Like a baseball game that has gone on far too long, the fight to stop competitive bidding has gone on, and on, and on, to the point when many providers might wonder exactly when it is supposed to end.

If CMS had its druthers, competitive bidding would have been done deal on July 1, when Round Two reached implementation and brought the bidding program to near national coverage. However, providers’ commitment both to their businesses and the care they provide to their patients has kept the battle going.

And while it might seem like the bases are loaded with two outs and perennial loser Casey is at bat, the industry still has a fairly solid chance at turning the game around. Providers have a bill in hand — H.R. 1717, which would replace competitive bidding with the market pricing program — and it has garnered 150 co-sponsors so far. Moreover, if providers can muster their ranks of patients to lobby Congress in support of the bill, the pace of that support could quicken. So, increasingly, experts and advocates are calling for providers to get their patients to share their negative experiences.

Suffice it to say that despite having past the implementation date, the HME vs. CMS ballgame is far from over. Read this month’s cover story to get the latest update from the industry’s legislative experts.
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**Editor’s Note**

The Non-Stop NCB Fight

The fight to stop national competitive bidding has gone into extra innings — and then some. With Round Two reaching implementation and bringing the program to near national coverage, providers are still fighting to stop the program while they contend with its impact. How are they faring from a business and advocacy standpoint?

**Key HME Datapoints**

As HME providers owners and operators work to drive as much efficiency as possible in their businesses while seeking out new sources of revenue, they are becoming increasingly number-focused business managers. What are some key datapoints providers should monitor, and what source of data monitoring tools do today’s HME software tools offer them?

**Industry Trends**

**The Non-Stop NCB Fight**

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Editor’s Note

Going the Distance

Round Two has reached implementation, but the fight to stop bidding continues.

Everybody has a plan until they get punched in the face.” Regardless of your opinions on Iron Mike Tyson, it’s hard to ignore the truth of his famous quote. I was recently reminded of it by one of this industry’s particularly smart and creative minds, and no saying could better describe the predicament in which HME provider businesses find themselves.

Providers have built their businesses. They’ve developed their staff. They’ve lovingly tended their referral partners. And they’ve worked hard to provide top-tier care to their patients. And the Centers for Medicare and Medicaid has come along and punched them right in the face with a competitive bidding knockuckle sandwich.

CMS telegraphed this punch — for years dating back to its pre-Round One trials — and for a long time providers have been working overtime to dodge it, but that punch has kept coming. And while HMEs tried to block it, while they tried to parry it, while they tried to dodge it, that punch connected, first with Round One implementation, and then with Round Two implementation in July.

Not surprisingly, a lot of providers, especially those without any contracts in-hand, are feeling a little weak in the knees. They might even be tempted to throw in the towel. Who wouldn’t after that kind of blow?

Well just remember this: Even Iron Mike Tyson — a boxer with a nearly uninterrupted string of victories by knock out — fell. In February 1990, Tyson stepped into the ring with James “Buster” Douglas in Tokyo, and lost his status as undisputed champion. Iron Mike met a fighter that was motivated, spirited and replied to Tyson’s would-be champ, Douglas in their response to the current funding, regulatory and business landscape while continuing to bang away at the regulatory fight. They need to survive now so they can go the regulatory distance on Capitol Hill and ensure the passage of H.R. 1717, the bill that would replace competitive bidding with the industry’s market pricing program.

That means they need to diversify their revenue streams. That sounds simplistic, but it is the challenge providers ultimately face. They must find ways to develop the business that does not fall under competitive bidding. This is why HME Business has devoted a considerable amount of its coverage to not just driving efficiency and cutting costs, but building entirely new business models, such as cash sales. By tapping into retail opportunities providers can offer up a broad range of products to a broad range of patients covering a broad range of products, with CMS having no part in it.

But retail sales are just one way to stay in the ring and keep sluging it out. We have also focused our coverage on home access opportunities; auto access; expanding into orthotics and prosthetics; finding new referral partners in long- and short-term care facilities; and senior care, to name a few. Expect that coverage to continue, because while no one wants to change, the plain fact of the matter is that providers need to need to change if they want to stop competitive bidding.

Now is not the time to let CMS’s Round Two punch leave you dazed. Now is the time to get creative; to reinvent the business; and find the financial breathing room that will help the industry focus on fighting for passage of H.R. 1717. When providers can do that, they’ll leave CMS dumbstruck in the middle of the ring, wondering how it just got “punched in the face.”

Stick and Move

The same thing can happen to CMS. The key is for providers to channel the motivation and flexibility of Buster Douglas in their response to the current funding, regulatory and business landscape while continuing to bang away at the regulatory fight.

David Kopf
Editor
HME Business
Aetrex’s new groundbreaking Edge Runners offer extraordinary performance and comfort. The patented, adjustable Lockdown™ Heel Strap provides customized stability and lets you set the rearfoot control to your particular needs. These unique shoes offer fitting flexibility and allow you to insert AFO’s, custom orthotics or accommodate shoe modifications and size differences.
CMS Proposes Capped Rental Rule for DME

Far-reaching rule would move various DME over $150 allowable to capped rental

Remember the upheaval that ensued when standard power mobility lost its first month purchase option and had to switch to a 13-month rental business model? Imagine something similar for the lion’s share of DME items with an allowable over $150.

The Centers for Medicare and Medicaid funding have proposed a rule to rent “routinely purchased” DME items falling under the three-year minimum lifetime requirement and that have allowables of more than $150.

Under the proposed rule, Medicare would only purchase an item outright if its statistics show that the agency purchased the item 75 percent or more of the time. When exactly? From July 1986 through June 1987. If not, those items would be reimbursed on a 13-month capped rental basis.

CMS’s stated reason for the proposal? Savings, of course.

“We expect that the overall impact of reaffirming the definition of routinely purchased DME and our proposal for classifying certain expensive items as cap rental would be a decrease in expenditures because payment on a 13-month capped rental basis rather than a lump sum purchase basis for certain, very expensive items would lower total payments for these items and because many beneficiaries would not rent the items for as long as 13 months,” CMS wrote in the text of its proposed rule.

The proposed rule can be read in full at: http://www.regulations.gov/#!documentDetail;D=CMS-2013-0150-0002

As surprising as the proposed rule is for general DME categories, CMS’s capped rental proposal approaches the surreal when it comes to complex rehab technology (CRT) — a segment of the power mobility market that capped rental proposal approaches the surreal when it comes to complex rehab technology (CRT) — a segment of the power mobility market that

Rita Hostak, vice president of government relations for Sunrise Medical, said in an interview with HME Business’s sister publication, Mobility Management, that CRT devices are once again suffering from being lumped together with DME.

She notes, for instance, that CMS cites eight months as the average rental time for DME - which is why the agency believes it can save money on CRT by renting equipment for eight months rather than paying outright for it.

“But they’re looking at standard equipment, and you can’t compare that,” Hostak points out. “You’re talking about people who have had hip surgery and only need their wheelchairs until they’ve completed their rehab. You’re talking about elderly Medicare beneficiaries who are either dealing with an acute illness or possibly end-of-life sorts of stuff when you start talking about hospital beds and things like that.”

That’s not an accurate assessment of the group of beneficiaries using CRT, Hostak says.

“But when you’re talking about wheelchairs for people with permanent disabilities and pediatric wheelchairs, these people are not end of life,” she explains. “They’re not even sick! They just have a disability and need the technology to allow them to be more functional and independent. So I think [CMS’s] cost savings [predictions] are incredibly flawed.”

To read the full interview with Hostak, read “Industry Responds to CRT Capped-Rental Proposed Rule” on the Mobility Management website.

CMS took comments on the proposed rule until Aug. 30, and industry associations and leaders were urging providers and industry leaders to reach out to their lawmakers.

“I would encourage people not to panic,” Hostak cautioned. “We’ve got till the end of August, and then this isn’t scheduled to implement until Jan. 1. So I would encourage people, before they start trying to make any kinds of changes relative their systems or anything like that, to remember that this is just a proposed rule. Like anything else, this can change.

“The other thing is to contact their members of Congress,” she also said. “We’re hoping to get a letter from Congress to CMS, so if people would reach out to their members of Congress to say, ‘This is going to really be a problem for suppliers as well as people with disabilities, and we’d like your support.’ That would be helpful. And if people want to write their own comments, they can certainly do that too.”

— Laurie Watanabe, editor of Mobility Management, co-authored this story with HMEB editor David Kopf

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Ryan Takes AAHomecare Leadership Spot
N.Y. provider and longtime HME advocate becomes national industry association’s president, CEO.

“"My goal is to be a collaborative bridge builder with all of the various stakeholders involved in this healthcare sector.”” — Tom Ryan, AAHomecare

National HME industry advocacy group the American Association for Homecare has named Thomas Ryan, president and CEO of Farmingdale, N.Y.-based provider business Homecare Concepts Inc., as the next head of the association.

Ryan will replace Tyler Wilson as AAHomecare’s president and CEO in September. The announcement was made in late March that Wilson would be stepping down after serving as the association’s leader since 2006. Ryan and Wilson were set to collaborate in order to ease the handover of leadership, according to a statement from the organization.

