For the past two years, providers of mobility solutions have witnessed the Centers for Medicare and Medicaid Services virtually explode their businesses into a million pieces. Now they are forced to rebuild from the ground, up.

And the environment in which they are rebuilding offers a number of stiff challenges: For starters, providers of standard power mobility are still learning how to maximize profitability and efficiency now that they have converted to a rental model. Audits are not only a every-present concern, but an ever-worsening aspect of doing business with Medicare as CMS continues to increase its program integrity efforts and budget. And, of course, the implementation of Round Two of competitive bidding has completely changed the game for a multiplicity of mobility providers. Can they even find a profitable model even providing repairs?

These are a lot of challenges to simultaneously hit any one segment of the HME industry. To help mobility businesses get a clear picture of the coming year so that they can strategically plan how they will build for not just survival, but success, as well, HMEB interviewed various industry experts to understand their perspectives on future obstacles as well as positive changes and opportunities that mobility providers will encounter in the months to come.
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Rebuilding Mobility

The business and reimbursement upheaval experienced by mobility providers over the past two years has been nothing short of astonishing, and the coming months spell even more change and challenge. That said, there are opportunities, as well. HMEB speaks with various industry experts to get an idea of how the mobility market and regulatory changes will likely unfold in the year ahead.

Products & Technology

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HME Software Survey

Now, more than ever, software has become a strategic HME asset. Our sixth annual look at software systems designed to help providers manage their billing and business operations takes a special look at features that can help providers explore and expand into new business and revenue and reimbursement opportunities.

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News, Trends & Analysis

AAHomecare: ‘We Are Going to Win,’ Providers Must Comply by New HIPAA Rules; H.R. 1717 Hovers at 157 Co-Sponsors; California’s First 101 Mobility Franchise Opens; Maddak, Morph Wheels Sponsor ‘Inspirational Client’ Award; Illinois Provider Earns Accreditation Honor; Brightree, ResMed Enter Electronic Purchasing Agreement; Sunrise Unveils Latest ‘Propel’ Recipients; Landauer Metropolitan Files Chapter 11.
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Market changes demand that providers supercharge their marketing strategies.

Today’s HME provider businesses face a tremendous amount of uncertainty. Competitive bidding, the face-to-face requirement, audits and a host of other Medicare-related challenges are forcing them to completely redefine what it is they do for a living, and what patients and referral partners they can serve. It’s a scary time for many.

But it’s also an inventive time. Just consider the number of business niches and strategies that providers who once relied on Medicare for 80 percent of their revenues are now trying to leverage in order to survive and succeed:

Retail. Obviously retail reigns as king of the new revenue-driving opportunities. It appeals to providers trying to replace revenue lost to competitive bidding and other challenges, because it doesn’t get hinged on claims processing. Moreover, retail covers a wide spectrum of products ranging from low-cost impulse buys to big-ticket equipment purchases that appeal to an equally wide range of patient groups.

Private pay. While CMS is working overtime to mix as many providers out of the Medicare game as it can, private insurance carriers are still looking for providers of medical equipment. True, there have been some insurers that have entered single-provider arrangements, and it is likely private payer insurance reimbursement will seek to match Medicare rates, but there are still business relationships to be made and patients to be served.

Home access and auto access. As major cash sales categories that appeal to a large number of different types of patients, access represents a category that providers who are comfortable with investing in additional tools, expertise and training can leverage their existing market presence to offer entirely new ranges of services.

Orthotics and prosthetics. Serving O&P patients represents a opportunity similar to home access and auto access, but with even more investment in clinical expertise and resources. O&P is often Medicare funded, but in that case the trials HME providers have faced could give them an advantage over traditional O&P players thanks to the business and documentation processes they have put in place.

Facilities. While providers have sought to provide medical equipment for the home environment, that isn’t to say that the equipment they offer doesn’t appeal to other sectors. Senior living centers, hospitals and other care facilities could easily be served by providers of beds, respiratory, bath safety and other equipment that maps directly to those care settings.

Of course, there is one thing that all these potential marketplaces have in common: providers must create new marketing appeals and messages to reach them. And here is where providers will need to truly to sharpen their marketing edge, especially from a strategic perspective.

Many providers have a great tactical sense of how they should market, in terms of types of marketing media and messages they want to deliver. Now, with new market opportunities, they will need to develop an equally strong strategic approach to their marketing. Some key elements of these strategic plans:

Senior sales and marketing superstars. When working with higher-level referral partners, such as large care facilities or private insurance carriers, providers will need to employ sales and marketing professionals that can convincingly communicate at a very senior level.

Finding the right networks. As providers enter new territories, such as access or O&P, they will need to understand those niches’ spectrum of care and seek to develop the right relationships.

Gaining a true understanding of consumers. One thing is clear about the future of healthcare: it will be driven by consumers. Providers must understand how to truly reach out and appeal to patients better than they have ever before. Survival and success depend on it.
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AAHomecare: ‘We Are Going to Win’

National industry association calls on Medtrade attendees to join organization and the fight for H.R. 1717.

It’s understandable if providers attending last month’s Medtrade Fall Conference and Expo, which was held Oct. 7-10 at Orlando, Fla.’s Orange County Convention Center, were partly distracted by matters transpiring to the north, in Washington, D.C.

While the show served up offerings from more than 500 exhibitors, as well as 120 conference sessions, the fate of H.R. 1717, the Medicare DMEPOS Market Pricing Program Act of 2013, which would replace competitive bidding with the Market Pricing Program was likely to weigh heavy on many attendees’ minds. The bill has hovered at 157 co-sponsors, delayed by budget debate that resulted in October’s government shutdown.

To address those concerns Robert Steedley, chairman of American Association for Homecare told providers attending the trade event’s Washington Update, that they need to realize that the fight continues.

"Let’s be honest, it’s a difficult time," he said. "We've got regulatory pressures and competitive bidding is running wild. There is reimbursement compression all around us.

"... In the end, we are going to win," Steedley added. "... We have the right team to get the work done. We are fighting as hard today as ever. We're on the Hill every single day, and we are making the right contacts and the right moves and we're doing the right things."

Echoing that sentiment, newly appointment AAHomecare president and CEO Tom Ryan, the longtime head of Farmindale, NY-based provider business, said that providers are in a bit of a Catch-22, because they need to be involved with the regulatory and legislative environment that impacts their businesses, but they also need to focus on providing care and running their businesses. Ryan said that as a provider of more than 30 years, he knows that providers feeling concerns over competitive bidding need to know that somebody has their back.

"AAHomecare has your back," said Ryan, a successful DME provider for three decades. "I have your back. My team has your back. We've got your back.

"I know what it's like when I ran my business," he added. "Every single day you can't just get up and worry about what's going on in Washington, D.C. But unfortunately, when you rely on entitlement programs, what goes on in Washington is very important to what we do."

Helping to address what transpires in Washington, Jay Witter, vice president of Government Affairs, said one of the key ways that providers can help that effort is by sharing their stories as business owners and stories about patients’ lack of access to services. "If there are 2,000 complaints, we know there are 10 times that many stories. That's what's going to turn the tide on this: those patients saying, 'I can't get my services.'" — Jay Witter, AAHomecare

"I have your back. My team has your back. … I know what it's like when I ran my business. Every single day you can’t just get up and worry about what’s going on in Washington, D.C." — Tom Ryan, AAHomecare

More industry intelligence is available at hme-business.com.

Webinars — Coming up, we will host "A Provider’s Biggest Burden: Clinical Documentation," a special webinar on audits from Wayne van Halem, president of The van Halem Group. Currently available as an on-demand webinar is "Implementing Face-to-Face: What You're Missing," a Sept. 27 webinar presented by well-known industry expert and speaker Kelly Riley, as well as the Oct. 23 webinar "Pressure Mapping: Debunking the Myths," presented by VARILITE clinical education specialist Susan Cwiertnia, PT, MS.

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Win continued from page 8

Providers Must Comply by New HIPAA Rules

HITeCH Act requirements to strengthen patient privacy reach their compliance date.

Providers must now comply with a new final rule from HHS regarding the Health Insurance Portability and Accountability Act that aims to strengthen protection of patient information.

Specifically, the components of the new rule that providers need to focus on are the expanded definition of a "business associate" as well as new rules on breaches of patient information privacy, an update from the Association for Homecare reported.

The new rule has been coming down the pike for some time since HHS issued the final rule, "Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules Under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act, Other Modifications to the HIPAA Rules," on Jan. 25.

The new rule met its effective date on March 26 and hit its Sept. 23 compliance date, which means that all businesses and entities covered by the final rule have to comply with the components of the rule that apply to them.

Under the new rule, a business associate is defined as
- Any person or organization that provides data transmission services of protected health information to a covered entity and requires access on a routine basis to such information.
- Any subcontractor of a business associate that handles protected health information.
- Any entity that maintains protected health information on behalf of a covered entity.

Another important part of the rule focused on breaches of patient information and breach notification requirements. The final rule stipulates that improper use or disclosure of PHI is now considered a breach unless the covered entity or business associate "demonstrates that there is a low probability that the protected health information has been compromised" through a risk assessment of at least four factors:
- The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification.
- An unauthorized person who used the PHI or to whom the disclosure was made.
- Whether the PHI was actually acquired or viewed.
- The extent to which the risk to the PHI has been mitigated.

H.R. 1717 Hovers at 157 Co-Sponsors

Industry advocates continue to call for MPP bill support but shutdown could hamper efforts.

