## SEND AN EMAIL TO YOUR MAC REQUESTING A DELAY IN LCD IMPLEMENTATION

## **Sample Email to Customize and Send**

**Suggested Email Outline:**

**Please customize this email message with your own perspective on real-world impact to your patients. Email contains three sections:**

1. **Intro:** Who you are, where you work, patients you treat and identification of why you are writing.
2. **Summary of concerns**, followed by specific examples of real-world patient care impacts in your practice
3. **Request to delay** implementation and/or grandfather in patients currently receiving care

***\*\*Send your email by Friday, Sept. 8****so that Medicare policymakers have time to consider your request ahead of the Sept. 17 policy implementation date****\*\****

**Sample Email Template to Edit and Customize Per Your Own Experience:**

To [MAC NAME] Medical Director [NAME]:

**1 - Intro: Who you are, where you work, patients you treat and identification of why you are writing.**

Example: *I am a [CREDENTIALS] at [ORGANIZATION] in [CITY, STATE]. I treat patients with chronic, non-healing wounds with a range of advanced treatment modalities. I am writing to you today because I have significant concerns about your newly released local coverage determination and local coverage article on Skin Substitute Grafts/Cellular and/or Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers, policy [ENTER COVERAGE POLICY # LISTED IN SECTION BELOW].*

**2: Summary of concerns with real-world patient care impacts (choose any which are applicable).**

Example: *The policy was released on August 3rd with an implementation date of September 17, 2023. As a result of this tight implementation timeframe, I have concerns about interruptions in treatment that will negatively impact my DFU/VLU patients and their healing. For example, in my practice [insert your own real word examples]:*

**[Scenario A: If a CTP/skin substitute product you are using is still considered “covered," but the treatment protocol – and product label – is for more than 4 applications, clinicians now must stop mid-treatment after 4 applications, prior to the wound being healed, once the Sept. 17 date hits.]**

* [placeholder to replace with write-up from your own practice*] I have a patient with [diagnosis] that I am treating with [product], which I’d selected based on [rationale]. The patient’s wound healing is in progress, and we will be well within the standard 12-week treatment Plan of Care for CTPs come mid-September. However, as of September 17, per your revised policy, I will not be able to continue treatment beyond 4applications which will disrupt the plan of care. This plan of care was developed based on my patient’s condition and the pre-existing local coverage policy. The patient is going to bear the impact if there is no grandfather clause in place to continue treatment to the conclusion of the 12-week plan of care already established.*
* *Add other examples…*

**[Scenario B: If a patient is currently mid-treatment with a CTP that was moved to the non-covered list, clinicians will need to stop treatment midstream regardless of wound healing progress, to comply with the new coverage requirements and September 17 implementation date of this LCD/LCA.]**

* [placeholder to replace with write-up from your own practice] *I have a patient with [diagnosis] that I recently started treating with [product]. I’ve known and worked with this product for my patients as I have seen very good results. We will be in the middle of the 12-week plan of care (POC) when the September 17 implementation date hits. Under the new policy, [product] is no longer covered and I will be in the untenable position of halting this treatment for this patient and changing product. I will not know how my patient will respond to the new product but have been seeing good results with the one I am currently using. I know the products I’ve chosen to use in my practice and for my patients. I’ve seen the value of the products I’ve used, and now many of them have been moved to your non-covered list. Yet you’ve not provided sufficient time for me as a provider to familiarize myself with your more limited list of covered products and to get a new product approved for my formulary so that I can transition care in the most informed way. Furthermore, if a product is working it is not beneficial to my patient to switch to another product. As the treating physician/clinician, I should be able to continue the treatment protocol established in my POC prior to this LCD/LCA being implemented. I urge you to permit me to do so.*
* *Add other examples…*

**3: Request implementation delay and/or inclusion of grandfather clause**

[placeholder example] *As a wound care clinician facing these challenges, I ask that you delay the implementation of this local coverage determination and local coverage article until January 2024, and with sufficient warning, so that I – and my follow clinician colleagues - have sufficient time to permit our patients to continue to receive the care developed under their current plan of care that was initiated based on the current local coverage that had been in place. We simply need more time to transition our patients and our practice to the new policy parameters. At very least, I ask that you consider a “grandfather clause” for patients who are in the middle of a 12-week plan of care with a CTP or similar graft, so that coverage is continued through the end of this care protocol rather than forcing an interruption of care due to change in Medicare coverage. This will enable us to continue the healing progress for those patients whose wounds are improving.*

*Interruptions in CTP treatment protocols are clinically detrimental to patient care. I hope you will consider delaying implementation for the sake of the many patients with DFU/VLU who are in the middle of a CTP treatment protocol, so that their care does not need to be interrupted and so that we clinicians have more time to put product transition plans and formulary changes in place.*

*Thank you for your consideration,*