As AAHomecare’s president and CEO, Ryan will shape the association’s strategic plan and lead its legislative, advocacy, membership development and regulatory affairs initiatives in conjunction with the associations Washington, D.C.-based staff and the Board of Directors.

Ryan, an industry veteran with more than 30 years’ experience in the industry, launched Homecare Concepts 25 years ago, and became a regular industry advocate and backer of the association. From 2005 through 2007, he served as AAHomecare’s chairman of the Board, and prior to that he served in various capacities on the association’s executive committee for nine years. Past roles on the Board include treasurer, chair of the Legislative Committee and serving as a member of the Home Medical Equipment/Respiratory Therapy Council. He has also served as acting president and CEO of the Association when AAHomecare was previously trying to fill that position.

“My perspective as an experienced CEO in the very same industry this Association represents will provide the compassion and drive to navigate the Association through many upcoming challenges associated with numerous public policy changes that have been put into place in recent years,” Ryan said. “My goal is to be a collaborative bridge builder with all of the various stakeholders involved in this healthcare sector — from providers to Congress to the Centers for Medicare and Medicaid Services — and to be a passionate voice for the industry, not just in Washington, but across the country where our members and our state association leaders live and work. “We are very excited that after an extensive executive search involving a field of highly-qualified external candidates, as well as those with homecare industry experience, Tom Ryan emerged as the clear choice to lead our Association in the future,” said Robert Steedley, president of Barnes Healthcare Services of Valdosta, Ga. and chairman of AAHomecare’s Board of Directors. "His real-life, practical experience as a homecare provider and entrepreneur enables him to relate to our members in a way that few association CEOs can. His past roles on the AAHomecare Board and various Association committees, combined with his experience in advocating on the industry's behalf at both the state and federal level, give him the expertise necessary to hit the ground running in his new role.

Steedley also commended outgoing president Wilson on his service to the organization and the industry.

"On behalf of the Association’s Board of Directors and all members nationwide, I also want to thank Tyler for his significant contributions to the Association over the past seven years, and for his consummate professionalism as we worked through the transition period over the past few months," Steedley says. “His leadership enabled AAHomecare to remain focused on its main legislative goal, which is to address the serious shortcomings of the Medicare competitive bidding program by replacing it with a more rational, fair and truly competitive market pricing program. We wish him well in his next endeavor and hope that our paths will cross again in the future."

As Ryan moves into his new position in Washington, D.C., where he will be based, his business partner Frank Brown will concurrently assume the role of president and CEO of Homecare Concepts. The company, which celebrated its 25-year anniversary this year, will continue serving patients in New York and implementing its own strategic plan.

AAHomecare, AMEPA Merge
AMEPA marks second national association folded into AAHomecare this year.

Not long after its April merger with the National Association for Independent Medicare Equipment Suppliers, the American Association for Homecare has merged with the Accredited Medical Equipment Providers of America (AMEPA), effective today.

The combined association will work under the AAHomecare name and out of AAHomecare’s Washington, D.C. address. Under the merger, AMEPA president Rob Brant will join AAHomecare as its director of industry relations. In that role, he will oversee membership growth, building and reinforcing relationships with state associations, and developing grassroots advocates across the country.

AMs was formed in 2008 after the debacle of Medicare’s Round One bidding program and was mandated to help districts through the mismanaged program.

"I appreciate the years of support and faith from AMEPA’s members and sponsors,” said Brant, who started AMEPA in 2008 after Round One of competitive bidding, a program that ultimately forced the closure of Brant’s HME provider business, City Medical (Miami). “We had a single goal of stopping Medicare’s flawed bidding program, and we are more committed than ever to achieving that goal with AAHomecare.“

Brant recently finished serving a three-year term on AAHomecare’s board of directors, and was honored with the Association’s Legislative Advocate Award in 2012. He regularly speaks on competitive bidding at various industry events, and has participated in Medicare’s Program Advisory and Oversight Committee, as well.

“I am excited to welcome AMEPA’s members and Rob Brant to AAHomecare,” said Robert Steedley, president of Barnes Healthcare Services of Valdosta, Ga., and chair of the AAHomecare board of directors. “Rob’s energy, devotion, and passion for this industry will be a wonderful addition to our team.”

The mergers of NAIMES and AMEPA into AAHomecare, are a natural consequence of consolidation and reduced funding being experienced throughout the industry, according to AAHomecare President Tyler Wilson. While the industry might not be able to fund multiple national advocacy groups, that’s not necessarily a bad thing, he noted.

"The merger of AAHomecare with AMEPA makes perfect sense because it brings two great organizations together," Wilson explained. “Growing AAHomecare’s membership raises the Association’s visibility and effectiveness on Capitol Hill. At the same time, AAHomecare gets the benefit of Rob Brant’s talents. He has been an energetic organizer and voice for providers facing demise at the hands of CMS. His skills will be quickly applied in the merged organization.”

Provider Poll: Round Two Subcontracting
Results from a recent hme-business.com survey

Shortly after the rebid of Round Two, it became an accepted fact in the industry that, for Medicare contract holders in the first nine competitive bidding areas, subcontracting services to qualified non-contract providers was no longer a tenable business model. Simply put, there was not enough funding to go around. However, given the nearly national scale of Round Two, some providers have given subcontracting a second look, thinking that volume might make for a more feasible arrangement. A recent online poll of HMEB readers found that a solid portion of providers holding Round Two contracts are definitely not going to subcontract, however, more than a third are actively exploring the possibility, and a smaller portion are keeping their options open. How the subcontracting will play out in the coming months and coming years remains to be seen.

Are you exploring subcontracting?

Yes ............................................................... 37%
Not currently, but we might in the future ....... 16%
No, we won’t subcontract .......... 45%

Note: Due to the open nature of the Web, the results of this and other hme-business.com polls are instant opinion tallies and are not scientific.

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VENDOR HEADLINES

Invacare Passes Second FDA Audit

Invacare Corp., under a U.S. Food & Drug Administration (FDA) consent decree since late 2012 that has sharply curtailed its research, development and manufacturing activities, has passed the second of three third-party certification audits, and has set a new timetable for its next step. On Dec. 20, the FDA announced the manufacturer’s consent decree citing that seven FDA inspections of the Invacare facilities subject to the consent decree since 2002 had documented violations of FDA’s Quality System regulations, along with failures to properly report adverse events to the agency.

The decree required Invacare to stop manufacturing, designing, and distributing manual and powered wheelchairs and wheelchair components until it corrected all violations listed in the consent decree and it has been notified by the FDA that it is in compliance with the Federal Food, Drug, and Cosmetic Act.

Invacare announced in mid May that it had passed the first certification audit, and announced in late July that it had passed the second. According to Lara Mahoney, Invacare’s director of investor relations & corporate communications: “The third audit is the most comprehensive of the three. It includes the entire quality system and the Taylor Street corporate facilities. When we receive or complete the third-party certification audit, they will write up their report and submit it to the FDA. We expect that to happen by mid November.”

ResMed Moves to Enforce its CPAP Patents

Sleep equipment giant ResMed has filed a new legal action in the International Trade Commission (ITC) and filed an amended complaint in U.S. federal court to stop the infringement of ResMed patents.

The ResMed filed the ITC action against Chinese medical device manufacturer BMC Medical Co. Ltd. and its U.S. sales subsidiary, 3B Products LLC, for infringing on patents for the he RESmart CPAP and RESmart Auto CPAP device, and he Willow nasal pillows patient interface and the iVolve nasal mask. Specifically, ResMed is asking the ITC to stop the importation and sales of BMC’s products in the United States.

ResMed also amended a pending action in U.S. federal court to assert additional patents that BMC and 3B are infringing, the company said. ResMed is asking the court to stop the infringement and to award damages against BMC and 3B.

The news comes after a move by ResMed in June to add BMC to its pending International Trade Commission (ITC) case against Taiwanese manufacturer APEX to stop the importation and sales of these products in the United States.

The ITC case against APEX was filed March 27, and while that might not initially raise eyebrows in the U.S. HME industry, the action also named Medical Depot, Inc., doing business as Drive Medical Design and Manufacturing.

On May 30, Drive Medical Design and Manufacturing filed papers stating that it is preparing to enter into a consent decree promising to stop importation and sales of the APEX products named in the ITC proceeding. This week it announced that it has unilaterally consented to the International Trade Commission case relating to the sale and importation of certain of its CPAP masks.

Under the consent order, which was approved by the International Trade Commission on July 19, Drive Medical has agreed to stop importing and selling the Freedom 210 and Freedom 220 CPAP masks.

In a public statement, Drive said it “respects the intellectual property rights of all third parties and is conducting an investigation as to the patent claims asserted by ResMed as part of a separate lawsuit pending in California.”

Mediware Picks Up Definitive Homecare Solutions

Mediware Information Systems Inc. has acquired Definitive Homecare Solutions, Ltd. which brings with it CPR+, a well-known home infusion, home medical equipment, and retail and specialty pharmacy software platform.