As Congress was swept up into last month's budget debacle and government shutdown, Reps. Scott Rigell (R-Va.) and David Reichert (R-Wash.) joined the ranks of co-sponsors backing a bill that would replace competitive bidding with the industry's market pricing program.

This brought the total number of backers for H.R. 1717, the Medicare DMEPOS Market Pricing Program Act of 2013, to a total of 157. The bill was introduced into the House by Longtime HME industry advocate Rep. Tom Price (R-Ga.) at the tail end of April, and has been steadily gathering support.

The shutdown of the Federal government definitely stymied the industry’s advocacy and lobbying efforts on behalf of H.R. 1717. A statement from the American Association for Homecare released during the legislative fracas advised that scheduling meetings and calls with lawmakers would take additional time due to Congressional staff constraints.

"Until Congress passes a continuing resolution that resolves the budget crisis, adding cosponsors will be difficult as many staffers have been deemed non-essential and so are on furlough. Remaining staffers are doing their best to pick up the slack," the statement read. "Although you should continue to contact your congressional delegation, there may be a short delay before new cosponsors are officially added to H.R. 1717."
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News, Trends & Analysis

California’s First 101 Mobility Franchise Opens

New franchise location will serve San Jose area’s mobility users.

California mobility specialists Virgil and Julie Moore have opened the Golden State’s first 101 Mobility Franchise. Located in San Jose, the provider business will provide professionally installed wheelchair ramps, stair lifts, wheelchair lifts, patient lifts, auto lifts, and pool lifts to the areas mobility burgeoning population of mobility users.

California is home to the country’s highest population of people aged 65+ with over 4.3 million seniors, and along with the rest of the country, San Jose is witnessing a shift in population: the nation’s 78 million baby boomers are reaching retirement age, seniors are living to a new average of 78.6 years, and about 90% of them prefer to age in the comfort of home.

“We hope 101 Mobility will rise to the challenge of becoming a leading resource for aging and disabled residents,” said San Jose Council Member Kansen Chu. “Locals can look forward to enjoying improved independence and accessibility here in San Jose.”

With 29 franchisees operating in over 70 territories nationwide, mobility franchisor 101 Mobility had yet to expand into the West until the Moores signed on to provide services to the Silicon Valley Area. The Moores will grow their business via 101 Mobility’s corporate support, grassroots marketing, and the franchise’s customer service standards. Virgil will lead sales and marketing, and Julie will manage office processes, with service technicians installing equipment.

“Customer service is our number one priority – something we see lacking in many businesses today,” Virgil explained. “With our commitment to excellent customer service and top quality products, 101 Mobility can become a well-recognized place to go for the type of services the people in San Jose need and deserve.”

Maddak, Morph Wheels Sponsor ‘Inspirational Client’ Award

Manufacturers invite rehab professionals to nominate ‘amazing individuals’ for recognition.

Aids to daily living maker Maddak Inc. and foldable wheelchair wheel manufacturer Morph Wheels have launched a Most Inspirational Client Contest to let rehab professionals publicly honor and recognize wheelchair users who face various challenges every day with a can-do attitude, “proving that disability does not mean inability,” a statement from the companies read.

“We constantly hear these amazing stories about people overcoming obstacles and rising to new heights and want to share and honor these individuals on our website and social media platforms and hopefully provide an additional platform for them to inspire others,” said Susan Tulanowski, marketing manager at Maddak Inc.

Nominations will be entered into a random drawing with one entry to be chosen to receive a set of Morph Foldable Wheelchair Wheels, which fold to half their size for easy transportation. The person who submits the winning entry will receive a $100 Visa gift card, or can choose a $200 Maddak credit. Four additional entries will be chosen, and the nominators and nominees will all receive their choice of a $50 Visa gift card or a $100 Maddak credit.

The ‘Most Inspirational Client’ Award was accepting nominations from Sept. 1 through Oct. 31, and is open to all rehab professionals in the Unites States, including occupational therapists, physical therapists, and assistive technology providers. The nominee must be a manual wheelchair user over the age of 18.

To nominate a client, rehab professionals completed an entry form explaining what they admire about their nominees and how they think a set of Morph Foldable Wheelchair Wheels could enhance their clients’ lives. There was no fee to enter. The winning entries will be chosen at random and announced the first week of this month.

Illinois Provider Earns Accreditation Honor

Freeport Home Medical Equipment obtains Joint Commission’s Gold Seal of Approval.

Freeport, Ill.-based Freeport Home Medical Equipment (FHME) has been awarded The Joint Commission’s Home Care Accreditation Program’s coveted Gold Seal of Approval for health care quality and safety.

The designation demonstrates that FHME is committed to providing the best care to their patients, staff, and the communities they serve.

“We earned our first accreditation by the Accreditation Commission for Health Care, Inc. in 2007,” said FHME President Carolyn Slater, “before it was mandated by Medicare, and we have continued to maintain their credential. This term I elected to go through the Joint Commission’s survey process in order to gain their Gold Seal of Approval, which is more widely recognized by the general public.”

FHME employs two licensed Respiratory Care Practitioners on staff, as well as two licensed mastectomy fitters, and is the largest mastectomy boutique in northwest Illinois. Additional staff members are certified to fit and deliver a variety of specialty medical equipment and supplies ranging from wound care and urological supplies, compression wear, and mobility devices to lift chairs, ramps, bath and bedroom safety items, and aids to daily living. The provider also rents and repairs equipment, and accepts assignment for most covered products for many forms of insurance.

To earn and maintain the Joint Commission’s accreditation, a provider such as FHME must undergo and pass an on-site survey by a Joint Commission surveyor. The objective of the survey is to evaluate the organization and provide education and guidance that will help the staff continue to improve the homecare organization’s performance. The survey process focuses on evaluating care processes by tracing patients through the care, treatment, and services they receive. In addition to these patient surveyors conduct systems “tracers” to analyze key operational systems that directly impact the quality and safety of patient care.

Brighttree, ResMed Enter Electronic Purchasing Agreement

Arrangement aims to streamline ordering process, cut costs for HMEs.

HME software system maker Brighttree LLC and sleep therapy pioneer ResMed have signed an electronic data exchange agreement that will help providers use an integrated interface to order ResMed equipment directly from the Brighttree platform.

“Providers are looking for every opportunity to reduce expenses and streamline business operations,” said Dave Cormack, President and CEO of Brighttree LLC. “By making it easier for our customers to purchase ResMed equipment directly from within the Brighttree billing platform, we are able to help them eliminate time wasted with the paper and phone-based purchasing processes they use today.”

Since Brighttree and the ResMed Online Store (ROS) are web-based platforms, the two systems can exchange provider, patient and product information. When a purchase order is created in the Brighttree system, a transmission is sent from Brighttree via a secure FTP connection to ROS.

The electronic links between the systems will provide real-time access to product details, inventory availability, as well as the ability to submit a purchase order directly into ResMed’s internal ordering system. The links will also give customers the ability to track their purchases with order confirmations, shipping and delivery notifications, as well as electronic invoices within the Brighttree system.

“We know that this is a tough time for our HME customers, and we’re taking every measure to help them squeeze costs out of their businesses,” said Jim Hollingshead, president of ResMed-Americas. “Working with Brighttree to create a superior online ordering and service resource for our HME customers can help them reduce the labor
The Compliance Team’s Medicare approved Exemplary Provider™ “EP” accreditation program for DMEPOS eliminates unnecessary distractions and non-essential expenses while guiding providers to healthcare delivery excellence.

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Compression products could offer a way for diabetic providers to continue serving patients and recover revenue.

Many diabetes providers are still reeling from Round Two of competitive bidding, which included mail order diabetic supply. The results have been staggering. With Round Two, CMS decreased the fee schedule amounts for retail DTS to the current mail-service fee schedule amounts on April 1 this year, and then further reduced reimbursement to the national mail-service program single payment amounts on July 1. Together, the two cuts added up to a whopping 72 percent, according to CMS.

For diabetes providers, this meant that only contract suppliers are reimbursed by Medicare for diabetic testing supplies delivered to beneficiaries’ residences. The mail-order diabetes supply included in the national mail-order program are blood glucose test strips, lancets, lancet devices, batteries and control solution.

The result was that a slew of providers got axed out of providing mail-order diabetic supply. With these extensive cuts in mind, providers have been looking for new ways to bring in revenue whether they got contracts or not.

Now providers are trying to find ways to drive new revenue while leveraging and reinforcing existing patient and referral relationships. Compression might be one way to accomplish that. The barriers into the compression market aren’t difficult, and it is an affordable product category. Even better, the market is on the upswing.

On the plus side, the barriers into the compression market aren’t difficult, and it is an affordable product category. Even better, the market is on the upswing. According to the report, “Compression Therapy Market to 2019,” the worldwide compression market will swell from $2.4 billion in 2012 to $3.4 billion in 2019, at a compound annual growth rate (CAGR) of 3.1 percent.

“I think as our population gets older, and that’s been the case for a lot of medical products, there’s more of a need for it,” says Tom Musone, director of marketing for compression products manufacturer Juzo.

Compression and Diabetes

Compression garments can specifically help diabetes patients with venous disease, which occurs when their veins aren’t necessarily functioning properly.

“There are valves in your veins and what happens is as we get older or hereditary or behavioral choices, the valves don’t function properly,” Juzo’s Musone describes. “When they close, what happens is it prevents the blood from pulling back down to the vein and the valve will become ineffective due to the fact that the vein has become elastic.”

Products such as Juzo’s silver anti-odor and antimicrobial compression garments are designed to be effective in combination of treatment or management for ulcers on the leg. One particular product is a diabetic sock with silver in the sole.

