursement rates will dictate changes in operations. The traditional labor-intensive, high level of service provided may be mutated into something with more patient responsibility and involvement. Many beneficiaries will be forced to come to the provider for provision of service and equipment.

Rita Hostak: This depends on the winning bidders. Whether the short-term outcome will result in standardization of products and a reduction in services associated with complex rehab, or whether winning suppliers will in fact find a more cost-effective process that will allow complex rehab products to be delivered with reduced reimbursement, will be

CONTINUED ON PAGE 34

Ti LITE®

Work or Play, MY Prescription is the Same – TiLITE

Suzy Kim, M.D.
Spinal Cord Injury Medicine

The TiLite TR

The TR takes performance to a whole new level. For starters, the upper and lower frame tubes have been moved closer together, reducing the TR's frame geometry. This allows the TR to fit into smaller spaces than other chairs with a dual tube frame. In addition, the TR's frame style provides superior rigidity, optimizing the users' energy for the most efficient propulsion you will find anywhere. The TR also features TiLite's exclusive bullet style caster housing, which reduces weight and adds to the stylish look of the TR.

The TR is an eye-catching combination of materials and design that yields performance unlike anything you have ever experienced.
Learn more at tilite.com or call 800.545.2266

continued from page 32

INDUSTRY LEADERS

determined by the contract suppliers. In the long-term, if complex rehab is not exempted from competitive bidding, it will inevitably alter the model that exists today and lead to product formularies and reduced product selection. The impact of competitive bidding by Medicare will rapidly impact other funding sources. So, the question should be, "how will the industry fund studies and projects to highlight the impact of competitive bidding on access to complex rehab and the clinical outcome of individuals that depend on this technology, and how will suppliers and manufacturers survive until the impact to consumers is determined?" The long-term outlook should serve to motivate everyone to focus on achieving a rehab exemption.

The long-term outlook should serve to motivate everyone to focus on achieving a rehab exemption.

Cara Bachenheimer: It all depends on the bid prices in the 10 metropolitan areas and whether or not the winning providers can continue to provide service at the current level. Most agree that it will likely be very difficult to sustain the quality of services that Medicare beneficiaries currently receive.

Tom Rolick: If HR 2231 is unsuccessful, our industry will be forced to work it out, as we always have. It may not be easy, but the facts will remain: people need wheelchairs, people need to provide them and people need to pay for them.

Seth Johnson: Short term—significant confusion for therapists, case managers, RTSs and companies. There will be a lot of questions that need to be answered, like dual eligibility. Long term—I am a huge believer in this industry and in the people who make up this industry. Will the rehab provider landscape look different in the CBAs? Probably, but I am hopeful that over the long term, CMS/HHS will ultimately exempt complex rehab from competitive bidding prior to the program going national. I think the unfortunate victim is likely going to be the patient.

Don Clayback: In the short term, the allowable charges will be less, there will be fewer providers, there will be a lowering of the quality of products and services and there will be a reduction in the services provided to beneficiaries. Long term will depend on whether or not these negative consequences are identified and reported, and whether or not clinicians and consumers join the fight to rescind the program.

CONTINUED ON PAGE 36

EASY (AND ACTIVE) STANDING FOR SMALL ADULTS!

EasyStand™ Evolv™ Youth

With the release of the new EasyStand Evolv Youth, individuals from 4' to 5' 6" can stand up and get active range of motion.

Evolv Youth Glider

Evolv Youth

Evolv Youth Shadow Tray

The EasyStand Evolv is now available in youth and adult sizes. The Evolv has over 40 options available, including the active standing Glider, Pow'r Up Lift, Hand Cycle and Shadow Tray. Call or go online for more information today.

AltimateMedical
Standing People, Changing Lives

www.easystand.com
800•342•8968

EasyStand™
Superior Standers Proven Durability Exceptional Service

continued from page 34

INDUSTRY LEADERS

How do manufacturers decide where to expend their legislative and regulatory resources between various market segments, specifically complex rehab and standard PMDs?

Jerry Keiderling: Not applicable to U.S. rehab.