The news comes after Mediware’s late-June purchase of Fastrack Healthcare Systems, Inc., another key HME software provider.

Mediware said in a recent statement that it will integrate the Definitive Homecare/CPR+ business into its existing Alternate Care Solutions business line. The Definitive Homecare buy will add more than 600 new customers, as well as the related expertise, products, services and contracts of the company itself.

PEOPLE IN HME

Quantum, Pride Add COO, CTO

Mobility manufacturer Pride Mobility Products Corp. and Quantum Rehab have promoted Chuck Finn to chief operating officer (COO) and hired Douglas Cummins as chief technology officer (CTO).

As COO, Finn, who has been with Pride since 1998, will direct the development of Pride Mobility to ensure future growth through the attainment of short-term and long-term financial and operational goals. Finn will also oversee various company departments, including global manufacturing, quality, research and development, information technology, ecommerce, operational efficiency, business management, accounts receivable and payable, logistics, purchasing, supply chain management, and distribution.

As CTO, Mr. Cummins — who comes to Pride after having worked for such notable companies as Lockheed Martin, ExxonMobil, Coca-Cola Company, Entron, Dell and Delphi Consulting Services — will drive innovation, technology, efficiency, and advancement throughout the company. Mr. Cummins will also work to ensure the technology is easy to operate and maintain, is cost-efficient and “unbreakable,” and maximize ecommerce tools for Pride and its customers.

“Chuck and Doug have tremendous business judgment and a common sense approach that benefits Quantum Rehab and Pride Mobility, and allows us to continually strengthen and grow our organization,” said Scott Meuser, chairman and CEO. “Both Chuck and Doug will be joining forces with senior management to continue Quantum and Pride’s transformation as the U.S. complex rehab and retail mobility leader focused on excelling in quality product innovations and solutions, lead times, ease of doing business, and ultra-lean operational infrastructure.”

MK Battery Appoints Executive VP and GM

Mark Wels, president of MK Battery, has announced the appointment of Wayne Merdinger to the position of executive vice president and general manager of MK Battery.

Merdinger joined the company in 2006 and has most recently served as vice president of Business Development ad International Sales. He brings more than 35 years of healthcare related sales, marketing and general management experience to his new position.

Invacare HCS Executive Joins Brightree

Lynda Bell, director of the Invacare HCS billing and collections business, will join HME software company Brightree LLC next month as director of strategic accounts for the Brightree Billing Services organization.

In this role, Bell will work to help providers improve their billing and collection practices through both Brightree’s outsourced insurance billing services and patient billing services provided by Brightree partner, patient billing and collections firm Strategic AR.

Brightree announced the relationship with Strategic AR aims to give HME providers integrated software solutions and services that enable them to cost-effectively bill and collect payments, Brightree helps its customers maximize cash flow at a time when reduced reimbursements and audits are putting extreme pressure on operating margins.

“I have worked with Lynda for several years and have always been impressed with her drive to improve the customer experience while managing a team of professionals,” said Dave Cormack, president and CEO of Brightree. “We are pleased to have her join our team as we continue to expand our AR management services to meet the growing demand from our customers as they seek to set the decline in reimbursement rates.”

Prior to joining Brightree, Bell spent three years leading the Invacare HCS business, which helps home medical equipment providers (HME) more effectively collect and post the patient portion of a claim. Bell has also held customer experience and marketing leadership roles at large manufacturing and consumer packaged goods providers, including Eaton Corp., Arrow Electronics and Sherwin-Williams.
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Americans have a love affair with the car, and while Henry Ford once famously offered the Model T “in any color so long as it’s black,” today’s carmakers manufacture a plethora of models to suit any and all drivers’ needs and wants. Not surprisingly, patients needing auto access solutions have an equally broad set of requirements and tastes.

Fortunately, technology and an increasing demand for services from a growing demographic have catapulted the vehicle accessibility solutions market into a way for HME providers to help a growing customer base and in some cases, to create new revenue streams.

The vehicle accessibility market provides solutions for people who have special needs when it comes to entering or driving a vehicle, or toting a large powered mobility device (PMD), such as a power wheelchair or scooter.

“Whereas 10 years ago there was just one type of outside vehicle lift for a power chair and one for a scooter, now we provide dozens of variations that consider chair weight, vehicle type (often a smaller car today than 10 years ago), and patient usability, which determines the best securement method,” says Paul Johnson, vice president of Sales and Marketing, Harmar, a manufacturer of mobility and accessibility devices. Harmar offers five categories of solutions for PMD lifts: lifts that are outside the vehicle, inside the vehicle, a hybrid style, micro (lightweight) lifts and truck lifts. This variety covers the majority of lift needs and gives providers new revenue opportunities.

“Interestingly, between all the types of vehicles and mobility devices, there are more than 5 million possible combinations,” he says.

To grasp how optimizing lifts for patient use has grown, just within the last 12 months. Johnson says that his company has expanded its vehicle lift line to include four new truck lifts (from one); four hybrid lifts (from one); new inside boom lifts, including a three-axis solution and a low-profile option for smaller SUVs; and all-new lines of heavy duty outside lifts to handle 400 pounds and low-profile lifts to decrease total weight and improve rear vehicle line of sight.

“There have been many innovations all centered around meeting the needs of the customer and today’s heavier chairs/smaller vehicle combinations,” he says.

Conversions

For potential customers seeking solutions that are outside the scope of installing additional, single pieces of equipment, a vehicle modification or complete conversion might be necessary to meet customer needs. In this case, HME providers can refer these customers to vehicle conversion specialists.

Vantage Mobility International (VMI), a pioneer in manufacturing wheelchair accessible vans, wheelchair lifts and handicapped vehicle accessories, offers many solutions for people with disabilities. Customers will find independent transportation solutions or a means of transporting people who can’t do so themselves. Obviously more expensive than simply adding a lift to a vehicle, VMI’s wheelchair accessible minibuses are converted Toyota Siennas, Honda Odysseys and Chrysler Town and Country minivans, each with different options and features.

VMI recognizes that customer needs for transportation can vary greatly, so VMI uses a specialized dealer network to sell wheelchair accessible vans.

“There have been many innovations all centered around meeting the needs of our dealer network is similar to the automotive dealer model, our dealers are not only experts on the products they sell, but they are also specialists in helping customers find the best fit for their needs, budget, etc.,” says Monique McGivney, director of Corporate Communications for VMI. “Our dealers will spend a significant amount of time with our customers, understanding their level of disability, how they plan on using their transportation, who will be using the van, etc., and then make recommendations based on that feedback. The easiest product to modify is the minivan, because of the features the van already has equipped, such as wide power sliding passenger door, ample room, and moderate price point.”

VMI’s customers include a wide range of people who need help getting “While most of our customers are in power wheelchairs, some are in scooters and manual wheelchairs. Our customers are amputees, or have spinal cord injuries, or have diseases such as Muscular Dystrophy, MS, and ALS,” McGivney says.

McGivney says that the top product-specific questions VMI receives from potential customers include:

• Q: Can I drive from your wheelchair accessible vans? Can I drive your vans from my wheelchair? A: Yes, to both questions.
• What are the dimensions of your vans and what are the headroom, ramp capacity, and door-opening width? Dimensions vary between vans. Visit VMI.com for more information.
• Q: Can I tow something with your wheelchair accessible minibuses? No, if customers need to tow something, full-size vans are recommended.
• Q: Can your vans accommodate more than one wheelchair? In most cases, yes. It depends on the van and the size of the chairs.

“The VMI dealer network comes up with solutions to 90 percent of customer requests,” says McGivney. “The requests that are not doable either have to do with safety or sheer physics. If the request could endanger the customer’s life or driving capability, our dealers will not accommodate the request.

And there are some requests that just don’t work,” she continues. “For example, some people want to fit multiple wheelchairs in modified vehicles. This all depends on the size of the wheelchair, and the interior space of the van. There are some combinations of wheelchairs and vans that would only accommodate one wheelchair, but I have also seen up to three power chairs in one of our Honda Odyssey Northstar vans.”

Understand your customers

HME providers must educate themselves about vehicle accessibility so customers understand the best possible solutions for their needs. Johnson says it’s also prudent to ask the following questions to get an understanding of other possible needs:

• How are you going to get your power mobility device (PMD) home?
• What mobility requirements do you have outside the home, including needs to go to the doctor’s office, the mall, visit family members?
• What accessibility challenges might you have at home that might cause you to be limited in use of your new PMD?

Johnson reminds providers that while vehicle accessibility products can be big ticket items with excellent margins. A good manufacturer will train you on the product and help you grow your business with sales training, demonstrations and co-op advertising.

“The VMI dealer network comes up with solutions to 90 percent of customer requests. The requests that are not doable either have to do with safety or sheer physics.”