“The sock is a diabetic comfort sock, and it’s great for protecting someone who’s either on their feet or diabetic that has issues where they want to protect their feet, and then overall compression is just good for increasing blood circulation,” Musone explains.

Beyond Diabetes

Doctors use compression to treat various conditions, including foot swelling, mild edema, varicose veins, thrombosis, varicosities of varying severities, and circulation problems from diabetes. Geriatric patients, those with diabetes, lymphedema and post-surgery patients often depend on compression therapy.

Compression garments, such as socks, stockings and wraps, deliver support and increased circulation to affected limbs and other areas of the body. Compression is graded in millimeters of mercury and can range from 15-50 mmHg, the higher the compression, the tighter the garment.

“What you’ll see with compression is that not only can you address that particular segments, which is diabetics if they have venous disease they will need to wear compression garments, but you can also expand that into other resources or other disease states, like lymphedema,” explains Musone.

The Compliance Challenge

Getting patients to comply with the compression treatment from their doctors can go a long way toward helping providers maximize compression sales by getting repeat referrals.

“You want to be educated so you can understand how to explain to the patient how to put the product on, take it off, care for it,” explains Musone. “Generally when that happens compliance increases. The referral source will be a lot happier, so you’ll grow in your business through that.”

Educating patients on how to put on and take off their compression garments is the biggest thing because that can be a challenge for patients.

“Once a provider educates them properly, that really helps in increasing compliance,” says Musone.

Other ways to increase compliance is by teaching the patients how to launder their garments (machine wash and dry), when to put them on in the morning and when to take them off in the evening, talk about donning gloves and recommend they take jewelry off their hands so it doesn’t snag on the garments.

The days of compression garments as unfashionable medical wear are long gone, thus eliminating an excuse for patients not wanting to wear them.

“If you have venous disease and you like thigh highs, you can wear thigh highs with open toe or full foot,” says Musone. “We have different colors. We have men’s socks that are for dress. Whatever your preference is: opaque, sheer, a casual sock, those are just help for compliance sake, and it can be worn with any particular symptom.”

Maximizing Compression Sales

How else can a provider maximize compression sales? Musone recommends partnering with a manufacturer to get trained properly. Manufacturers have the representatives to help train providers and those reps also can assist in helping set up the business and provide the best steps forward.

“With compression, like a lot of medical products, you have to differentiate yourself and one of those ways for the medical providers is to provide you as an expert,” Musone advises.

He also says providers should have a well-stocked product mix of different styles, colors, sizes on the shelf so that the patient can come in and leave with the appropriate product that they want.

“I think a quality product is the main thing,” he says. “What we try to reflect in our product is that it’s comfortable for the patient, that it looks good so the appearance of it whether color or style, and then we want to make sure it has therapeutic compression. And also it’s durable, and it provides value to the patient so that they’ll want to wear it again.”
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Audits and competitive bidding continue to strangle the industry while PAD and pending legislation promise some relief. How will providers build their future?

Over the past two years, power mobility providers have watched the Centers for Medicare and Medicaid turn their business models upside down and take them apart. As 2014 unfolds, they must rebuild their future. What will it look like? HME Business magazine’s last power mobility outlook delved into an industry trying to overcome a barrage of revenue-depleting obstacles, including audits, competitive bidding and reimbursement reductions.

This year, the industry continues to struggle with challenges old and new. Audits wreak havoc, frustrate providers, and chip away at the ability to provide high-quality care. Competitive bidding is consistently sourced as why the number of mobility market suppliers is shrinking. And providers are trying to figure out how to provide power mobility repairs and still stay profitable.

To help you prepare for the coming year, various industry experts shared their perspectives on what the future might hold for the power mobility industry. They discussed the challenges ahead and some of the positive changes helping to reshape this struggling industry.

Winning an Audit
When asked what are the top three concerns of HME power mobility providers, David Baxter, president of Medical Necessities, replies, “Audits, audits and audits.” This sentiment was echoed by industry legislative expert Cara Bachenheimer, senior vice president of Government Relations for Invacare Corp., and her coworker Jim Stephenson, Rehab Reimbursement Manager for Invacare; both call audits one of the biggest potential roadblocks for the mobility industry in 2014.

“Audits are killing the industry,” Medical Necessities’ Baxter says. “I have talked with a number of companies in Tennessee and they all are going through the same thing with RAC audits. What we are all finding is that audits are simply open to interpretation of the audit company.

“We received approximately 100 RAC audits over the past six months,” he recounts. “We received several denials initially through the RAC firm; however, we had the majority of them quickly overturned when we stood up and pointed out Medicare’s policy for power chairs and that the patients met the criteria. They overturned their first opinion in a matter of days but the process of working through 100 audits and then fighting them in appeals took hours of our staff time and for the final opinion they were paid appropriately in the first place. We spent over 200 plus man-hours to work these audits and didn’t get a penny for doing this. It took us away from taking care of the new and existing patients who needed our help.”

Like Baxter, many providers perform their jobs with the uncertainty of knowing whether they will get paid.

“The best thing a provider can do is make sure they aren’t delivering equipment without having all the necessary paperwork in hand,” Invacare’s Stephenson explains. “Having a screening process in place where the documentation is reviewed for completeness and accuracy before the equipment is delivered is helpful also. There are medical review checklists available on the DME MAC websites that are good tools to use to make sure all the bases are covered.”

Baxter’s advice is to get away from Medicare and work with insurance...
companies that want you to help their patients. But at least one provider feels that many insurers are adopting the Medicare way.

**Audits’ Impact on Care**

Ariana Vesnesky is the manager of BLACKBURN’s rehab division. She says documentation constraints continue to restrict quality of care and that more involved policies and procedures will continue to make it very difficult to provide what is needed. Very alarming is that she reports seeing more and more doctors refusing to see patients for power mobility exams. She also sees the influence of Medicare policies reaching other insurance carriers.

“Most all other insurances, including major medical policies, have now implemented policies for coverage exact or similar to Medicare’s policies,” she explains. “The same goes for their reimbursement levels. Many of the Medicare changes in policy over the last decade have been put in place in an effort to combat fraud and abuse in the area of mobility products for our seniors.

“We now have to apply these same restrictions on members of the community that actually pay for their insurance coverage,” she continues. “These are active, participating members of society who are being denied coverage based off of Medicare’s rules. The fact that most other insurances follow Medicare’s lead may change the entire benefit category for all.”

The high audit activity in the power mobility space has significantly compromised the cash flow of many DME providers, forced some to exit the market and others to close their business all together, according to another industry legislative expert, Seth Johnson, vice president of Government Affairs for Pride Mobility Products Corp.

“The one thing the industry has learned from this is that it does not matter if you have a file full of documents, it takes solid documentation to win in an audit,” he says. “Businesses that have been successful in the audit arena have learned from the experience and made, or are making, changes in their up-front operations and order processes. This includes hiring or utilizing the services of experts who know the rules and regulations, review the documents and documentation prior to the company providing the item to the beneficiary and performing self-audits to ensure the statutory and medical necessity requirements have been met.”

According to audit consultant and one-time Medicare fraud investigator Wayne van Halem, president of The van Halem Group, LLC, providers must be proactive and have great attention to detail before submitting claims.

“The risk is so high and when they submit that claim, they accept the liability,” he said. “They must conduct internal audits, have a compliance program, and definitely have a Q&A [quality assurance] process. We have worked with numerous companies to do an ‘unofficial’ prior authorization process for them and when they have been audited, they came out without any problems because they were proactive and made sure everything was correct before sending that claim in.”

**Prior Authorization Demonstration**

A positive development for the mobility industry has been the Prior Authorization Demonstration (PAD). According to Pride’s Johnson, many providers are indicating they would like to see this rolled out nationally for all power mobility. In addition, Johnson points out that the market continues to increase due to the baby boomers reaching retirement age in record numbers and complex rehab is gaining the necessary recognition that it is different from standard DME with Medicaid and third-party payers, due in large part to the exemption from competitive bidding provided by Congress for these items back in 2008.

“Before equipment is provided, providers go through a prior authorization process and submit documentation,” says Jay Witter IV, vice president of Government Affairs for the industry’s national association the American Association for Homecare. “CMS approves the claim and then the equipment can be provided. That gives the provider the acknowledgement that the claim should be paid. If run properly, a prior authorization should let everyone know ahead of time what the requirements are.”

**Surviving Competitive Bidding Round Two**

Witter says that AAHomecare is receiving information that competitive bidding Round Two is causing significant access problems for power mobility. He recounts a patient who needed a power wheelchair and had to wait eight days on her couch, which she couldn’t remove herself from. Other patients are reporting two- to three-week equipment delays.

“What it is forcing beneficiaries to do is pay cash for items,” Witter says. “So it is setting up basically a dual system in Medicare for the ‘haves’ and ‘have nots.’ For those who can’t pay for the power mobility in cash, they are forced to deal with the competitive bidding program and sometimes wait two or three weeks for their item.”

There are significant repair problems for the industry as well. There are

**“Mobility providers have to find non-competitive bidding products and cash items to help them maintain their businesses. Cash is the best HCPCs code there is.”**

— Peggy Walker, RN, VGM Group’s U.S. Rehab

“*The Medicare power mobility device prior authorization demonstration has been going for about a year now, and our provider customers have been pretty happy with how it has been going,*” Invacare’s Bachenheimer says. “By requiring the medical documentation to be submitted up front and receiving a determination from the DMAC that in fact medical necessity has been met, providers have the reassurance that in an audit, at least upon medical necessity grounds, the claim will be upheld.”