Rita Hostak: For Sunrise, our resources are focused on the products in our portfolio. Our primary manufacturing focus is complex rehab products: manual wheelchairs, power wheelchairs and seating and positioning products that are designed for individuals with disabilities. We also focus on areas that are important to our primary customer base. A stable marketplace is critical for Sunrise as a manufacturer, as well as for our customers.

Cara Bachenheimer: Invacare does not draw bright lines or allocate specific dollars/resources to different product sectors. Instead, we focus our resources on the issues that are most problematic to the industry and on those that we have the highest chances of making a positive impact. Moreover, many of the issues span across product categories, such as the PMD documentation issue, so there is no artificial segregation of resources to address this complex issue.

Tom Rolick: We stay focused on the complex rehab side.

Seth Johnson: We talk to our providers, provide them the legislative and regulatory landscape and then listen to their top priorities and develop a plan to best address those goals.

Don Clayback: Not applicable to The MED Group.

What is the role of your company in the political process to assure the successful passage of HR 2231?

Jerry Keiderling: We're as deep into the trenches as we can be: contacting elected officials from all over the country, making visits to their offices and fundraisers, hosting fundraisers and visits to our facility and simply building relationships with key officials in order to tell our story and convince them to amend the pending mandates. Besides our own efforts, we also take active parts in NCART and AAHomecare Rehab Council (RATC), andof course we support NRRTS and work with CMS officials as well.

Rita Hostak: Sunrise Medical is a strong supporter of HR 2231. We have financially supported lobbying efforts through NCART, as well as our own

CONTINUED ON PAGE 38

x:panda™

A unique seating system that offers unparalleled dynamic movement and growth for even the most challenging conditions.

The x:panda is a multi-adjustable seat with a dynamic back, making it possible for a child to extend and push back against relatively light resistance which recovers into the desired seating position. The back can be angled to place a child in an open or closed hip angle, and locked into place for feeding and other activities where a static back is required.

The x:panda is available in three sizes, each providing seat depth, width, and back height adjustment. Combine the x:panda with our Tiger, Serval, Combi, Cougar, and High Low Indoor or Outdoor frame for superior mobility.

x:panda™ by R82

Main Features:

Suitable for children from 6" to 14" in seat width
Dynamic back – maintains pelvic positioning
Dynamic movement – adjusts to fit most users
Individually adjustable leg abduction
Patented recline adjustment
Innovative stylish design

Snug Seat Inc.
12801 E. Independence Blvd.
P. O. Box 1739
Matthews NC 28106
Tel 1 800 336 7684

SNUG SEAT®

Web: www.snugseat.com

continued from page 36

INDUSTRY LEADERS

lobbying efforts. We have reached out to clinicians, consumer groups and suppliers in an effort to increase activity related to this important legislation. Sunrise is very committed to ensuring passage of a rehab exemption.

Cara Bachenheimer: We have been actively engaged in working to increase the number of cosponsors to this important measure. We have also been lobbying key committee members and staff about the merits of this bill. In addition, we are a major NCART supporter and I participate on the NCART board.

Tom Rolick: Permobil has been aggressive and successful in the solicitation of cosponsors for HR2231. To date, our trips to D.C. and local campaigning efforts have produced six cosponsors from the state of Tennessee.

Seth Johnson: Pride has held meetings with legislators in the House to build support for the bill and a few of the current cosponsors signed on as a direct result of our support for the legislation. We have also been holding meetings with senators to build support once a Senate companion bill is introduced. Pride is also very involved and supportive of NCART and the AAHomecare RATC, who both support the legislation.

Don Clayback: We are active within MED and through our leadership role at NCART to communicate the issue, develop related tools and strategies and get these out to as broad an audience as possible. Through our Capitol Connection Web site, any person can access information for their representatives, view related talking points and e-mail their congressional offices. We also have been involved in the Washington, DC rehab fly-ins, in select fundraising events and have met with respective members of Congress to get their support for this legislation by pointing out the people with disabilities it will impact.

Starting in April of 2008, CMS is requiring an ATP evaluation and an ATS involved in the provision for all Group 3 PMDs. Is this a good thing for the consumer and for the supplier (both RTS and RTC)? What about for the manufacturer? Why?