— Monique McGivney, Vantage Mobility International

Joseph Duffy is a freelance writer and marketing consultant, and a regular contributor to HME Business and Respiratory & Sleep Management. He can be reached via e-mail at jdufﬁ@hmemediagroup.com or joe@procerati.com.
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The moment the industry has dreaded for literally years has now hit HME providers: competitive bidding Round Two has reached implementation. This has pushed the long effort to stop the program into extra innings. Although efforts to stop the deleterious effects of competitive bidding have been in motion for years, as of July 1, Competitive Bidding now infiltrates 100 metropolitan areas around the country.

The impact represents a massive chunk of Medicare. On top of the 91 Round Two bid areas just beginning their three-year contract term on July 1, nine Round One bid areas are in the final six months of their initial three-year contract period and are awaiting the release of single purchase amounts for a new contract period set to begin Jan. 1, 2014.

“We believe at least 60 percent of the country’s beneficiaries are impacted in these areas,” says Cara Bachenheimer, senior vice president of Government Relations for key industry manufacturer Invacare Corp. And for many providers that felt the impact in Round One and that were also bracing themselves for Round Two, July 1 is a reminder of frustration and lost bids. Case in point: BLACKBURN’s, a provider of home medical equipment and services, is located in Pittsburgh, an original Round One MSAs.

“Medicare’s bid program has been front and center for our firm since 2007,” says Georgie Blackburn, vice president of Government Relations and Legislative Affairs for BLACKBURN’S. “Round Two directly affected one of our satellite offices in New York, as well as other marketing areas, so we felt we had some experience with the bid process. While we expected some companies to bid erratically low, we did not expect the level that emerged. Though bidding in all categories, we were not awarded any bids.”

And the bids were low indeed. Mind bogglingly low, in fact.

With Round Two of Competitive Bidding in effect as of July 1, the industry continues to work to stop the program while finding ways to stay in business.

By Joseph Duffy

A look back, and a look ahead for HME.

Today’s HME business differs greatly from the providers of 20 years ago. While providers once operated on the 80/20 model — 80 percent of their revenues coming from Medicare and 20 percent from other sources — that has gone by the wayside. Market factors such as competitive bidding, the oxygen rental cap, and power mobility rental now mean that today’s providers must be creative, out-of-the-box thinkers when it comes to reinventing their revenue streams.
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Reimbursement rates for DME items covered by Round Two were slashed by an average of 45 percent, and mail order diabetic supplies were hit by a staggering 72 percent. For Tom Ryan, president and CEO of New York provider Homecare Concepts, competitive bidding has had an “overwhelming effect” on his company.

“We bid on 35 contracts and won one bid,” he says. “We bid aggressively, but responsibly using some activity-based costing principles in our approach. My challenge, I believed, was providing services at our bid rates — not losing the ability to service new Medicare patients.”

Robyn Parrot, president of Sleep Solutions Home Medical, says her company was not offered any bids in any categories. She has since looked at subcontracting but concluded that there is no way to make it work financially. Parrot says the rates are too low to allow any type of subcontracting.

“It does not make sense to do the work only to turn the patient over to a bid winner,” she says. “Our reputation is on the line and I feel it is more important to maintain our integrity.”

With the July 1 milestone passing by without any miraculous intervention to stop Competitive Bidding, most attention focuses back to a pre-July 1 parallel track: finding a way to either defeat or modify the current bidding system while growing a sustainable business in a difficult Round Two universe.

The Fight Going Forward
In terms of stopping competitive bidding, the fight isn’t over. After years of lobbying to stop competitive bidding, the industry’s legislative position is not without a good foundation, built by many dedicated industry organizations and individuals.

The American Association for Homecare along with state associations and other groups continues to work with Congress to stop Round Two and replace it with the Market Pricing Program (MPP). The industry’s current effort in that regard is the Medicare DMEPOS Market Pricing Program Act of 2013. On April 24, 2013, Rep. Tom Price (R-Ga.) introduced

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— Tom Ryan, President and CEO, Homecare Concepts
the legislation (H.R. 1717), which would require CMS to make fundamental changes to ensure a financially sustainable bid program for HME items. It uses an auction system to establish market-based reimbursement rates around the country.

“These changes, supported by independent auction experts and economists, are consistent with Congress’ original intent: to create a program that is based on competition while maintaining beneficiary access to quality items and services,” says Jay Witter IV, vice president of Government Affairs for AAHomecare. “This legislation has strong bipartisan support and currently has 146 cosponsors [at press time]. AAHomecare is also working for introduction of the legislation in the Senate, as well.”

AAHomecare has also filed legal action against the Department of Health and Human Services (HHS) regarding the flaws in the implementation of the competitive bidding program. Witter says the lawsuit charges that the HHS Secretary has awarded unlicensed providers contracts in numerous Round Two states, which violated CMS’ own rules and has skewed the single payment amounts for HME bid items. The state licensure issue is important because at the time of awarding contracts, many bid winners did not meet the licensure requirements in the states for which they won bids. For instance:

- Twenty percent of all contract winners in Tennessee did not have licenses required by the Volunteer State to legally provide services to patients.
- Fifty-two percent of contracted suppliers in Washington, Baltimore and Philadelphia bid areas lacked the required RSA license to provide DMW services in the state of Maryland.
- Twenty-eight of the 79 providers that signed contracts for Richmond, Va. did not have required Board of Pharmacy permits.
- More than 50 percent of providers holding contracts in South Carolina did not possess the required licenses or permits.

"My focus since 2007 has been to defeat the current system and replace it with a more efficient, equitable and long-term solution. H.R. 1717 is that solution — The Medicare DMEPOS Market Pricing Program Act of 2013.”

— Georgie Blackburn, vice president of Government Relations and Legislative Affairs for BLACKBURN’S

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“Make sure that your congressperson is aware of every development affecting you, your employees and your patients. This kind of persistent effort pays off.”
— John Shirvinsky, executive director of the Pennsylvania Association of Medical Suppliers

Ryan has been advocating to repeal and more recently to replace competitive bidding since it was first put in statute. He says the industry has a very viable replacement in MPP.

“Our company, our patients and our referral sources are constantly reminded that we must change this program,” he says. “We educate all of them. We have them call their elected representatives. We get the bad stories out and we are relentless in building the case. The service issues are happening, the lower-end technology and poorer quality equipment are becoming the norm and the beneficiaries are going outside their benefit to get what they need.”

Even though Parrot, her staff and their patients have been contacting Congress and Medicare on a regular basis, Parrot is not convinced that the industry can “defeat” competitive bidding. She believes the program will be changed but it won’t be defeated. She foresees Medicare lowering its screen fees and if providers want to accept the new fee then they can service the patient.

Preserving the Business
While the battles to defeat competitive bidding continue, HME business must simultaneously fight for profitability. Facing the stress and resource consumption of Competitive Bidding, other Medicare cuts, and time-

"Second, we must make sure our legislative proposal (H.R. 1717) is broadly supported by both Republicans and Democrats," she continues. "With Democrats controlling the Senate, and Republicans controlling the House, bipartisanship is critical for any legislative measure to get through both chambers. Third, we must make sure our legislative proposal is budget neutral. And while we believe it is, the Congressional Budget Office must still weigh in to make it official. We have control over the first two. We can build the political will and can make sure it is broadly supported by both parties. The third obstacle will be overcome when we address the first two."

Communication seems to be the best strategy to defeating competitive bidding (see side bar). The providers interviewed for this article have all been outspoken and proactive every stage of Competitive Bidding.

“My focus since 2007 has been to defeat the current system and replace it with a more efficient, equitable and long-term solution,” Blackburn says. "H.R. 1717 is that solution — The Medicare DMEPOS Market Pricing Program Act of 2013. The industry’s effort to have CMS enact an administrative delay disappointingly fell on deaf ears even though we had significant support from the House. So our job now is to keep the heat on, keep the problems surfacing in the MSAs in focus, and keep directing beneficiaries and referral sources to the Hotline to report problems incurred. Eventually, Congress will have to call a time out.”

“Providers
Providers and patients should contact Congress about problems with Round Two. Providers can send an e-mail to Congress by visiting action.aahomecare.org. Patients should call People for Quality Care at 1-800-404-8702 to report problems accessing HME. Providers should e-mail stories to AAHomecare at CRound2Problems@aahomecare.org.” — Jay Witter IV, vice president of Government Affairs for the American Association for Homecare

"Make sure that your congressperson is aware of every development affecting you, your employees and your patients. This kind of persistent effort pays off.”
— John Shirvinsky, executive director of the Pennsylvania Association of Medical Suppliers

Our article experts unanimously agreed that the No. 1 strategy to defeating Competitive Bidding is staying in constant communication with your legislators. Here what they recommend:

Stay engaged and refuse to be discouraged. “Call your congressional offices regularly. Check in weekly and ask if there are any changes. If a patient has a problem, let your representatives know. If you are going to lay off employees, let your representatives know. Make sure that your congressperson is aware of every development affecting you, your employees and your patients. This kind of persistent effort pays off.” — John Shirvinsky, executive director of the Pennsylvania Association of Medical Suppliers

Provide Congress with proof that Round Two is failing. “Providers and patients should contact Congress about problems with Round Two. Providers can send an e-mail to Congress by visiting action.aahomecare.org. Patients should call People for Quality Care at 1-800-404-8702 to report problems accessing HME. Providers should e-mail stories to AAHomecare at CRound2Problems@aahomecare.org.” — Jay Witter IV, vice president of Government Affairs for the American Association for Homecare

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“We must build the political will in Congress. This will only happen if consumers are actively engaged in communicating with the legislators. We hear it every day on Capitol Hill: these offices need to hear from consumers.”
— Cara Bachenheimer, senior vice president, Government Relations, Invacare Corp.
“This bid program has forced the industry players to rethink dependency on Medicare dollars,” says Blackburn. “New avenues of revenue must be embraced in order to compete. The demographic is exploding, and the demand for quality product and good customer service is more important than ever.