Furthermore, she said that if documentation is not sufficient, the DMAC explains what type of information is missing or “incorrect.” While the results have been about 50/50 between affirmations and rejections, Bachenheimer says that the program still holds promise as systemic kinks get worked out and providers continue to adjust to the process. It is still too early to tell whether the program will expand to other markets, as there are two years remaining in the pilot.

“The program is definitely a good idea and will benefit the provider community greatly but whether it becomes a more widespread and permanent policy or not is still up in the air,” she says.

Johnson points out that the prior authorization process is one that has been used by State Medicaid programs and private insurance companies for years.

“The demonstration has given CMS the opportunity to develop an extensive list of denial reasons and codes, which should result in a more consistent review of the file so that there is a more equitable coverage determination process,” he says. “I do see Medicare expanding the prior authorization program nationally in the future.”

**“We spent over 200 plus man-hours to work these audits and didn’t get a penny for doing this. It took us away from taking care of the new and existing patients who needed our help.””**

— David Baxter, Medical Necessities
Rebuilding Mobility

a number of wheelchairs out there that were provided by providers that are now out of business. And because of the current rules on auditing and recouping, Witter said that providers can’t repair those chairs without the fear of having their reimbursements for the repairs recouped because of some documentation problem from a provider that is out of business.

Peggy Walker, RN, director of Reimbursement Services for VGM Group’s U.S. Rehab, says she has seen competitive bidding affect the mobility industry negatively. “Mobility providers have to find non-competitive bidding products and cash items to help them maintain their businesses,” she explains. “Cash is the best HCPCS code there is. Home modifications are becoming more and more a part of our industry and VGM offers a great group to help DME providers get involved in this cash industry.”

“Competitive bidding is flawed,” Walker continues. “We’re already seeing what VGM and other groups have predicted: Delays in hospital discharges, providers dropping out of the system, and the suicide bid, which allowed a company to bid low to get business and not have to deliver on the bid, which affected the product prices.”

Stephenson says that competitive bidding has drastically reduced the number of providers who are able to provide mobility products.

“The [audit] risk is so high and when [providers] submit that claim, they accept the liability. They must conduct internal audits, have a compliance program, and definitely have a Q&A [quality assurance] process.”

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— Wayne van Halem, The van Halem Group, LLC
“The one thing the industry has learned is that it does not matter if you have a file full of documents; it takes solid documentation to win in an audit.”

— Seth Johnson, Pride Mobility Products Corp.

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H.R. 942 and S. 948: Legislation for the Mobility Industry

One of the key legislative agenda items for mobility providers is to protect complex rehab from a cut-crazy CMS. H.R. 942, and its Senate companion bill, S. 948, would create a separate benefit in the Medicare program for complex rehab technology (CRT). CRT is generally defined as specialized wheelchairs, seating and positioning systems, and other adaptive equipment used by people with significant disabilities and chronic medical conditions. A separate benefit would have targeted coverage and payment policies that address the unique issues of this specialized equipment and ensure better access to CRT items and services.

“It is not cost-effective for them to do so because they have to make sure the product they put out will last five years or they may become responsible for providing a different base to make it last,” she says. “The providers need to make sure that they put out bases that will last the full time and not require frequent servicing within the first 13 months.”

Van Halem said the program has transitioned with success but that it

“If this is not as easy as it seems because of reduced reimbursement levels foisted on the industry by competitive bidding,” Walker adds. “The number of patients who are able to receive needed equipment in the future will be greatly diminished. This will hurt patient access and quality of life, not to mention the increased number of falls and ancillary injuries.”

Van Halem said the program has transitioned with success but that it

“With the Medicare demographic mushrooming and technological advances for treatment of serious illnesses and traumatic injuries improving, it is imperative that Congress insures access to complex rehab technology mobility products for years to come through the adoption of H.R. 942,” Blackburn explains. “Providing independence and functional mobility for our disabled and aging population is humane, as well as medically necessary and should be protected through Congressional action.”

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@proofofrati.com.
certainly had an impact. He suggests that providers don’t provide patients with more complex group 3 chairs to avoid this policy. He has seen suppliers who have done this and their audit situation had a huge impact on them. Van Halem warns of significant consequences and scrutiny if they do this.

“Unfortunately, there are no short cuts to the face-to-face evaluation process if the provider wants to be successful. The best advice is to remain consistent with your message and don’t compromise on what you will accept to meet the requirements.”
— Cara Bachenheimer, Invacare Corp.

Action not Words
So how can providers improve their lot in life over 2014? It comes down to defending their industry. One of the most important things a provider can do to help make 2014 a better year for the mobility industry is to contact your legislator immediately and ask him or her to cosponsor H.R. 942 and S. 942 (see sidebar), as well as support replacing competitive bidding with the Market Pricing Program through H.R. 1717.

Providers can find more information at www.access2CRT.org, and can also send an e-mail to Congress by visiting action.aahomecare.org. Also,

“With the Medicare demographic mushrooming and technological advances for treatment of serious illnesses and traumatic injuries improving, it is imperative that Congress insures access to complex rehab technology.”
— Georgie Blackburn, BLACKBURN’s

stories that demonstrate how competitive bidding is hurting patient access to care are critical. Mobility patients should call People for Quality Care at (800) 404-8702 to report problems accessing HME, and providers should e-mail stories about competitive bidding to AAHomecare at CBRound2Problems@aahomecare.org.

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Software continues to be a strategic asset for providers, especially now that they seek to transform their businesses.

Twenty or 30 years ago, the notion of tailor-made business management systems would have been as unlikely as the home computer was at one time. However, now HME billing and management systems have become essential strategic assets for help providers drive efficiency in their businesses and grow and protect their revenues.

Moreover, software helps HMEs deal with change, and that is certainly the order of the day. As HME businesses have wrestled with declining reimbursement, audits, competitive bidding and a number of threats, they’ve not only had to increase their revenues while lowering their costs, but they have had to completely redefine their entire business models. Whether it is having to transform into rental businesses, or engage in rapid retail expansion, strengthen and broaden relationships with private payor insurance carriers, or create online presences, providers are blazin new territory 24/7 and they need tools that can help them quickly act on this initiatives.

Keeping pace with that change, the software systems serving the industry have begun offering up a number of services and features that track with HME providers’ transformation.

So, as part of our annual software survey, we’ve looked at the various systems available to providers we looked at the features that would help them grow and evolve as their reimbursement, regulatory and business environments continue to unfold through the rest of 2013 and into 2014. Here are some key things we asked about:

- **Retail** — What tools and support does the system offer to give providers retail functionality and leverage in-store cash sales opportunities?
- **Private payor connectivity** — What tools does the system give to providers in order to help them communicate and process claims with private payor and other non-Medicare/Medicaid funding sources?
- **Inventory management** — What inventory management and control features — barcoding, scanning, auto reordering, etc. — does it offer?
- **Rental management** — How does the system help providers manage and maintain their rental DME, and ensure it is properly cared for and prepared for the next patient to use it that will ensure providers comply with accreditation and care standards?
- **Patient interaction and customer contact** — what features does the software offer to help automate customer contact, such as IVR and automatic email notification?
- **Audits** — How does the software help providers prepare for RAC, CERT, ZPIC and other pre- and post-payment audits?
- **Marketing support** — What capabilities does the software offer to help providers better conduct market research about their patients and better reach out to and communicate with those clients? Does it offer tools for helping disseminate marketing communications and campaigns

Bearing all that in mind, let’s take a look at what the different systems have to offer.

By David Kopf
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- Electronic Submission of Secondary Claims
- NPI Registry and PECOS Lookups
- Customized HCFA-1500 Forms and Templates
- Online Medicare and Private Insurance Patient Eligibility
- Flexible Reporting, Account Receivable Reports
- Competitive Bidding Analytical Reports
- MSA Patient Management
- Claim Status Reports within 24 hours
- Document Scanning & Retrieval
- Integrated Patient Scheduler
- CMN and Physician Order Generation & Tracking
- Tracks Documents and Phone Calls
- Custom Delivery Tickets & Labels
- Salesman Commission Tracking
- Flexible Patient Statements
- Serialized Inventory
- Customizable Screens
- Service Macros & Kits
- Quickbooks Interface
- HIPAA-Compliant Security

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Gears of Change

AR-Express
Company name: DIABCO – Healthcare Software Solutions, Inc
Web Address: www.AR-Express.net
Toll-free phone number: 800-864-6210
Years company has been in business: 30
Type of system: A stand-alone system installed on-site
e-Commerce/Web store tools: Electronic Purchase Orders
Retail: DIABCO is partner vendor & integrated with CAM Commerce Retail Star as the system’s point of sale

Private payor connectivity: AR-Express features electronic billing for all primary and secondary insurances, including MSP. A table-driven set of business rules lets users define payor-specific validations of claims for the claim scrubbing process. Prior to claim processing. Medicare benefits can be confirmed using ME-First, DIABCO’s web-based eligibility service, which identifies HMOs, deductibles, and addresses. The system’s new ARX E-First tracks real-time eligibility for more than 700 payor insurance reports.

Inventory management: The purchasing and receiving process updates inventory on-order, on-hand, and last costs for all products by manufacturer, and can produce bar coded price tags. Using the ePO feature will send purchase orders electronically to vendors. As patient orders are entered, inventory is depleted and stock status reporting gives providers a reorder tool.

Rental management: Asset management tracks the life of each serial number, such as patient names, repair and miscellaneous records.