Jerry Keiderling: My mind goes back to several years ago and I recall rehab providers voicing their opinions to be known as "rehab professionals." Be careful what you ask for! The ATS requirement is a good thing and definitely a step in the right direction. This credential now aligns the services we provide with those of health-care professionals. The ATP requirement is reaching a little bit. We all know that there are simply not enough ATPs specialized in complex rehab to handle the needs of the beneficiaries. The April 1, 2008 deadline is simply not realistic. We also know that this is an effort by CMS to help eliminate fraud, but those hell-bent on being involved in fraudulent activities will find a way around it.

Rita Hostak: The ATP requirement is currently under reconsideration. The DME PSC Medical Directors will release their decision in November. There are a number of ways to evaluate the value or impact of mandated credentialing or certification, and there are many opinions—some very passionate. The idea that launched the ATP and ATS credentials recognized that there was a need to have a way to identify experts in this field. We can all debate whether or not the current credentials and associated tests really do that. However, it is what is available. The industry has pushed for recognition of these credentials for several years. The hope was that this would be a way of advancing professionalism—a way to demonstrate the expertise, knowledge and skills that are required from both the RTS and the therapist. Moreover, it would offer a way to distinguish complex rehab suppliers from DME suppliers. In a perfect world, raising the level of professionalism and requiring minimal levels of knowledge and experience before an individual can assess, evaluate or provide this level of technology has positive consequences for consumers, suppliers, clinicians and manufacturers. However, the timing is far from perfect. There are simply not enough ATPs that are an OT or PT and who are not employed by a manufacturer or supplier. In addition, there are areas of the country, primarily rural areas, where there are no ATPs at all. Whether medical directors decide to abandon the ATP requirement altogether or merely delay implementation, we cannot go to sleep on this issue. Leaders in the industry need to continue to push for ways to distinguish individuals who possess the knowledge and expertise to practice in the field of wheeled mobility and seating.

Cara Bachenheimer: Absolutely, in a theoretical world it is vital that qualified individuals be involved in the evaluation of consumers to ensure the most appropriate package of items and services to suit the individual. Unfortunately, we have an access issue, and until that is resolved, beneficiaries will not be served simply because there will not be enough of these qualified individuals to assess and provide Group 3 PMDs.

Tom Rolick: It's good policy, but unfortunately it is full of unresolved issues. These outstanding issues must be resolved prior to implementation.

Seth Johnson: I think the ATS issue is good for consumers, providers and manufacturers. The ATP issue will also be a good thing for all stakeholders, but CMS must provide more time and also give proper incentives to therapists to become ATP certified. We support efforts to provide a three-year extension in the ATP deadline in order to make sure the lack of qualified ATPs does not result in beneficiaries being denied access to complex rehab.

Don Clayback: The good news is the recognition of credentialed personnel

CONTINUED ON PAGE 40

Maximum Support for Custom Seating

Otto Bock OBSS Custom Cushions

Otto Bock provides maximum support for your custom seating business. From in-depth education to dedicated customer support, we're here every step of the way. We invest in the best equipment and materials possible—from the Otto Bock Shape System (OBSS) used to digitize your patients to the 5-axis carver and foam that replicates the shape. The end result is a custom cushion, made to your specifications, that fits the intricate shapes of your most challenging patients.

Support for You ...

- Education
- Dedicated Customer Service Representative
- Excellent Customer Support

... And Your Patients

IMPROVED SOFTWARE!

OBSS software has been improved to make the client digitizing and cushion ordering process easier, faster and more accurate. Courses are being offered now for current OBSS-certified customers to learn and receive the new software. To learn more, go to our website at

www.ottobockus.com/education/course_descriptions.asp.

If you would like to learn more about the Otto Bock Shape System, please contact your Otto Bock sales representative at **800.328.4058**.