“We’ve focused on what we can do and not upon what we cannot do,” she continues. “Subcontracting was never in our vocabulary — we viewed it as supporting a defective policy. Grandfathering required no decision — we continued to take care of our customers we had on board. Moving forward, we’ve built upon our core competencies and continued to grow.”

Ryan says he has had to make very difficult choices for his company, including laying off 11 people, cutting back on salaries, increasing the remaining employees’ workload and looking for non-Medicare revenue.

“I believe we will survive,” he says. “We are a 25-year-old business and have legacy costs but a determined approach combined with revenue replacement, driving efficiencies and looking at all aspects of our business for both efficiency and savings is key. It is not business as usual — it is challenging but we will survive. We are already seeing consolidations, winning bidders unwilling or unable to take on new patients and access issues.”

Sleep Solutions Home Medical’s Parrot says her company had been preparing for this bid for over two years. Many of their processes have been streamlined to run more efficiently. Pricing with manufacturers is ongoing and many manufacturers have lowered their pricing. They have had a couple of employees leave the organization and at this time are not replacing them. They are actively seeking new lines of business, which she says will prove more profitable than subcontracting. Parrot’s Medicare population was just under 20 percent and she believes that she has taken the necessary actions to sustain competitive bidding. She has also increased marketing efforts in non-bid areas.

“We believe that the ill-effects of this badly designed bidding program will soon become very apparent,” says Bachenheimer. “Just in the initial few weeks, we have already heard many stories about consumers experiencing delays, having various issues in accessing the equipment and services they need from certain contractors, and many reports of consumers having difficulty accessing wheelchair repair services. Congress needs to hear about these issues to understand what’s going on at the ground level.

“The difficulty is that beneficiaries and their caregivers are focused on getting the HME items they need, contacting their members of Congress is not the first thing on their mind,” she adds. “But it’s important to help consumers through this process, give them the contact information they need to let their legislators know what problems are happening, and to register official complaints with Medicare through their 800 number [1-800-MEDICARE].”

There are lots of resources on the web, particularly if you belong to a buying group and your state/regional association, Bachenheimer says. The American Association for Homecare and Invacare have detailed information on their websites.

“You can get background information, position papers, and talking points to use in your communications with members of Congress and their staff, and send customized letters electronically or via paper,” she says. “It’s a lot simpler than people think, and once you’ve done it, it’s important to keep up the communications. Be the squeaky wheel.”

— Robyn Parrot, president of Sleep Solutions Home Medical

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Joseph Duffy is a freelance writer and marketing consultant, and a regular contributor to HME Business and Respiratory & Sleep Management. He can be reached via e-mail at jduffy@hmemediagroup.com, or joe@proofterati.com.

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If there’s one good thing that has come out of CMS’s unrelenting barrage of funding cuts to DME, it has been that home medical equipment businesses have harnessed the power of information technology in ways that have helped them further their survival — and success.

Not too long ago, the uptake of software solutions that helped providers not only process claims but also manage their businesses from stem to stern was the exception, rather than the rule. But as competitive bidding started rearing its head, along with other programs such as the 36-month rental cap for oxygen, the removal of standard power mobility’s first-month purchase option and a string of other Medicare difficulties, HME business owners and operators realized that they needed to become savvier, more flexible business managers.

And HME software has helped them do that. Particularly when it comes to reporting and data tools, such as “dashboard” views that let providers manage their business activity at a glance using a set of key business metrics that help them easily monitor their performance. Where providers once used software for simply accomplishing the day-to-day operations of their businesses, now they fine-tune those operations to maximize their efficiency and profitability.

Containing Costs
And efficiency and profitability come down to costs. For Dave Pavlin, CEO of Therapy Support, a Missouri provider that focuses on beds, support surfaces and seating, his business needs data that can help it manage costs to ensure it remains flexible while working with a variety of customers and payor sources.

As competitive bidding increasingly came into focus, Pavlin said Therapy Support pivoted and began diversifying its payor sources and customers beyond Medicare into other care settings that need beds and respiratory equipment. As a result he needs data that helps him manage the cost structure. Reliable numbers on factors such as delivery, inventory and labor so that he can see how they factor into his business as a percentage of revenue.

“The payor source moves a lot,” he says. “Because I didn’t win a lot of competitive bidding contracts I’ve been forced into other areas.

“I like running a business I understand, and I like things simple that I can predict,” he adds. “I’m looking for things that are driving cost up and that are driving cost down.”

Pavlin says his top two costs are equipment purchases and labor. When it comes to labor, a key metric is what he calls “fully loaded labor” as a percentage of sales. This means he looks at his labor well beyond their pay, but all the factors involved that keep employers at their job and their support alive and well within the organization.

Inventory measurement and monitoring is an evolution he says, because of not just his costs, but his variety of customers. What products yield the best profitability can vary depending on the customers in the same way outcomes can vary depending on patient.

“We all still struggle with inventories,” he says. “I’ve done the bar coding. I’ve spent the money to manage that. But in a world where each day you’re not exactly sure where the demand will be that gets tricky.”

Providers are increasingly measuring and monitoring their businesses to thrive.

By David Kopf
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“I want to know where the weighted products are, in terms of my purchases,” he adds. “I might have to buy a large quantity of concentrators or bed frames, and I need to see where the trending is.”

And data can go a long way when it comes to not just measuring labor costs but improving labor performance. For instance, software has helped Therapy Support motivate its team to improve their performance and thus drive down his labor costs. “We’ve create an incentive program for labor,” he says. “My guys are able to get a quarterly bonus if they do certain things: everything from changing their oil to checking their tires.”

Keeping Things Simple

For Joel Geller, CEO, Medical Service Company, a multi-category HME provider with 15 locations in Ohio, West Virginia, Pennsylvania and New York, the important of business performance monitoring and measuring came when he toured an Invacare Corp. bed manufacturing plant six years ago. One wall of the plant was covered almost entirely with updated listings of plant performance metrics. Nearly 150 feet of data on how that plant was operating stretched across that wall, he said.

“That was the lesson for me,” Geller says. “We have to measure what we do in every aspect of our business — if we don’t stick to our knitting, then how do we know what it is we are knitting?”

This was a key lesson, he says, and it came at a good time, given that the 30-year-old, family-owned business was dealing with an industry wide thread: competitive bidding.

“We did an amazing amount of work from 2005, when we knew competitive bidding was coming, to 2011 when the Round One re-bid began,” he recalls. “That gave us some opportunity to make some changes in our organization and make ourselves stronger.”

And the way to do that was to create a set of standard operating procedures across the business and then measure the company’s adherence to and execution on those operating procedures. To do that Geller says his business set up a set of three “functional team objectives” for each department. Two are operationally oriented and the third is revenue-related.

“The goal is to ensure patients have good outcomes and those use metrics to prove they are staying out the hospital.”

The Next Step

Data can be used to differentiate, as well. For instance, Geller says that the next step in business metrics for Medical Service Company is to measure outcomes so that it can communicate its success and proven track record with referral sources. He notes that as entities such as Accountable Care Organizations continue to grow, this will become increasingly important.

“Right now, the best way to do this is with oxygen patients, since if treatment does not go well, they can wind up back in the hospital. “We’re starting to collect data on hospital readmissions and emergency room visits,” he says. “That is critical to the ACO model.”

The goal is to ensure patients have good outcomes and those use metrics to prove they are staying out the hospital.
hospital. So the company is working on internal studies to demonstrate that, and then share those studies with their referral sources to prove their success and value as an oxygen provider.

Pavlin notes a similar development at Therapy Support. His meetings with referral partners are becoming increasingly outcomes-oriented.

“The day of going into an in-service environment and saying, ‘Here’s my concentrator, and here’s how to turn it on, and here’s how it works,’ those days are gone,” he says.

So, increasingly Therapy Support’s staff experts are meeting with its customers’ staff experts to share “carry-over knowledge.” In other words they are trying to drill down into discussing the details of patient care and results.

This is why Medical Service Company is focusing on a numbers-oriented approach to referral relations. Solid oxygen therapy data is the proof in the pudding.

“The proof is what are the measurable outcomes,” he says. “… We know clinically that there are benefits to long-term oxygen therapy. The longer the patient is on oxygen, the longer they are going to live and the better they’re going to feel. That’s measurable.”