Audits: Scanned documents allow easy access to patient records, delivery tickets and signed CMNs. Filtered sales reports will show all active rental customers and product specific listings. The usage of the system’s “List of Steps” will ensure completion of required documentation.

Marketing support: Sales reports can be used to identify patients to market customized products. Specific reports by referral sources provide information to target new marketing and sales activities.

Brightree
Company name: Brightree, LLC.
Web Address: www.brightree.com
Toll-free phone number: 888-598-7797
Years company has been in business: 12
Number of installed systems: 2,700
Type of system: A hosted, web-based/SAAS system
Programming languages and database environments: Brightree's billing and business management solutions are built using Microsoft’s .NET framework and uses MS SQL Server for its database environment.

e-Commerce/Web store tools: Brightree Connect patient interaction platform enables intelligent patient contact campaigns and resupply ordering capabilities. Providers can leverage the patient, product and payor data already in the system to reach out to eligible patients via email, automated calls, or human-guided calls. Patients can be directed to a branded, integrated online ordering portal that is integrated within the Brightree billing system. Providers can interact with the right patient at the right time for the right products via the patient’s preferred contact method.

Retail: The system offers a user friendly, flexible Point of Sale (POS) solution for retail operations. Brightree's retail sales module is fully integrated with the Brightree platform, so inventory quantities, receipts, and all other relevant data are automatically updated with each transaction. Retail sales data is tracked by specific patient or handled as a simple cash sale. Finally, Brightree provides daily reports to summarize sales activity and reconcile tendered amounts.

Private payor connectivity: Brightree supports more than 3,500 commercial payors through a single interface. Providers don't have to reach out to payors or multiple clearinghouses to track down payment. It is all handled directly from within the Brightree system.

Inventory management: The system's integrated ordering and inventory tracking maximizes inventory turnover, tracks repair and maintenance plus flags obsolete items as well as superseded products. Brightree supports handheld scanning devices to quickly and accurately count inventory items. Integrated ePurchasing with major suppliers, like McKesson, ResMed and Assuramed, enables seamless and accurate ordering from within the Brightree system. When integrated ePurchasing is combined with drop shipping, providers can reduce delivery charges and inventory carrying costs. Brightree works in real-time, so when shipments are received they are immediately reflected in inventory.

Rental management: Brightree’s Asset Management provides full inventory tracking and item maintenance so providers can effectively maintain and track their inventory. Item Maintenance records can be pre-scheduled and tracked for proper reporting needs to ensure required maintenance is up to date. In addition, Brightree utilizes templates to ensure maintenance records are maintained according to manufacturer's guidelines. Brightree also provides serialized inventory tracking of activity for a complete history for each asset to address accreditation requirements.

Patient interaction and customer contact: The Brightree Connect patient interaction platform leverages patient data to help providers contact the right patient at the right time to increase resupply revenue, improve outcomes, and maximize compliance. The platform offers an enhanced voice solution for automated calls and a “guided call” solution that supports HME representatives calling chronic care patients to replenish supplies. In addition, the platform supports email so providers can connect with patients via email to alert them of eligibility for resupply products and easily guide them to order online or using an inbound number. These tools can be implemented to drive increased resupply revenue, as well.

Audits: Brightree provides systematic workflows that guide users to proactively gather thorough documentation and automates manual tasks, directing employees through a set of processes:
• Electronic Audit Response lets providers respond directly to CMS audits through an integrated, electronic application that helps providers collect and submit documentation, then track status while in the Brightree system.
• Brightree Document Management lets providers leverage document-aware capabilities to quickly capture, manage, share and secure required documents on the patient record for future reference.
• Automatic CMN Renewal and Brightree Electronic Fax enables providers to automatically identify expiring CMNs, send renewal requests, and receive renewals.
• History and Tracking lets providers track changes in the system by user.
• Automatic Eligibility ensures providers avoid delivering products to ineligible patients

Marketing support: Brightree, as part of the core product offering, provides the ability to track and report marketing activities. In addition, providers can follow up as it relates to physicians and referral sources eliminating the need for third-party CRM applications. In addition, the system’s ad hoc reporting gives providers access to any data they need to better understand the activities of their patients and their business.

CPR+, Fastrack, Caretinuum, MestaMed
Company name: Mediware Information Systems
Web Address: www.mediware.com/hme
Toll-free phone number: 866-277-4876
Years company has been in business: 43
Number of installed systems: 1500+
Type of System: A stand-alone system installed on-site; A hosted system, but uses special client software
Programming languages and database environments: Visual FoxPro and .NET Framework front-end with a Microsoft SQL backend. Microsoft.NET, Microsoft SQL DB, and C#

e-Commerce/Web store tools: Mediware does offer tools and modules over the web for customers to conduct business as needed over the web. Users can order supplies, fill prescriptions, help with referrals, and much more.

Retail: Mediware supports full Point of Sale functionality with receipt printer. Order entry modules support the entry of cash sale transactions with collection of patient payments.

Private payor connectivity: Mediware provides multiple tools for claims management. Integrated 837 engines, 270/271 benefits verification, interface with Zirmed and Endreom. Mediware software automatically evaluates all claims for required data and missing documentation such as physician orders to insure a clean claim is generated. The system can hold claims for various reasons and navigate with ease to complete necessary

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Inventory management: The system offers full inventory control with barcoding of inventory for field scanning, ordering and replenishing of purchase orders, 850 purchase orders, full interface with MSD for Patient Home Delivery (drop-ship) and bulk ordering. Other inventory features include purchasing/receiving, physical inventory and asset maintenance for serialized equipment.

Rental management: Medware supports this through various methods. The barcoding of inventory to maintain accurate counts and records of maintenance performed daily. The system provides the ability to create manufacturer-specific maintenance requirements with outcomes reporting. Full documented history of all events (placed in service, PM, repairs) and much more.

Patient interaction and customer contact: The software provides this through e-mail notification of upcoming supply orders/refills. Medware can interface with Medsage for automated customer re-ordering. The system offers an integrated Recurring Sale Module to allow automatic scheduling of the delivery of supply items based on a user-specific frequency. There are workflow notifications and document output management capabilities to help with any process needed.

Audits: Integrated document imaging and management that is patient and document specific. Provides automated matching of scanned, signed delivery tickets to the patient record. Reports can be generated to show a full history of charges and adjustments to aid in audit analysis. Existing reports and custom reports can be generated as well. Tools are used to help share important information as needed delivering meaningful, actionable metrics, data trends, and much more.

Marketing support: Medware offers a variety of Business Intelligence tools that help providers track and respond to their key business metrics and gain insight to their patients. Therefore allowing them to make better business decisions in regards to various aspects of their business.

Inscrybe Referral Management
Company name: Authentidate
Web Address: www.authentidate.com/referrals
Years company has been in business: 21
Type of system: A hosted, web-based/SAAS system
Programming languages and database environments: .NET

MedAct Software
Company name: MedAct Software
Web Address: www.medactsoftware.com

MedAct Business Manager is a Business Analytics solution that provides an easy-to-use insight into an HME provider business allowing owners and management to gain competitive insight into their patients, payors, product mix, referral sources, and locations in order to drive data-driven marketing initiatives. With Business Manager, providers can conduct extensive market research, conduct forecasting and engage in scenario planning.

Toll-free phone number: 800-326-0314
Years company has been in business: 25
Number of installed systems: 600
Type of system: A stand-alone system installed on-site; 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

Retail: The MedAct Retail Point of Sale (POS) solution is designed for sales order transactions in a DME storefront business. The MedAct Point of Sale Module is integrated with MedAct which allows for automatic inventory updates. Using the MedAct bar code scanner enables providers to scan items to collect payment.

The MedAct retail solution with the MedAct Point of Sale Module provides HME businesses with a way to ring up sales without a cash register and with all the benefits of automatic updates to inventory. To drive improved service, the MedAct Point of Sale Module automatically calculates the patient portion due.

Private payor connectivity: The system offers more than 50 standard reports to give providers financial, patient, vendor, inventory and status reports they need to direct their daily activities. The MedAct CBid Center enables providers to manage Medicare beneficiaries and contract bid suppliers within a competitive bid area. All business-critical information is in MedAct.

Inventory management: The MedAct Inventory Management Module provides a set of inventory management tools needed to help providers manage their capital investment. The module maintains inventory items and details, transactions and audit trails, multiple warehouses, vendors, parts, lots, serialized items and availability status. Bar code scanning technology helps providers avoid manually performing physical counts with an automated solution for accurately maintaining inventory. The MedAct Purchase Order Module works in conjunction with the inventory management module to order the items for order fulfillment.

Inventory management for retail sales leverages the full inventory management capabilities found in MedAct and includes gross margin pricing tools to allow HME providers to set retail pricing for a single unit, or family of products based on target gross margins.

Retail: MedAct offers automated recurring monthly rental billing that is user friendly and efficient to operate. Providers can rest assure their recurring maintenance re-supply schedules for rental equipment are properly handled and billed reducing compliance risk and audit.

Patient interaction and customer contact: MedAct’s open system architecture allows HME providers the flexibility to interact with third-party interactive voice response and email notification systems of their choosing for compliance based supply re-ordering. In addition, MedAct offers customer satisfaction surveys and other accreditation reports to help providers be survey-ready.

Audits: MedAct employs an integrated workflow engine that assists providers in submitting clean claims. MedAct employs a variety of tools and checklists during order intake to minimize and eliminate claim rejects and denials, which could trigger audits.