Otto Bock®
QUALITY FOR LIFE

continued from page 38

INDUSTRY LEADERS

in the delivery process. In general, I think the ATS requirement is a good thing for all parties. However, we need to continue to fight for a financial recognition of this in related fee schedules. The ATP requirement is another story. As is well known, the ATP requirement makes no sense, because there are not enough available. This message continues to be communicated to CMS. The main objective is to be sure a PT or OT with seating and mobility experience is involved in the process.

Other than competitive bidding and PMD documentation requirements, what are the biggest challenges that the complex rehab community will face in the next 18 months?

Jerry Keiderling: The biggest challenge yet to hurdle is the elimination of the first month purchase option on PMD. This is a huge issue that affects us all. Who will be able to supply complex rehab equipment and settle for 13 months worth of rent? Somebody will need to become a bank!

Rita Hostak:

1. Coding and coverage changes related to products other than power wheelchairs (i.e., manual wheelchairs).
2. Medicaid policies and pricing issues resulting from implementation of power and manual wheelchair coding.
3. Reuse of DME, including rehab and AT.
4. Additional cuts or freezes in reimbursement related to Medicare reform legislation.
5. OIG Work Plan for 2008 states, "We will review invoice prices for power wheelchairs and compare those prices to the Medicare fee schedule to assess pricing variations. In 2004, we found that the reimbursement rate paid by Medicare for power wheelchairs exceeded the prices suppliers paid by 242 percent."

Cara Bachenheimer: A major challenge is the "in-the-home" issue, which continues to be adopted by various state Medicaid programs. State Medicaid agencies move quickly in adopting new policies, and resources are scarce to address this problem in a comprehensive manner.

Tom Rolick: Getting back to actually raising the bar, instead of focusing on meeting the bar.

Seth Johnson: The real potential that the first-month purchase option for power wheelchairs could be eliminated in a Medicare package later this year and that all power wheelchairs would have to be rented for 13 months. In talking to many complex rehab providers, the outcome from that change would be more catastrophic for complex rehab providers than competitive bidding or documentation issues.

Don Clayback: Looking at today's radar screen, I would say Medicaid as a broad category with the degree of "challenges" varying with each state. The limitation of coverage and rates by traditional insurance and managed-care payers is a negative trend. And the adoption of Medicare policies by other payers will be a challenge, too. As an industry, we need to be able to document and communicate the benefits we provide. We need more quantitative data and we need more clinician/consumer involvement to help deliver these messages.

The individuals who participated in this interview can be reached via e-mail at the following addresses:

JERRY KEIDERLING
jerry.keiderling@usrehab.com

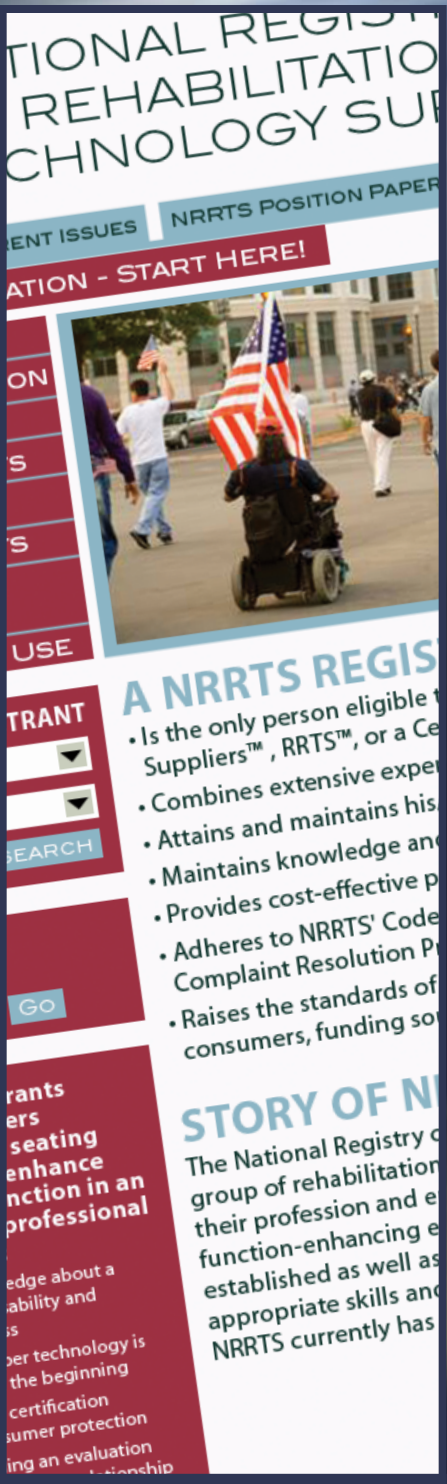
RITA HOSTAK
rita.hostak@sunmed.com

CARA BACHENHEIMER
cbachenheimer@invacare.com

TOM ROLICK
tom.r@permobilus.com

SETH JOHNSON
sjohnson@pridemobility.com

DON CLAYBACK
dclayback@medgroup.com



NRRTS Website

NRRTS' new website will launch mid to late December!

continued from page 20

SURVIVAL STEPS

online at http://www1.va.gov/oamm/index.htm.

Research State Prison Systems

Many state prison systems require DME or pharmaceuticals for prisoners, and many states have moved toward having specific prison facilities designated as "medical detention centers." HME companies interested in determining whether the department of corrections in their state contracts independently with HME companies for this service should visit http://www.corrections.com/links/viewlinks.asp?cat=30 for links to specific state boards of correction or prison systems and collect information regarding the appropriate contact person at the state level.

Contact Resort Hotels and Casinos

Many large resort hotels have begun providing wheelchairs, scooters and other medical equipment to guests as a way of making them feel more at home. HME companies that are located in a marketplace with large hotels and casinos should contact the hotels directly to determine if there is a contracting process and how companies may participate.

Service Airports

Airports are frequent purchasers of wheelchairs and other medical equipment for use by customers traveling through the airport. Many of these pieces of equipment are provided by local HME companies. Companies wishing to obtain more information should contact the airport facilities manager to discuss the contracting process.

Expand Into Geographical Areas Outside CBAs

The HME company can open up one or more locations outside a CBA and concentrate on servicing customers in the outlying areas.

Sell the Business

An unsuccessful bidder may decide to sell its business to a successful bidder. This can be an asset or stock sale. A common purchase price calculation is four to five times EBITDA (earnings before interest, taxes, depreciation and amortization). Often, the purchaser will employ the owner and key employees of the seller, incentivizing them to grow the acquired business.

About the author:
Jeffrey S. Baird, Esq. is Chairman of the Health Care Group at Brown & Fortunato, P.C., a law firm based in Amarillo, Texas. He represents home medical equipment companies, pharmacies, infusion companies and other health-care providers throughout the United States. Mr. Baird is Board Certified in Health Law by the Texas Board of Legal Specialization. He can be reached at (806) 345-6320 or jbaird@bf-law.com.

This article is not intended to be legal advice or legal opinion on any specific facts or circumstances. The contents are intended for general information purposes only. Attorneys at Brown & Fortunato, P.C. are not Certified by the Texas Board of Legal Specialization unless otherwise noted.

MEDTRADE® 2007

For the second time, NRRTS and Medtrade® partnered to provide the NRRTS Best Rehab Track. Presenters included Dr. Doran Edwards, Rita Hostak, Cara Bacchenheimer, Sharon Pratt, Allen Siekman, Ginny Paleg, Peggy Walker, Lauren Rosen, Jeff Baird, Denise Fletcher, Simon Margolis, Mike Seidel, Don Clayback, Wayne Grau, Tim Pederson, Jane Fontein, Stephanie Tanguay, Jacqueline Macauley, Weesie Walker, Chip Fiske and Jim Noland.

Thank you to the following sponsors:
Allen Siekman Consulting
Altimate Medical
Brown & Fortunato
Motion Concepts
NCART
PDG
Sunrise Medical
U.S. Rehab

CEU certificates for prepaid registrants have been mailed. If you did not prepay for the Rehab Track and would like to receive CEU certificates, contact our office via phone or e-mail.