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Programming languages and database environments used: The software uses the .NET development environment and is primarily developed in the language C#.

Dashboards and datapoints: The system provides more than 100 pre-formatted reports. Dashboards provided for schedules, dispatch, on-time delivery, care plan attainment, compliance, financial performance, and more.

Software Data Tools

There are a variety of reporting features and data tools offered by the different HME software systems on the market. Many offer a variety of reporting tools, as well as “dashboard” features that let providers monitor their business performance at a glance. Typically, both reporting tools and dashboard features offered by these systems can be customized by the provider in order to serve up the data that they feel best represents their business performance. Here are some features offered by the various HME management systems:

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Software

Data

Tools

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Type of System: A hosted, web-based/SAAS system
Programming languages and database environments: Built using Microsoft’s .NET framework and MS SQL Server for its database environment.
Datapoints and dashboards: Brightree’s Business Scorecard provides updates on nine Key Performance Indicators with drill down capabilities. The Executive Dashboard looks at business trends in a graphical format. The system’s ad-hoc reporting system is also part of the core Brightree solution, and standard reports provide visibility into the key performance metrics of your business.

Mediware
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Type of System: A stand-alone system installed on-site, and a hosted system that uses special client software.
Programming languages and database environments: Mediware software uses Microsoft NET, Microsoft SQL DB, and C#.
Data points and dashboard: Mediware offers an library of standard and custom reports from the SQL DB. In addition, InSight from Mediware offers a performance management system that gathers analysis and delivers key actionable metrics to management’s desktop for improved business performance. Providers get the information they need, when they need it, delivered in a simple, straightforward fashion.

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MedAct Software
www.medactsoftware.com
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Type of System: A stand-alone system installed on-site, and a hosted, web-based/SAAS system
Programming languages and database environments: MedAct Software Client/Server Edition is a Windows based system utilizing a SQL based RDB.
Datapoints and dashboards: A real-time graphical dashboard, with core executive and management data, such as aging detail and aging summary data, sales data, current day delivery and pickup totals, along with claim pending submissions, voided submissions, and denials data measured in dollar amounts. MedAct also functions as a decision support tool as well as forecasting or trending tool. The reports that help manage a DME/HME business include tracking deliveries; denial management; Accounts Receivable; end of month, end of year and quarterly financial reporting; aging and other revenue related reports. Sales reports show which items are selling the most, which salesperson is generating the most sales and the source of the most referrals.

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Type of System: A stand-alone system installed on-site
Programming languages and database environments: Software is designed in Delphi and SQL SERVER database to securely store data. The Web-based application is written in ASP.net
Datapoints and dashboards: What reporting tools offer summaries of pivotal datapoints for measuring provider performance, or any sort of “executive overview” or “dashboard” features does they system offer to help providers manage their businesses?

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Type of System: A stand-alone system installed on-site, and a hosted, web-based/SAAS system
Programming languages and database environments: Software is designed in Delphi and SQL SERVER database to securely store data. The Web-based application is written in ASP.net
Datapoints and dashboards: What reporting tools offer summaries of pivotal datapoints for measuring provider performance, or any sort of “executive overview” or “dashboard” features does they system offer to help providers manage their businesses?

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Citiesoft
Cityworks.com
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Type of System: A stand-alone system installed on-site, and a hosted, web-based/SAAS system
Programming languages and database environments: Citiesoft is a software application written in C# and SQL Server.
Datapoints and dashboards: Keeps track of system performance and adds a simple-to-use interface to the Cityworks application.

SystemOne
SystemOne
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(800) 231-7776

Type of System: A stand-alone system installed on-site, and a hosted, web-based/SAAS system, or a hosted system, but uses special client software.
Programming languages and database environments: Proprietary
Datapoints and dashboards: Integrated reporting filters allow all data to be extracted in multiple formats for review.

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Type of System: A stand-alone system installed on-site, or a hosted, web-based/SAAS system
Software programming languages and database environments: Microsoft .Net and SQL server
Datapoints and dashboards: Pre-built data cubes make it quick and easy to create richly formatted reports. Providers can perform powerful ad hoc analysis directly from Excel to answer pressing information needs. Dashboard metrics, reporting and analytic tools give providers the up-to-date and timely executive overview they are looking for.

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Type of System: A stand-alone system installed on-site, or a hosted, web-based/SAAS system
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TimS

MedAct Software
Client/Server Edition is a Windows based system utilizing a SQL based RDB. In addition, InSight from Mediware offers a performance management system that gathers analysis and delivers key actionable metrics to management’s desktop for improved business performance. Providers get the information they need, when they need it, delivered in a simple, straightforward fashion.

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Type of System: A stand-alone system installed on-site, and a hosted, web-based/SAAS system
Programming languages and database environments: MedAct Software Client/Server Edition is a Windows based system utilizing a SQL based RDB.
Datapoints and dashboards: A real-time graphical dashboard, with core executive and management data, such as aging detail and aging summary data, sales data, current day delivery and pickup totals, along with claim pending submissions, voided submissions, and denials data measured in dollar amounts. MedAct also functions as a decision support tool as well as forecasting or trending tool. The reports that help manage a DME/HME business include tracking deliveries; denial management; Accounts Receivable; end of month, end of year and quarterly financial reporting; aging and other revenue related reports. Sales reports show which items are selling the most, which salesperson is generating the most sales and the source of the most referrals.

MedFORCE Scan, D&R Manager, WorkFLOW
MedFORCE Technologies, Inc.
www.medforcetech.com
866-237-1190

Type of System: A stand-alone system installed on-site, and a hosted, web-based/SAAS system
Programming languages and database environments: Software is designed in Delphi and SQL SERVER database to securely store data. The Web-based application is written in ASP.net
Datapoints and dashboards: What reporting tools offer summaries of pivotal datapoints for measuring provider performance, or any sort of “executive overview” or “dashboard” features does they system offer to help providers manage their businesses?

Noble*Direct
Noble House – The Comprehensive Remedy
www.nobledirect.com
(800) 749-6700

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Programming languages and database environments: Software is designed in Delphi and SQL SERVER database to securely store data. The Web-based application is written in ASP.net
Datapoints and dashboards: What reporting tools offer summaries of pivotal datapoints for measuring provider performance, or any sort of “executive overview” or “dashboard” features does they system offer to help providers manage their businesses?

TITAN
TITAN provides
Get a 360° view of your entire HME business.

By giving you a unique 360° view into all your lines of business, Mediware’s HME software simplifies the complex process of managing your operations, allowing you to make better decisions for your business, patients and staff.

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Unique visibility. Superior results.

www.mediware.com/hme360

Scan this code with your smartphone to learn more about Mediware’s 360° solution.
Bath safety is a critical concern given that more than 80 percent of home accidents occur in the bathroom, which is considered to be the most dangerous room in the house according to the National Safety Council. Providing bath safety involves serving a number of very different patient groups, with their own unique requirements and considerations providers must address. Key patient groups include seniors, bariatric patients and wheelchair patients; each with their own needs. These diverse groups mean bath safety offers an excellent cash sales category, since products are rarely funded.

The big concern in bathing is guarding against slipping and falling. Products such as grab bars should be strategically located in and around the bathing area, as well as around the toilet. For the bathing area, the ideal situation would be to have a bathing stool or bench that patients can use in conjunction with a handheld shower to protect against falls. Along with the aforementioned grab bars, the shower floor should be lined with non-slip material or strips.

There are a variety of products on the market to help providers accomplish these safe bathing objectives. Let's take a look at some of the latest offerings:

**Modern, Minimalist Design**

**Iso Decorative Grab Bars**
- With an infusion of industrial elements, the telescoping design of the Iso grab bar provides a modern, minimalist touch in the bath.
- Available in lengths ranging from 12 to 36 inches and featured in chrome and brushed nickel finishes, the 1¼-inch-diameter grab bar is an ideal match for the Moen Level and Destiny bath collections.
- Features grip pads for enhanced safety and security.

Moen Home Care
(800) 289-6636
moen.com/homecare

**Extra-wide Opening**

**Quick-Lock Raised Toilet Seat**
- Features a patented system that safely secures the raised seat to the toilet.
- The extra-wide (10x9 inches) opening, large front cutout, and additional 4 inches of height, makes this product suitable for anyone needing assistance with bending or sitting.
- Fits most elongated and standard round toilets and can be easily removed without tools to clean it when not in use.

Carex Health Brands
(800) 526-8051
www.carex.com

**Six Spray Options**

**Deluxe Hand Held Shower Head**
- Six spray options including saturating, saturating and bubbling, bubbling, massage, saturating and massage, and pause spray.
- Users can change spray settings with fingertips, even with wet soapy hands.
- Shower head can be installed in minutes on any standard shower arm and conveniently used as a handheld sprayer, an overhead shower or both at once.