To assist intake and billing personnel in assigning proper equipment and supplies to doctor's orders, LCDs can be attached to inventory items and to ensure compliance to regulations. File Audit Checklists are used to ensure orders have the proper documentation before claims submission.

MedAct integrates the Compliance Center, which directly targets issues vital to providers facing Audits. The MedAct Compliance Center can generate more than 20 pre-payment and post-payment reports. Responding to CERT audits are handled by Review Code tracking and reporting for each invoice and line item. Integrated Document Management utilizing automated bar code recognition ensures all documents are available at a patient, doctor and insurance level for audit review.

Marketing support: MedAct Business Manager is a Business Analytics solution that provides an easy-to-use insight into an HME provider business allowing owners and management to gain competitive insight into their patients, payors, product mix, referral sources, and locations in order to drive data-driven marketing initiatives. With Business Manager, providers can conduct extensive market research, conduct forecasting and engage in scenario planning.
Medeq Manager
Company name: BonaFide Management Systems
Web Address: www.bonaFde.com
Toll-free phone number: 805-908-2333
Years company has been in business: 32
Number of installed systems: Hundreds
Type of System: Hosted, web-based only.
Programming languages and database environments: Java for application on redundant unix based web servers. Database is in SQL 2012 active/passive cluster for high availability.

e-Commerce/Web store tools: Patient can place orders online directly and view their documents and orders. All communication is HIPAA compliant.
Retail: Barcoded product with minimum and maximum functionality imbedded for "just in time" inventory management. EDI completed with over fifty vendors.

Private payor connectivity: Eligibility and remaining deductible at point of service. Claim scrubbed for payment before order is complete. Completely paperless system for Bonafide's provider client.
Inventory management: Unlimited locations using barcodes and just in time ordering protocols. Sell today, have replenishment delivered tomorrow with automatic EDI ordering. Receivables offset payables with proper payment terms from vendor.
Patient interaction and customer contact: Email communication sent to patient for them to login into a HIPAA compliant system. HIPAA compliant is a must.
Audits: System is esMD (Electronic Submission of Medical Documentation) enabled so providers can electronically respond to ADR, RAC, MAC, and CERT audits.
Marketing support: Patient complaint tracking and resolution. Type of complaint and action taken with reports that increase patient satisfaction.

Company name: MedFORCE Technologies, Inc.
Web Address: www.medforcetech.com
Toll-free phone number: 866-237-1190
Years company has been in business: 11
Type of system: A stand-alone system installed on-site, A hosted, web-based/SAAS system
Programming languages and database environments: Programming languages used are Asp.net, Delphi and C Sharp and uses a SQL database to securely store data.

e-Commerce/Web store tools: The system offers a business process system that allows providers to monitor the supply chain from end to end as well as a web form and task management program.
Retail: The business process tools help providers monitor their retail functions and provide the ability to leverage their in-store cash.
Private payor connectivity: MedFORCE D&R utilizes generic 835 files from any payor. The system's ZipMit program will be available for commercial payors as soon as CMS makes this available to commercial payors.
Inventory management: MedFORCE Scan can scan in documents with barcode information and allow that information to be saved into demographic fields which reports can be generated from.
Patient interaction and customer contact: Business process tools provide alerts and automatic escalations that can be set on various tasks to assist in ensuring customers are kept informed of any changes to orders etc.
Audits: MedFORCE is one of 18 approved HHI (Health Information Handler) approved by CMS nationwide. ZipMit by MedFORCE is designed to enable submission of audits electronically via CMS's esMD program. MedFORCE's business process management tools will manage the process to ensure audits are submitted completely and timely.

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Noble*Direct for Windows
Company name: Noble House
Web Address: www.nobledirect.com
Toll-free phone number: 800-749-6700
Years company has been in business: 24
Type of system: A stand-alone system installed on-site
Programming languages and database environments: Noble*Direct is a true Windows application utilizing Pervasive SQL.
e-Commerce/Web store tools: The core billing program, Noble*Direct, provides import capabilities from external sources.
Private payor connectivity: Noble*Direct can submit primary and secondary claims electronically to more than 2,300 payors. In addition, patient eligibility and electronic EOB's (835s) are also available.
Inventory management: Noble*Direct has integrated inventory and also provides drop ship capabilities to various medical equipment distributors.
Rental management: Integrated indirectly into Noble*Direct, the billing program allows for automated repeat billing function on a variety of cycles, including, monthly, quarterly and many other options. In addition, capped rentals automatically adjust the appropriate billing modifiers and suspend claim submission at the end of the 13 or 15 month cycles.
Patient interaction and customer contact: Email addresses are maintained for all patients. By utilizing the integrated mail-merge capabilities, emails can easily be generated and distributed to patients.
Audits: Through the new CMS project called esMD (electronic submission of medical documentation, Audit documentation can be automatically submitted to the appropriate Review Contractor electronically.
Marketing support: All the data files within Noble*Direct are easily accessible via Open Database Connectivity (ODBC). As a result, patient demographic and statistical information can be extracted for marketing and research processes.

SystemOne
Company name: QS/1
Web Address: www.qs1.com
Toll-free phone number: 800-231-7776
Years company has been in business: 36
Number of installed systems: 785
Type of System: A stand-alone system installed on-site, a hosted system, but uses special client software
Programming languages and database environments: Assemblers/Visual Basic
Retail: SystemOne integrates with a POS (point of sale) system for retail environment. SystemOne POS can handle cash, check, and debit and credit card payments. SystemOne POS is also SIGIS approved for processing health savings or flexible spending accounts.
Private payor connectivity: Zirmed allows for electronic billing to more than 4,000 private payors.
Inventory management: The Purchase Order module enhances SystemOne's inventory management. This gives providers the ability to have a primary and secondary vendor or sku number entry, automatically create purchase orders, receive purchase orders, and view real time on-hand quantities.
Rental management: SystemOne offers the ability to track serial numbers along with a repair maintenance record to track any repairs necessary.
Patient interaction and customer contact: SystemOne IVR provides the ability to call patients reminding them of orders that are due for resupply, follow-up on rentals and patient satisfaction surveys.
Audits: SystemOne provides detailed documentation tracking, as well as detailed reporting. Document imaging allows a customer to scan all documents at time of receipt to reduce the chance of loss.
Marketing support: The system offers customized reports that providers can use for gathering data about their customers. SystemOne IVR also has an option for a patient survey to help improve customer service.
Gears of Change

TIMS Software
Company name: Computers Unlimited
Web Address: www.cu.net
Toll-free phone number: 406-255-9500

Years company has been in business: 35
Type of system: A stand-alone system installed on-site; A hosted, web-based/SAAS system
Programming languages and database environments: Microsoft .Net and SQL server

e-Commerce/Web store tools: Using TIMS eCommerce, facility billing and commercial customers can place orders online, while TIMS custom interfaces handle orders for patient billing customers.

Retail: Credit Card Processing, and TIMS Point of Sale (POS) with bar code scanning features let customers take advantage of cash sales opportunities.

TIMS Point of Sale (POS) takes advantage of bar-coded inventory scanning to make checking out patients quick and simple. Additionally, the POS system lets providers track payment methods of customers, which gives a clear picture of their organization’s retail business transactions. POS tracks cash, check debit or credit card payments through a cash drawer and features a one-to-one relationship between each terminal or PC and its respective cash drawer. The provider can break down summary reports by branch, cash drawers and transactions, and easily reconcile cash by cash drawer.

Integrate with TIMS Credit Card system and complete secure credit card orders while taking care of recurring transactions — without re-keying information. Credit card numbers are securely stored offline with the credit card processor, completely eliminating liability.

Private payer connectivity: TIMS Software offers tools such as claims edits and held A/R reports by error to electronic processing claims directly to payer or through ZurMed for private payors. Automatically upload and apply remittance amounts for rapid reimbursement. Claims transmission technology provides accurate coding of claims in accordance with Medicare and other third-party payer regulations.

Inventory management: Supports single and multiple warehouses and bin locations and includes bar code tracking for supplies, medical gases and rental equipment, including serial number and lot number tracking with easy access for recalls. Handles rental equipment tracking and repairs. Offers wireless warehouse management for cycle counting, picking and receiving and annual physical inventory counting.

Rental management: TIMS Rental Equipment helps providers manage their rentals and keep track of all rental equipment activity, from a yearly inspection to full repair. Simply link the repair to an inspection to the item via the serial number to see all activity related to equipment. Handles rent-to-owns, exchanges and prepaid rentals per payer for full rental equipment management. TIMS manages depreciation and 36-month oxygen billing for additional accuracy and uses auto rental holds for tighter CPAP compliance.

Patient interaction and customer contact: TIMS will automatically email order confirmations for patient or referral sources, thanking them for placing their order. The medSage Technologies interface helps businesses schedule combined in-person and automated calls to patients. The scheduling tool monitors therapy compliance and provides assistance when re-ordering health care supplies.

The TIMS interface with A/R Allegiance manages the provider’s billing communication with the patient and for each account. And, through the system’s interface with Strategic AR, providers have patient-pay billing and collection services that improve cash flow, streamline patient communication and decrease the labor costs.

Audits: Provides up-front patient qualification by DME category plus validations by HCPCS needed to minimize denials or take-backs based on insufficient required documentation or lack of medical necessity before equipment is released to the patient. Access any scanned documents through TIMS Imaging such as CMNs, doctors orders, ABNs or clinical notes for example.

Marketing support: Users have unlimited access to their data using Microsoft software. They can perform powerful ad hoc analysis directly from Excel to answer their information needs, including the opportunity for predictive analysis and marketing opportunities. Dashboard metrics, reporting and analytic tools give providers a timely executive overview.