NRRTS OPEN MEETING

NRRTS hosted an open, down-to-earth and frank discussion about the prognosis of rehab in the legislative and regulatory arena and how outcomes will impact rehab service delivery. Thank you to the following panel participants for providing valuable input: Cara Bachenheimer, Don Clayback, Wayne Grau, Rita Hostak and Jerry Keiderling.

DOOR PRIZES

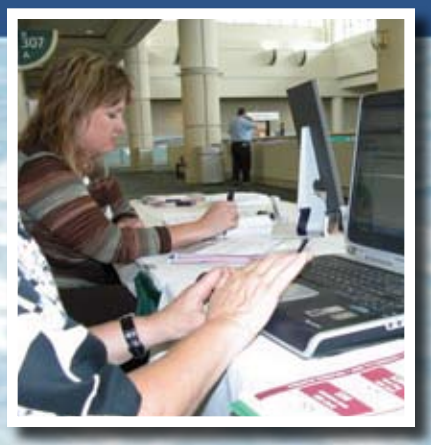
For the first time, NRRTS had door prizes! The following individuals were door prize recipients
$500 Best Buy gift card, courtesy of U.S. Rehab—Jean Minkel
$200 Best Buy gift card—Randal Malcom
$75 amazon.com gift card—Jeff Swift
$25 amazon.com gift card—David Hintzman

AWARDS

Leadership—NCART
Distinguished Service—Michele Gunn, ATP, CRTS®
Lifetime Achievement in the Health-Care Industry—Judy Vance
RTS of the Year—Gerry Dickerson, CRTS®
FON of the Year—Bruce Bayes, Custom Mobility
Consumer Advocate of the Year—Henry Claypool
Past President—Mike Seidel, CRTS®

NRRTS BOOTH

Thank you to the following individuals for "working" the NRRTS booth during Medtrade® 2007:
Michele Gunn
Gerry Dickerson
Leslie Rigg
Kay Koch
Mary Beth Kinney
John Zona
Cory Wernimont
Matthew Traynor
Kathy Fallon
Elaine Stewart
Rich Salm
Michelle Jackson
Weesie Walker
Mala Aaronson
Chip Fiske
Tom Borcherding
Jim Noland




Normal Hip Joint


medtrade

new registrants

DONALD BEARD, RRTS™
Achieve Mobility
822 Pioneer Street
Champaign, IL 61822
Telephone: 217-355-7971
Fax: 217-355-8619
Email Address: dbeardamigo@aol.com
Registration Date: 7/9/2007

ALEX BIELLO, RRTS™
Wolf Medical
100 Arnold Mill Way
Woodstock, GA 30188
Telephone: 770-924-1277 x.3
Fax: 770-924-6698
Email Address:
Registration Date: 8/27/2007

ILAN MICHAEL BREINER, RRTS™
Health Aid of Ohio, Inc.
4467 Industrial Parkway
Cleveland, OH 44135
Telephone: 216-252-3900 x.269
Fax: 216-252-4930
Email Address: ilanb@healthaidofohio.com
Registration Date: 10/10/2007

JEFF CHRISTIANSON, RRTS™
Southwest Medical & Rehab, Inc.
513 W. Thomas Road
Phoenix, AZ 85013
Telephone: 602-230-9493 x.201
Fax: 602-230-9497
Email Address: jchristianson@southwestmedical.com
Registration Date: 9/28/2007

MICHAEL T. CROWN, RRTS™
Horizon Homecare Supplies
5250 Klockner Dr.
Richmond, VA 23231
Telephone: 804-683-9133
Fax: 804-222-4308
Email Address:
Registration Date: 8/10/2007

STEVEN EDWARDS, RRTS™
Gulf Coast Rehab
2712 7th Ave South
Birmingham, AL 35233
Telephone: 205-833-0284 x.167
Email Address: sedwards@gulgcoastrehab.com
Registration Date: 10/17/2007

CRAIG EJK, RRTS™
Bay State Medical, Inc.
7271 Park Circle Drive
Hanover, MD 21076
Telephone: 410-859-2366 x.1075
Fax: 410-712-0162
Email Address:
Registration Date: 10/10/2007

