**Prevent Interruptions to Your Care:**

**Sample letter to customize and send to your Medicare Administrative Contractor**

**Email outline: What Should the Email Include?**

Below is a suggested email outline to adapt and customize in your own voice to alert Medicare policymakers about the impact of the new coverage policy to your care.

* Intro: Who you are, what you are receiving treatment for (diabetic foot ulcer / venous leg ulcer), and where you are receiving care (institution, city, state).
* Summary of concerns about the impact to your care
* Request to delay implementation and/or addition of a grandfather clause which would allow for your continued care as prescribed by your medical team.

**Email Template to Edit and Customize in Your Own Voice:**

Dear Choose an item.,

**Section 1: Introduction**

“My name is [*NAME*] and I am receiving treatment for my Choose an item.ulcer from [*name of provider*, *name of clinic/institution, city, state*]. My wound management plan currently includes treatment with a CTP/skin substitute and your new coverage policy “Skin Substitute Grafts/Cellular and or Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers” is going to affect me. I will be in the middle of my treatment when your policy’s Oct. 1st implementation date starts, and I am genuinely concerned and frustrated that my wound healing is going to be interrupted as a result.”

**Section 2: Summary of Impacts**

***\*ASK YOUR CLINICIAN FOR GUIDANCE AS TO WHICH SCENARIO APPLIES TO YOUR CARE\****

Scenario A: The product you are being treated with is still “covered" under the new policy but you have already received 4 treatment applications, where additional applications after Oct. 1st will not covered by your insurance**,** even if your treatment plan had included more.

*[example to update with your own words and story]* “I understand that under your new policy, my doctor will not be able to continue with my established plan of care past Oct. 1 if I have already received 4 CTP applications. I am frustrated that my medical team and I cannot follow the treatment plan which has demonstrated progress towards wound healing. The risks of discontinued or interrupted treatment for a Choose an item. ulcer can include hospitalization and even amputation. This is terrifying to me! And it is so frustrating because it is so avoidable! I should be able to continue to completion the treatment protocol put in place with my healthcare provider prior to your policy’s arbitrary implementation date. I urge you to permit me to do so. It is a matter of life and limb.”

Scenario B: You are currently mid-treatment with product that was moved to the policy’s non-covered list, but your clinician will need to **stop using that product**, regardless of wound healing progress, to comply with the new coverage limitations starting on the policy’s Oct. 1 implementation date.

*[placeholder example to replace with your own story]*“I will be in the middle of a 12-week plan of care when your Oct. 1 implementation date goes into effect. Under the new policy, my wound treatment plan will no longer be covered by Medicare. My wound healing progress will be disrupted as a result! I’m frustrated that my health care provider and I cannot follow the treatment plan we’d planned to achieve wound healing, and insufficient time to modify my care plan was provided. The risks of discontinued or interrupted treatment for my [*diabetic foot ulcer / venous leg ulcer*] can include hospitalization and even amputation. This is terrifying to me! It is doubly frustrating because it is avoidable! I should be able to continue to completion the treatment protocol put in place with my healthcare provider prior to your policy’s arbitrary implementation date. I urge you to permit me to do so. It is a matter of life and limb.”

**Section 3: Request for Implementation Delay**

[*example to put in your own words*] “I ask that you **delay the implementation** of this policy so that I - and others like me currently receiving wound care - can continue our current plan of care and complete the full course of treatment with CTPs/skin substitutes as determined appropriate by my medical team.  At very least, I ask that you put in place a **“grandfather clause”** so that people like me who are mid-treatment can finish the course of treatment that was set, without interruption.”

If you have specific questions about my wound healing plan of care, please contact me or you have my permission to contact my healthcare provider listed above.

Thank you for your consideration.

Your name

Your address & contact info

**SENDING THE EMAIL: Who To Send The Email To:**

* **If you are a patient receiving care in Arkansas, Colorado, Delaware, Louisiana, Maryland (Montgomery & Prince George’s counties), Mississippi, New Jersey, New Mexico, Oklahoma, Pennsylvania, Texas, Virginia (Arlington & Fairfax counties, Alexandria), and/or Washington DC:** 
  + **Address email to Novitas Medical Director Dr. Leslie Stevens:** [**medicalaffairs@guidewellsource.com**](mailto:medicalaffairs@guidewellsource.com) and CC [Tamara.Syrekjensen@cms.hhs.gov](mailto:Tamara.Syrekjensen@cms.hhs.gov) and [Joseph.Chin@cms.hhs.gov](mailto:Joseph.Chin@cms.hhs.gov)
  + Suggested Subject Line: **Please Delay Implementation of Novitas CTP/skin substitute** [**LCD L35041**](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35041&ver=120&contractorName=all&contractorNumber=all&updatePeriod=1054&sortBy=title&bc=13) **&** [**LCA A54117**](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=54117&ver=104&contractorName=all&contractorNumber=all&updatePeriod=1054&sortBy=title&bc=13)
* **If you are a patient receiving care in Florida, Puerto Rico, and/or the U.S. Virgin Islands:**
  + **Address email to First Coast Medical Director Dr. Alicia Campbell:** [**medicalaffairs@guidewellsource.com**](mailto:medicalaffairs@guidewellsource.com) ­­­ and CC [Tamara.Syrekjensen@cms.hhs.gov](mailto:Tamara.Syrekjensen@cms.hhs.gov) and [Joseph.Chin@cms.hhs.gov](mailto:Joseph.Chin@cms.hhs.gov)
  + Suggested Subject Line: **Please Delay Implementation of FCSO CTP/skin substitute** [**LCD L36377**](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=36377&ver=11&contractorName=all&contractorNumber=all&updatePeriod=1054&sortBy=title&bc=13) **&** [**LCA A57680**](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57680&ver=15&contractorName=all&contractorNumber=all&updatePeriod=1054&sortBy=title&bc=13)
* **If you are a patient receiving care in Kentucky and/or Ohio:** 
  + **Address email to CGS Medical Director Dr. Meredith Loveless:** [Meredith.Loveless@cgsadmin.org](mailto:Meredith.Loveless@cgsadmin.org) and CC [Tamara.Syrekjensen@cms.hhs.gov](mailto:Tamara.Syrekjensen@cms.hhs.gov) and [Joseph.Chin@cms.hhs.gov](mailto:Joseph.Chin@cms.hhs.gov)
  + Suggested **Subject Line**: **Please Delay Implementation of CGS CTP/skin substitute** [**LCD L36690**](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=36690&ver=42&contractorName=all&contractorNumber=all&updatePeriod=1054&sortBy=title&bc=13) **&** [**LCA A56696**](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56696&ver=36&contractorName=all&contractorNumber=all&updatePeriod=1054&sortBy=title&bc=13)

**Send your email by late-September so that Medicare policymakers have time to consider your request ahead of the Oct. 1st policy implementation date.**

\*\*After submitting your email, please also consider forwarding a copy of it to the Alliance of Wound Care Stakeholders at[***membership@woundcarestakeholders.org.***](mailto:membership@woundcarestakeholders.org.) As lead advocates on this issue, we'd like to be able to have a selection of submitted emails to reference in conversations we are scheduling with Medicare staff and leadership.\*\*