TITAN, Reimbursement PRO and WebScan PRO
Company name: RemitDATA
Web Address: www.remitdata.com
Toll-free phone number: 866-885-2974

Years company has been in business: 13
Number of installed systems: 14,000 installs with over 100,000 users
Type of system: A hosted, web-based/SAAS system
Programming languages and database environments: Applications are built in .NET/Java, and JavaScript. All product database environments are Microsoft SQL Server.

Private payer connectivity: RemitDATA’s SaaS-based offerings are all payer-oriented. The TITAN analytics solution includes real-time alerts and insights around claim processing times, denial rates and causations, and cash flow; so providers can proactively monitor and address inefficient billing practices, as well as payor operational and payment-related issues. The comparative benchmarks within TITAN equip providers with market performance metrics so they can illustrate and communicate payor-specific anomalies that are currently affecting them.

Additionally, the Reimbursement Pro denial management workflow tool can work with any practice management or billing system to streamline and reduce claim denials from any payor, thus, significantly improving the provider’s cash flow. Reimbursement Pro allows the provider to quickly identify and fix problematic collection issues while automating their denial management process through the system’s included OnDemand EOB retrieval, OnDemand Query analysis, Denial Q workflow tool and OnDemand (payer-specific) Form generation tools.

Audits: RemitDATA’s interactive TITAN database provides real-time, peer-to-peer benchmarking and Comparative Analytics on reimbursement, utilization and productivity measurements. This real-time reporting capability enables providers to measure their performance and compare themselves to their peers, thereby determining if they are an outlier that the RAC, CERT, and ZPICs would focus on.

Marketing support: TITAN enables billing companies and other large providers to review and identify low performers or clients that are trending negatively on key performance metrics. This information can be used to improve performance at individual locations/clients and/or to market services to prospective clients.

U-Sleep
Company name: Unisan
Web Address: u-sleep.com
Toll-free phone number: 877-242-1703
Years company has been in business: 4
Type of system: A hosted, web-based/SAAS system
Programming languages and database environments: .Net

e-Commerce/Web store tools: A system for sleep providers, U-Sleep supports integration with third party and in-house custom applications.

Private payer connectivity: U-Sleep provides DMEs with timely compliance notifications to speed up the claims submission process. U-Sleep also provides DMEs with the ability to define the compliance rules to meet payer requirements.

Inventory management: U-Sleep supports the entry (either keyed or barcode scanned) of CPAP device serial numbers for supported makes and models. This value can be updated at any time, to ensure that the user always has visibility into the particular device which is associated with a given patient.

Patient interaction and customer contact: U-Sleep supports a wide variety of interaction and outreach options including email, text messaging, telephone, as well as a mobile app for both Apple and Android users. These options are configurable at the individual patient level, providing the flexibility to meet the needs of specific patients.

Audits: U-Sleep provides ongoing access to patient CPAP usage data, to assist with internal or external audit requirements.
Bariatrics

O

besity continues to be an important patient segment for HME providers. Adults with a body-mass index of 30 or more are considered to be obese, and in January 2012, the Centers for Disease Control reported that more than one-third of adults (35.7 percent) and almost 17 percent of youth in the United States were obese during the period of 2009 to 2010.

The Centers for Disease Control also found that there while there was no significant difference in prevalence between men and women at any age, adults aged 60 and over were more likely to be obese than younger adults. Among men, there was no significant difference in obesity prevalence by age, but among women, 42.3 percent of those aged 60 and over were obese compared with 31.9 percent of women aged 20 to 39.

Other studies published over the last year warn that by 2020, Americans could reach an obesity rate of 75 percent to 80 percent. This means there is a great need for products with higher weight capacities to accommodate the needs of bariatric patients.

This means that bariatrics will continue to be a key sector for providers. Moreover, while many bariatric-targeted products, such as beds and mobility, will still fall under competitive bidding, there will be a number of products, such as home access, bath safety, incontinence and aids to daily living that will let providers serve this important patient population via retail channels. Also, co-morbidities such as obstructive sleep apnea will mean that providers helping bariatric patients might have opportunities to tap into private payor reimbursement opportunities.

Products ranging from bath safety to support surfaces to diabetics are some of the many offerings designed for bariatric patients. Here are some of the latest offerings on the market:

Full-electric Bed Frame
BAR750
- Supports up to 750 lbs. and expands from 39 inches wide to a full 48 inches and from 80 inches in length to 88 inches.
- Four ultra-quiet DC actuators easily reposition the head and foot sections, as well as the bed height. And the bed comes standard with a battery backup.
- Features a heavy-duty frame design that ensures added strength for user support and a split-spring design that eases delivery and setup.
Invacare Corp.  
(800) 333-9909  
www.invacare.com

Maximum Sizing
Tranquility AIR-Plus Bariatric Disposable Briefs
- Features stretchy side panels and peach core with microscopic pores that allow moisture vapor from body transpiration to escape.
- Treated with TG-A/P (Tranquility’s Antimicrobial and Antifungal Protection) to control the growth of bacteria and fungi on the product.
- Maximum sizing is provided as side panels extend to a circumference of 106 inches. Offers higher coverage in the front and rear of the product for a better fit.
Principle Business Enterprises Inc.  
(800) 467-3224  
www.tranquilityproducts.com

Transfer Aid
Free Standing Trapeze
- Designed to assist larger individuals in changing positions while in bed and aid in transferring in and out of bed.
- Features an easy-to-assemble tool-free design and a lightweight design for easy delivery.
- Chain is adjustable from edge of headboard to the end of boom by sliding to desired position.
Drive Medical  
(877) 224-0946  
www.drivemedical.com

Product Solutions

By Cindy Horbrook

Carbon Steel Frame
Bariatric Sentra Extra Heavy-Duty Wheelchair
- Features a weight capacity of 500 lbs., a carbon steel frame with triple-coated chrome for a chip-proof, maintainable finish and reinforced steel gussets at all weight bearing points for additional strength.
- Comes standard with carry pocket on backrest, swing-away footrests or elevating leg rests with tool-free adjustable length riggings and push-to-lock wheel locks.
- Precision sealed wheel bearings in front and rear ensure long lasting performance and reliability and padded armrests provide added patient comfort.
Drive Medical  
(877) 224-0946  
www.drivemedical.com

Precise Inflation
WAFFLE Bariatric Overlay with Hand Pump
- Designed to be placed on top of a standard hospital bariatric bed or a full-size bed in the home.
- The air overlay cradles the body, providing protection and treatment for pressure ulcers. And it is also recommended for pain management.
- Features air vents to dissipate heat and moisture, and a low profile design for greater stability and patient safety. A WAFFLE M.A.D. hand pump accompanies the overlay to ensure precise inflation.
EHOB Inc.  
(800) 899-5553  
www.ehob.com

Bed helps eliminate injury fears
Low Bed 800
- The fully-electric bed offers multiple positions and convertible bed decks for easy transfers through doorways.
- The low position helps eliminate the fear of injury while being free of restraints.
- The bed features a weight capacity of 1,000 lbs. with no need to subtract accessories to acquire the bed’s true working capacity.
Big Boys Industries Inc.  
(877) 574-3233  
www.bariatricbeds.com
Silicone liner features texturized inner coating
Ottobock’s Skeo 3D silicone liner introduces Anatomy Specific Geometry (ASG) technology, which was developed with the complexity of the anatomy of the lower leg as the starting point in order to optimize the medical and functional purpose of a liner including protection, flexible movement, superior skin comfort, time savings and sense of security. Specific features of the Skeo 3D include enhanced knee flexion (20 degrees), a texturized inner coating to minimize friction and an elastic and smooth outer textile for ease of knee bending and quick donning and doffing.

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

Stationary oxygen concentrator designed to enhance compliance
Philips Respironics’ SimplyFlo 8.5-lb. stationary oxygen concentrator is designed for patients who may refuse therapy due to lifestyle disruptions associated with the size and weight of traditional stationary concentrators. For many patients new to therapy who only require nocturnal treatment, the intimidating size, weight and sound of a traditional oxygen concentrator can be factors in their rejection of therapy. The SimplyFlo is a significantly lighter, more transportable stationary concentrator designed to help nocturnal oxygen patients improve the adoption of therapy and enhance compliance.

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

Redesigned power wheelchair features clean, modern look
Drive Medical’s newly redesigned Trident power wheelchair features a “shroudless” design that gives the chair a clean, modern look and shows off its durable, ultra-strong frame. The wheelchair’s extra-large, front-mounted drive wheel provides maximum stability and ideal performance over outdoor obstacles. The chair is also useful indoors, navigating tight, enclosed spaces with ease. The full-size captain’s seat is available in 18- or 20-inch widths and can be height and depth adjusted for ideal user comfort.

Drive Medical
(877) 224-0946
www.drivemedical.com

Data management tool helps efficiently diagnose and treat patients
SunTech Medical’s VitalView software provides physicians with a data management tool to help efficiently diagnose and treat patients. It works with the company’s non-invasive spot check device to reduce the risk for errors in clinical workflows. The software interfaces the SunTech 247 BP+Vitals instrument with a patient’s electronic medical record (EMR). VitalView enables wireless Bluetooth communication between the 247 and a networked PC. Clinicians can match vital signs measurements with specific patients and electronically record the data without having to write anything down or manually enter readings into a computer.