GF Health Products Inc.
(800) 347-5678
www.grahamfield.com

**Minimizes Fall Risk**

**MULTICHAIR 6000 tub/slider transfer system**
- Includes a compact base that fits in small tubs and bathrooms.
- Features offset legs on the tub unit which enable it to fit a wide variety of tubs. In addition the height-adjustable unit can be configured to slide to the right or to the left, depending on the bathroom configuration.
- Constructed of all non-corrosive materials, including aircraft-grade anodized aluminum, stainless steel, brass and Delrin plastics.

Nuprodx
(855) 220-5171
www.nuprodx.com

**Reduce Slips and Falls**

**Invisible Bathhtub Mat**
- Increases the “grip” by bonding invisible microscopic particles to the porcelain bathtub surfaces or ceramic tile shower floors to create a non-slip surface.
- The surface remains easy to clean because there is no surface damage to allow grease and soap build-up that result in dark discolored tread patterns.
- Apply with a sponge on dry clean surface, wait seven minutes, rinse with water and the tub/shower is now safer when wet. It lasts for years.

Slip and Fall Solutions
(416) 256-4335
www.invisiblebathtubmat.com

**Easy-to-Install Support for the Bathing Area**

**Invacare Suction Cup Grab Bar**
- Suction cup grab bars come in two sizes: 17.5 in. and 21.5 in. Suction cup is 3.7 in. in diameter.
- Non-slip surface that offers a secure grip, and bar that mounts in a variety of positions.
- Other features include visual adhesion control and tool-less assembly.

Invacare Corp.
(800) 333-6900
www.invacare.com

By Cindy Horbrook
Medtrade is introducing the 6-4-18 series to provide you with vital information to use while strategizing for survival and success through the next eighteen months. Packaged together, these conference sessions will take you down a path of preparing your business for surviving and thriving in the coming months.

These 6-4-18 series session are included with a conference pass

Why Your Purchasing Model Must Evolve in the New HME Industry
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Improving Cash Flow with Business Analytics
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HME Transformation: Leading in Times of Crisis
Diversification and Operational Efficiencies for Greater Profitability

Register today at medtrade.com
HME Inventory

Compiled by Cindy Horbrook

Pediatric stroller base offers improved folding mechanism
Ottobock’s Kimba Neo third-generation pediatric stroller base features several updates and upgrades including adjustable rear suspension tension settings for individual needs and a smooth and stable ride, an improved folding mechanism for easy transportation and storage, and an increased weight capacity of 10 percent, up to 121 lbs. The stroller base’s new, sleek frame design is now available in two colors, silver and black. An easy access tilt mechanism provides simple tilting of the seating system and larger rear wheels assist in maneuvering over rough terrain.

Ottobock
(800) 328-4058
www.ottobockus.com

Lift chair features soft seating surface
Pride Mobility’s Serta Perfect Lift Chair is available in five colors through the Perfect Fabric Collection for a contemporary style that fits and enhances any home décor. Features include a sinuous no-sag spring base for firm, comfortable support and durability, a cotton insulation pad that delivers noise reduction for quiet relaxation, and individually wrapped coil springs that provide a balanced seating experience and greater longevity than traditional foam bases. The chair’s Dacron top layer provides a softer seating surface.

Pride Mobility Products Corp.
(800) 808-8586
www.pridemobility.com

Entry-level sleep therapy device helps users remain compliant
The REMstar SE from Philips Respironics offers many of the same comfort and compliance benefits of System One including flex pressure relief, enhanced humidification with heated tube option, and compliance tools such as the EncoreAnywhere compliance management system. The device is oximetry-module capable and offers onboard memory. It is a cost-effective solution for individuals seeking a reliable back-up unit when needed. Users can enjoy a secondary device to remain compliant without sacrificing comfortable therapy.

Philips Respironics
(800) 345-6443
www.philips.com/respironics

At-home ventilation device designed to reduce hospital readmissions
ResMed’s home variable positive airway pressure (VPAP) device, also known as bilevel PAP, is designed for the treatment of respiratory disorders such as COPD. The device is used at night, which helps ensure that users maintain their ventilation when they are most vulnerable. It customizes the breath delivered to the patient with a rapid inhalation phase and allows an extended exhalation. This can help overcome air trapping that is common in COPD patients, enabling better gas exchange in the lungs.

ResMed
(800) 424-0737
www.resmed.com

Online tool designed to increase patient engagement
ResMed’s SleepSeeker online tool, hosted on WakeUptoSleep.com, allows patients using ResMed’s S9 series air flow generators to view their own therapy data just as a doctor might see it, including time used, and any apnea or hypopnea events. Users also can view any present mask leaks. And all this may be done without the need for a Bluetooth adapter because S9 devices are equipped with SD cards from which a PC can upload the data.

ResMed
(800) 424-0737
www.resmed.com

Sturdy handle helps restore confidence and independence
323 Products’ Flip A Grip is a patent pending handle that can be installed in a doorway or other areas of the home where there is not enough space for a large grab bar. The handle folds out of the way when not needed and glows in the dark for extra visibility at night. Users can mount the handle inside or outside the home. For those having difficulty with stairs or are afraid of falling, the product can restore confidence and independence back by providing a sturdy handle to brace on during difficult tasks.

323 Products
(234) 249-1464
www.flipagrip.com

Electronic prosthetic knee is completely waterproof
Ottobock’s X3 microprocessor-controlled prosthetic knee features an accelerometer and a gyroscope that is able to intuitively tell where a user’s leg is in space. The waterproof knee allows for contact with water including showering, swimming, boating and fishing. Programmed using a laptop and Bluetooth technology, users can set five activity modes for activities such as biking, golfing or driving and activate using a key fob-sized remote. A mute mode silences all vibration and beep signals of the leg when needed for activities such as meetings, church services and hunting.

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Ottobock
(800) 328-4058
www.ottobockus.com
**HME Inventory**

**Toilet seat riser comfortably reduces bending effort for patients**
The Deluxe Toilet Seat Riser with Removable Armrests is designed for those who have difficulty sitting down on or standing up from the toilet. Constructed of durable, white, heavy-duty plastic, the riser adds 3 1/2 inches to toilet seat height to comfortably reduce bending effort. Designed to work with existing round or elongated toilet bowls and blend in with existing decor, it attaches securely to the toilet seat bowl using bolts to prevent shifting of the seat. Push buttons allow for easy removal of armrests.

GF Health Products Inc.
(800) 347-5678
www.grahamfield.com

**Travel scooter’s modular design provides easy serviceability**
Pride Mobility’s Go-Go LX offers CTS (Comfort-Trac Suspension) independent front and rear suspension, a sleek style, feather-touch disassembly and standard LED lighting. Features include black, non-scuffing tires; an auto-connecting front-to-rear cable; a front frame-mounted seat post that offers maximum stability; and a modular design for easy serviceability. The scooter includes two sets of easily changeable colored panels in red and blue. The microprocessor-based controller offers optimal power management and added safety features.

Pride Mobility Products Corp.
(800) 800-8586
www.pridemobility.com

**Power positioning systems offers easy back height and depth adjustments**
Quantum Rehab’s TRU-Balance 3 Power Positioning Systems allows users to order the seat width independent of the back width at no additional charge. Users can internally or externally rotate cantilever armrests for optimal positioning; easily retrofit power tilt, recline and scissor lift; and make easy back height and depth adjustments. The system is available with a choice of two complimentary accessory options with premium accessories available. A tool kit is included for quick adjustments.

Quantum Rehab
(866) 800-2002
www.quantumrehab.com

**I’m an EP!**

“The Exemplary Provider” (EP) accreditation process is nothing like the others. It allows us to focus on doing what’s best for our patients and not just on what’s best for the accrediting body.”

Cindy Leif of Select Care, Inc. also credits The Compliance Team’s “deemed” DMEPOS accreditation program with helping Select Care better manage their patients over the past 12 years while she grew the business to become a Medicare competitive bid winner.

The Compliance Team dramatically simplifies the DMEPOS accreditation process by featuring the industry’s leading set of product-line and service specific quality standards as well as offering on-going expert mentoring, customizable P&P manuals, self-assessment checklists, anti-fraud plans and electronic outcomes benchmarking.

That’s been the case for long-time participants like Cindy Leif’s Select Care, and it is true today for those seeking to experience the EP difference for the first time.

For more details about our Exemplary Provider™ accreditation program for DMEPOS, call us at 215.654.9110 or visit: www.TheComplianceTeam.org.

Cindy Leif, RN, BSN
President
Select Care, Inc.
Denver, NC
Fort Mill, SC

DMEPOS
2000 – Present

GF Health Products Inc.
(800) 347-5678
www.grahamfield.com

The Compliance Team
Accreditation simplified.
Stud-free grab bar installation
Moen’s SecureMount Anchors incorporate a D-shaped anchor that makes it possible to quickly, easily and securely install a grab bar anywhere on the wall, with one stud or no studs, in less than 10 minutes. To install, drill a hole in the wall, install the anchor system and mount the grab bars. The anchors can also be installed into fiberglass tub wall surrounds as thin as 1/8-inch as well as a variety of additional substrates including marble, tile, drywall and fiberglass up to 1 1/2 inches thick – without requiring studs or costly blocking.