RACHEL FECKANIN, RRTS™
Gilligan's Health Aid of Ohio, Inc.
4467 Industrial Pkwy
Cleveland, OH 44135
Telephone: 216-252-3900 x.246
Email Address: rachelf@healthaidofohio.com
Registration Date: 10/10/2007

EDWIN K. GUY, RRTS™
Northside Oxygen & Medical Equipment
702 Wabash Ave.
Zanesville, OH 43701
Telephone: 740-453-0693 x.122
Fax: 740-453-0748
Email Address: eguy@genesishcs.org
Registration Date: 10/12/2007

JEFFERY A. HENNESSEE, RRTS™
National Seating and Mobility
140 F Kay Drive
Easley, SC 29640
Telephone: 864-269-9430
Fax: 864-264-9434
Email Address: jhennessee@nsm-seating.com
Registration Date: 9/25/2007

CORI ANN MANTELA, RRTS™
Wright & Filippis, Inc.
1175 W. Washington
Marquette, MI 49855
Telephone: 906-228-6930
Fax: 906-228-8757
Registration Date: 8/30/2007

TRACIE MORALES, RRTS™
Preferred Homecare
10915 Technology Place
San Diego, CA 92127
Telephone: 858-637-6300
Fax: 858-673-7345
Email Address: Tracie.Morales@preferredhomecare.com
Registration Date: 9/25/2007

DARYL ROGERS, RRTS™
Wright & Filippis, Inc.
1175 W. Washington St.
Marquette, MI 49855
Telephone: 906-228-6930
Fax: 906-228-8757
Email Address:
Registration Date: 8/30/2007

MARC SMITH, RRTS™
Integrity Medical
1001 Walton Way
Augusta, GA 30901
Telephone: 706-855-8988
Fax: 706-855-8902
Email Address: mnsmith25@hotmail.com
Registration Date: 9/11/2007

TIMONTHY SPAULDING, RRTS™
Access To Independence
4960 South Prospect Street
Ravenna, OH 44266-9016
Telephone: 330-296-8111 x.228
Fax: 330-296-0539
Email Address:
Registration Date: 9/12/2007

LOU TAGLIAMONTI, RRTS™
Medi-Fair
25 Jefferson St.
Monticello, NY 12701
Telephone: 845-794-2323 x.317
Fax: 845-794-0712
Email Address: lou@medifair.com
Registration Date: 7/3/2007

crts®

Congratulations to NRRTS Registrants recently awarded CRTS®. A CRTS® receives a lapel pin signifying CRTS® status or Certified Rehabilitaiton Technology Supplier® and guidelines about the correct use of the credential.

ADAM N. CRAWFORD, ATS, CRTS®
Norco Medical
Boise, ID

ROBERT KAVISH, ATS, CRTS®
Memorial Homecare Network
Springfield, IL

PATRICK R. MAZEY, ATS, CRTS®
Medco Inc.
Orange Park, FL

WALTER MYRDAL, ATS, CRTS®
Medical Equipment Distributors of Virginia
Virginia Beach, VA

TIMOTHY J. WORDEN, ATS, CRTS®
National Seating & Mobility, Inc.
Anaheim, CA

former registrants

The NRRTS Board determined RRTSTM and CRTS® should know who has maintained his/her registration in NRRTS, and who has not. Names included are from 7/2/2007 through 11/6/2007. For an up-to-date verification on Registrants, visit www.NRRTS.org, updated daily.

Jonathan Biggers	Centralia, WA
Angela Gapinski	Waite Park, MN
Daniel A. Lyle	Redding, CA
Heidi Schomaker	St. Paul, MN
Jesse Evan Self	Landover, MD
Kerry Sheltra	Newington, CT
Kevin D. Swafford	Lancaster, CA
Tawnya Vier	Sherman, TX

Special Equipment for Special Children

Rifton's Pacer is many therapists' first choice for gait training.

Call to request our 2007 catalog.

Mobility

Standing

Seating

Hygiene

FREE SHIPPING

800.571.8198

www.rifton.com

rifton

ats credential

Congratulations to NRRTS Registrants who earned the ATS credential. Depending upon their registration date, they will be awarded CRTS® upon completion and approval of the renewal following fulfillment of required registration.