Moen Home Care
(800) 289-6636
moen.com/homecare

Mobility scooter features high-visibility LED lighting
Pride Mobility’s 10-inch Victory Sport Mobility Scooter can travel up to 8 mph. A high-back seat, wraparound delta tiller, high-visibility LED lighting, full suspension and 40 AH batteries are just a few of the scooter’s standard features. Additional features include lightweight, non-scuffing, black, low-profile wheels; one-hand feather-touch disassembly, auto connecting front-to-rear harness; lightweight seat with viscoelastic foam inserts for increased comfort and sliders; an easy-grip tiller adjustment knob; and an easy-access tiller-mounted charger port. The scooter has a weight capacity of 350 lbs.

Pride Mobility Products Corp.
(800) 800-8586
www.pridemobility.com

Talking system helps ensure proper medication compliance
The Med Center System is a talking system that remembers a user’s daily medications using the date of the month. The date is located on each pill box and pill cavity, the visual display of the clock as well as audibly during the alert messages. The date repetition helps ensure proper medication compliance, even when the user is unsure whether it is Monday or Tuesday. The clock also features an easy to operate, talking, set procedure for all four alarms, the time and date.

MedCenter Systems
(866) 600-3244
www.medcentersystems.com

Decorative grab bars combine styling with safety
Moen Home Care’s Arris Decorative Grab Bars offer signature styling with cylindrical, geometric shapes and distinct 90-degree angles to create a modern look in the bath. The new bathroom collection offers matching 1 1/4-inch-diameter grab bars in lengths ranging from 12 to 36 inches and each is available in chrome and brushed nickel finishes. Each grab bar features a SecureMount flange that allows users to mount it at any angle on the wall—making it easier for homeowners to mount the grab bar securely into a stud for safe installation.

Moen Home Care
(800) 289-6636
moen.com/homecare

Slip-resistant bath step offers adjustability
The Prima Bath Step from Gordon Ellis Healthcare features slip-resistant rubber on the top surface and on its four feet. The step is adjustable so that users can make the height equal to the bottom of the bathtub. It is big enough to stand securely with both feet before stepping over the bath side. Users can link other steps side by side to make a bigger platform.

Gordon Ellis Healthcare/Patterson-Medical
(800) 323-5547
www.gordonellis.com

Ankle foot orthosis works with almost any patient weight
Ottobock WalkOn Reaction AFO is lightweight, low profile and extremely tough. Fabricated from a prepreg advanced carbon composite, it’s suitable for patients with weak dorsiflexion, post-stroke, traumatic brain injury, MS, neuromuscular atrophy, peroneal paralysis, partial foot amputation and works with almost any patient weight. The Reaction also takes great advantage of an anteriorly-placed calf cuff and longer strut which works in conjunction with ground reaction forces to help extend the user’s knee. This makes it suitable for patients who also have a slight knee extension impairment.

Ottobock
(800) 328-4058
www.ottobockus.com

Drive control system is fully programmable
Quantum Rehab’s fully programmable Q-Logic 2 Drive Control System offers more programming options allowing for a new level of customization, creating an adaptable, expandable control system that serves complex needs with function and flair. Features include a larger LCD screen for an enhanced visual experience, removable, replaceable controller armor; enhanced access to computer, mouse, tablets and cell phone functions; and a built-in ambient light sensor.

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Quantum Rehab
(866) 800-2002
www.quantumrehab.com
Upcoming Industry Events

**September 2013**

**Sep 16**
2013 Wisconsin Association of Medical Equipment Services Annual Convention
http://www.wames.org/

**Sep 16-28**
2013 Kentucky Medical Equipment Suppliers Association Fall Conference
http://www.kymesa.org

**Sep 17-20**
2013 Medical Equipment Suppliers Association Fall Conference
http://www.mesanet.org/

**Sep 18**
Annual Maryland-National Capital Homecare Association Meeting
http://www.mncha.org/

**Sep 26**
Home Medical Equipment and Services Assoc, of New England (formerly NEMED)
http://www.homesne.org

**October 2013**

**Oct 8-10**
Medtrade Fall 2013
http://www.medtrade.com
If the industry has anything to say about complex rehab's position in the Medicare program, we are on the right track for a successful outcome despite some new and ongoing threats that came to light at the beginning of July. Our voice is strong, our message is clear and unified, and Congressional support is building for H.R. 942 and S. 948, the "Ensuring Access to Quality Complex Rehabilitative Technology Act of 2013." We are continuing to identify consumer, clinician, and provider constituent leads in order to form 435 advocacy teams across the nation to communicate with members of Congress about complex rehab technology (CRT) on a regular basis. So, what could possibly threaten the viability and success of complex rehab?

On July 1, Medicare's competitive bidding program went into effect. While complex rehab has been and remains exempt from inclusion in this fatally flawed program, much of the fallout from its impact is threatening complex rehab providers that previously offered the full spectrum of products and services in their local communities. Many individuals with chronic medical conditions, complex medical needs, and disabilities rely on their local provider to supply not only their complex rehab manual or power wheelchair, but they also rely on them to provide the other products and services necessary to be discharged home. A hospital bed and mattress or support surface, oxygen, CPAP, BIPAP or respiratory assist devices, enteral nutrients, and diabetic supplies are all critical components of the homecare spectrum that allow individuals who use complex rehab technologies to remain in their homes rather than be forced into an assisted living facility.

For those providers who did not win a contract to continue providing the items and services that are included in Round Two of the competitive bidding program, this is a significant hit to their business and severely threatens their ability to continue providing complex rehab technology.

In addition, many independent complex rehab providers relied on the cash flow of their standard manual wheelchair and Group 2 powered mobility business to support the small percentage of labor intensive complex rehab business they have, especially in the urban and rural areas of the country. Since these providers were able to grandfather their patients in over the course of the rental cycle, there is a window of opportunity to save their businesses as they fight, in lock step with the rest of the industry, to stop the current competitive bidding program and replace it with the market pricing program (MPP) industry alternative. Without these local, independent providers' ability to service their standard manual and power DME customers in the future, there will be an increased burden placed on complex rehab providers, who still have their doors open, to repair the abandoned patients' beneficiary owned equipment.

On July 2 there was a proposed rule from CMS posted in the Federal Register regarding a “Clarification of the Definition of Routinely Purchased Durable Medical Equipment (DME)” that includes complex rehab codes. The proposed rule asked for comments on the reclassification of 80 HCPCS codes from the inexpenisve or routinely purchased payment category to the capped rental category.

The list included 51 codes related to manual and power wheelchairs, options, accessories, and repair parts, most of which are complex rehab items. Converting these items to rentals is impractical at best. For example, the rule proposes that a break tube kit (E2326) used for a sip and puff drive control system become a rented item.

As a reminder, complex rehab power mobility bases already fall into the capped rental category, but retain the first-month purchase option for beneficiaries who elect to have the claim processed in that manner. It should be noted that the proposed rule does not eliminate the purchase option for these bases, but it does propose to change how power seating functions, alternative drive controls, and the electronics used to operate them, most of which were clearly identified as complex rehab technology, would be paid if this proposal is allowed to go forward as outlined.

The proposed rule not only threatens the provision of tilt in space (E1161) manual wheelchairs, it also recommends that all pediatric manual wheelchairs (E1232 – E1238) become rental items. While the combined utilization of all seven pediatric HCPCS codes under Medicare is less than 400 units annually, since they were first implemented in 2003, the ramifications of this change on the provision of these products under the Medicaid program are significant. The proposed rule also listed HCPCS codes that can only be billed to the Medicare program after the beneficiary already owns the equipment. These codes include push rim power assist wheels (E0986) as well as motors, gear boxes, actuators, controllers, and pneumatic tires. These replacement parts are not necessarily complex rehab items, but they are used to repair mobility assistive equipment that allows beneficiaries to retain their mobility and remain safe and independent in their homes and communities.

Many national organizations, providers, and manufacturers were working together as of press time to submit strong comments in opposition to this proposal in a very succinct, targeted, and coordinated manner, prior to the Aug. 30 due date. While we wait to see how CMS responds, we must continue to build our advocacy efforts necessary to ensure the legislative language outlined in the “Ensuring Access to Quality Complex Rehabilitative Technology Act of 2013” is included in a bill that moves this fall. This effort cannot be accomplished without the dedicated efforts of every stakeholder involved in the provision of complex rehab technologies.

Consumers, caregivers, clinicians, physicians, providers, and manufacturers are working together, as constituents, to convey their message not once, but in an ongoing effort to their members of Congress. Every one of us has a compelling story about what we do, why we do it, and why it is critical that we secure passage of legislation to create a separate benefit category for complex rehab technologies under the Medicare program.

If you have not been contacted yet about participating in this effort, and are willing to contribute a small portion of your time, please contact NCART and visit www.access2crt.org. There are dedicated individuals who are working tirelessly to build their advocacy teams, putting them in motion, and making headway with their legislators. They cannot do it alone. They need each and every one of you to get involved to advance this initiative and overcome the threats to its success.

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