DAVID ARNOLD, ATS, CRTS®
Norco Medical
Boise, ID

BILL CAVENDER, ATS, CRTS®
Mobility Unlimited
Midland, TX

MARK S. DOBRZYNSKI, ATS, CRTS®
JCare Home Medical Supplies
Niles, IL

JONATHAN K. FORD, ATS, CRTS®
Propst Home Healthcare Services
Huntsville, AL

JERI JAMES, ATS, CRTS®
Advacare Medical Corporation
Topeka, KS

PERRY KOHORN, ATS, CRTS®
Knueppel Health Care Services, Inc.
West Allis, WI

DANNY LEIBACH, ATS, CRTS®
Barnes Healthcare Services/Optioncare
Valdosta, GA

ZACHARY A. LYTLE, ATS, CRTS®
Dick's Homecare, Inc.
Altoona, PA

CHRISTOPHER P. MCNULTY, ATS, CRTS®
National Seating & Mobility, Inc.
Troy, MI

JERRY MORGAN, ATS, CRTS®
Fairmont Home Medical
Fairmont, WV

JUSTIN E. RYDBOM, ATS, CRTS®
Dick's Homecare, Inc.
Altoona, PA

ROBERT J. SHIMKO, ATS, CRTS®
Advanced Home Oxygen & Medical Equipment, Inc.
Ft. Myers, FL

DAVID SILCOX, JR., ATS, CRTS®
Binson's Home Health Care Centers
Center Line, MI

JEFFREY D. STATES, ATS, CRTS®
Design-Able, Inc.
W. Bridgewater, MA

DAVID WIX, ATS, CRTS®
Fuller Rehabilitation
Lexington, KY

THE LIGHTEST
(HOTTEST, SEXIEST, SLEEKEST, COOLEST, MOST BODACIOUS)
BACK SUPPORT EVER

It's like a shot of adrenaline. Try the JetStream Pro™ once and you'll see how much more your clients can do, how much farther they can go. The super-strong carbon fiber JetStream Pro is a mere 1.8 pounds, 1/3 the weight of other popular backs, to give your clients better propulsion, better posture, a better edge.

Why go another day without JetStream Pro?

1 800 851 3449
www.therohogroup.com

Proven performance, quality and service. When it counts.

the ROHO group
shape fitting technology®

corporate friends [cfons] of nrrts

AS CORPORATE FRIENDS OF NRRTS, THESE COMPANIES RECOGNIZE THE VALUE OF WORKING WITH NRRTS REGISTRANTS AND SUPPORT NRRTS' MISSION STATEMENT, CODE OF ETHICS AND STANDARDS OF PRACTICE.

CHARTER CFONS

Freedom Designs Incorporated
Invacare
The MED Group
MK Powered
National Seating & Mobility
permobil
Quickie
the ROHO group — shape fitting technology
Snug Seat — nothing compares to a smile!
TherAdapt
U.S. Rehab
Whitmyer Biomechanix

AEL Adaptive Engineering Lab — A Seating Company That Cares
AltimateMedical — Standing People, Changing Lives
A.R.T. Group — Artistry in Rehab Technology
ATG Rehab
Bodypoint
Convaid — Advanced Seating & Mobility
FMS Frank Mobility Systems, Inc.
METALCRAFT
Motion Concepts
Otto Bock HealthCare
Prairie Seating Corporation — Custom Contoured Cushions
PRIME Engineering
PRM — The Power of Precision
Quantum Rehab — Innovative Rehab Solutions — A Division of Pride Mobility Products Corp
RIDE
Trifton
Stealth Products
Ti Lite
United Seating & Mobility
VARILITE

ASSOCIATION FRIENDS OF NRRTS [AFONS]

Big Sky AMES
Midwest Association for Medical Equipment Services
NCART
NEMED
TXRPC

NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS
6732 W. Coal Mine Ave., #379
Littleton, CO 80123-4573
1-800-976-7787
www.nrrts.org

PRESORTED
STANDARD
US POSTAGE
PAID
PERMIT 476
LUBBOCK TX