SunTech Medical
(800) 421-8626
www.suntechmed.com

Shuttle lock addresses the challenges of wrong prosthesis liner positioning
Ottobock’s MagnoFlex lock is a shuttle lock with easy pin guidance. The combination of a flexible pin and integrated magnet inside the shuttle lock housing enables an easy entry into the hole of the shuttle lock and efficiently addresses the challenges of wrong positioning of the liner on the residual limb and repeated donning processes. The lock also features a high-performance polyamide base that reduces the weight of the prosthesis while offering greater durability.

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

DME-specific website features a scrolling product catalog
VGM Forbin’s PowerWeb 4.0 is the fourth-generation DME-specific website the company has developed, and users will experience a variety of features they haven’t seen before. A scrolling product catalog (think Pinterest) allows the viewer to choose to see a few or all images. PowerWeb 4.0 has search engine content built from the ground up, an advanced content management system that allows back-end changes to show up immediately and a site performance dashboard that allows easy analysis of site traffic and requests.

VGM Forbin
(877) 814-7485
www.forbin.com

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VGM Forbin
(877) 814-7485
www.forbin.com
Protective plush and quilted throws stay cool and flexible

Gotcha Covered’s new line of protective plush and quilted throws feature a hidden inner layer of non-toxic, waterproof polyurethane — a breathable material that allows the throws to stay cool and flexible. The new throws provide users a discreet and dignified way to protect upholstery, furniture and car seats, while maintaining the look and feel of an everyday throw or blanket. The protective plush and quilted throws are geared toward post-surgery, geriatric care, incontinence and home health care.

**Gotcha Covered**
(888) 546-8242
www.gotchacoveredusa.com

Fully automatic wheelchair, scooter securement system

Q’Straint’s Quantum is a fully automatic rear-facing wheelchair securement station designed for buses and rail cars. After boarding a bus or rail car, Quantum allows wheelchair and scooter passengers to position their chair and by simply pushing a button to secure themselves in a stable and safe rear-facing position without driver assistance. The process takes under 25 seconds. This prevents tip-overs and eliminates the need of affixing straps to harness the chair, which invades the wheelchair user’s personal space and consumes time. Instead, by pushing a button, Quantum’s arms move into position and secure wheelchairs and scooters by capturing the wheels, and then continually adjusts grip as needed throughout the journey.

**Q’Straint America**
(800) 987-9987
www.qstraint.com
Therapeutic footwear offer a high level of slip resistance

The Apex Petals from Apex Foot Health & Wellness, a division of Aetrex Worldwide Inc., is a comprehensive line of women’s therapeutic footwear that is designed to provide comfort and protection in fashion forward styles. The collection is recommended for people with diabetes, arthritis or anyone seeking shoes for maximum comfort. The lightweight therapeutic shoes feature multiple removable layers, wide last design and a roomy toe box. All styles feature a certified slip-resistant rubber outsole that has been lab tested by SATRA for dry, wet and oil/wet surfaces.

**Apex Foot Health & Wellness / Aetrex Worldwide Inc.**
(800) 526-2739
www.aetrex.com

All-steel cart holds 60 E cylinders

The oxygen cylinder transport cart – 9031-60E from FWF Medical Products, a division of Falls Welding & Fabricating, is an all-steel cart that holds 60 E cylinders. The solid floor is slanted so cylinders are angled toward the back and rest on top of each other. The cart features four 6-inch swivel locking casters and is a powder-coated green color.

**FWF Medical Products**
(800) 231-6444
www.fwfmedicalproducts.com

Software streamlines HME resupply ordering

Brightree LLC’s new Brightree Connect solutions are designed to streamline HME resupply ordering, increase patient connect rates due to contact preference management capabilities and improve overall revenue by maximizing order potential. Brightree Connect, which leverages the Brightree IntelligentQ and auto-generation of orders, is now available via email and online, enabling providers to interact with patients 24 hours a day in the way patients find most convenient. The company currently offers voice and guided call for both automated and live calling campaigns.

**Brightree LLC**
(888) 598-7797
www.brightree.com

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Upcoming Industry Events

November 2013

Nov 08 National Committee for Quality Assurance (NCQA) Annual National Policy Conference
www.ncqa.org

Nov 16 - 19 American Association for Respiratory Care International Respiratory Congress
microsite.anahemoc.org/american-association-respiratory-care

Nov 17 - 19 Tennessee Association for Home Care (TAHC) Fall Conference
www.tahc-net.org

Nov 19 - 20 Ohio Association of Medical Equipment Services (OAMES) Annual Meeting & Exhibition
www.oames.org

February 2014

Feb 14 - 15 UCSF 20th Annual Advances in Diagnosis and Treatment of Sleep Apnea and Snoring
www.cme.ucsf.edu

Feb 28 - Mar 04 American Academy of Allergy, Asthma & Immunology (AAAAI) Annual Meeting
annualmeeting.aaaaai.org

March 2014

Mar 10 - 12 Medtrade Spring 2014
www.medtrade.com

April 2014

Apr 14 - 15 Tennessee Association for Home Care (TAHC) Spring Conference
www.tahc-net.org

May 2014

May 6 - 8 American Association for Homecare Washington Legislative Conference
www.aahomecare.org

June 2014

June 9 - 12 VGM Group Inc. Heartland Conference
www.vgmheartland.com

October 2014

Oct 20 - 23 Medtrade 2014
www.medtrade.com

Management Solutions | Technology | Products
Observation Deck

Driving Value
Via e-Prescribing

E-prescribing shortens the DME billing cycle and increases profitability. Should HMEs take a look?

The burden of increasing regulation, declining reimbursement, and the pressure to reduce costs are driving the need for business solutions up and down the healthcare value chain. Fortunately, providers have access to an exciting and potentially revolutionary development in healthcare: electronic prescribing, also known as e-prescribing.

E-prescribing involves providing secure real-time electronic delivery of patient-specific information. Benefits of the process include the elimination of data errors due to handwriting interpretation and the assurance that vital fields include meaningful and relevant data. e-prescribing is also available to the physician at the point of care.

The history of e-prescribing dates back more than 40 years to the introduction of the Computerized Physician Order Entry in 1977. Typical of the technology at the time, all data needed to be keyed into the system.

With the growth in computing power available to the average small office and the emergence of the graphical user interface in the 1980s, data entry could be performed through scrolling and selecting options that were faster and more accurate than keyed entry.

By the 1990s, approximately 2 percent of physicians were using some type of e-prescribing computer tools. The development of customized software in the university-based hospital systems advanced the technology to include flagging reminders. With the opening of the 21st Century, only 5 percent of physicians were e-prescribing. The number began to grow steadily with the highly publicized use of the technology to provide healthcare services during Hurricane Katrina in 2005. The use of e-prescribing also received a boost from the HITECH Act of 2009. The burden of increasing regulation and the pressure to reduce costs are driving the need for information technology-based solutions up and down the healthcare value chain.

Today it is estimated that 42 percent of all physicians have transitioned to some type of Electronic Medical/Health Record. Some areas of treatment have advanced the curve of adoption even further, with some 70 percent of pulmonary physicians having transitioned to EMR/EHR.

Attempts at reducing the amount of paper handling have resulted in various software tools for HME billing. A common misconception is that such tools will eliminate the need for manually processing of paperwork.

Many of the “paperless” billing solutions offered actually require considerable handling including printing, manual fill-in, manual signature and copying, scanning or faxing operations.

Reinforcing Relationships, Cutting DSOs, Building Cash Flow

The typical HME referral cycle begins when the physician sends an order or prescription by phone, fax or EMR. The HME receives the script, processes and generates documentation. The HME sends the documentation back to referral for completion. The referral receives this documentation and typically completes documentation on a schedule based on the available resources. In due time, the HME will receive the required documentation from the referral.

The benefits of e-prescribing are manifested primarily in a streamlining of the referral cycle. The use of smart technology ensures all required fields are filled in, virtually reducing the possibility of denials based on submitting incomplete forms.

The elimination of faxing, printing and e-faxing saves time. Real-time notifications eliminate call-back and fax-back verifications. The resulting time savings translate to real money. The electronic processing of data also reduces fraud and the number of audits and associated costs.

Another key downstream benefit of e-prescribing is a positive impact on your days sales outstanding and increased cash flow. Decreasing the cycle time and increasing cash flow are among the most import elements in the increasing adoption of e-prescribing. Without e-prescribing it can take 45 to 90 days to complete the cycle from referral to billing. E-prescribing can reduce this cycle to a single day.

Additionally, CMS audits can be costly and time consuming. In recent years the frequency of CMS audits has been increasing. CMS employs several types of audits including those specifically targeted at an HME or patient and those that can be selected randomly at any time. In both cases, the answer to dealing with audits can be found in e-prescribing tools.

By providing both increased accuracy and accessibility of records, e-prescribing can reduce the probability and cost of an audit. The most likely cause of an audit is an error in coding or data entry. Smart technology can provide the correct codes, eliminating incomplete forms. Accessibility of the data reduces the time and cost of audits. Simply type in a patient’s name and ID number and all the information is immediately available for review. e-prescribing creates an “audit ready” environment at all times.

Audit requirements are subject to change. e-prescribing solutions provide for fast updating and the timely addition of new regulations and requirements to the system.

Focusing on Team-Based Efficiencies

Increasing government regulation will only create a more complex healthcare delivery system. In a competitive market it is important to look at increasing efficiency all along the value chain from referral to billing.

E-prescribing tools and services that directly address the challenges faced by HMEs will increase the profitability of your business and grow referrals by creating the path of least resistance and reduced complexity.

You can ask yourself several important questions that will determine the potential gains your organization might accrue through a robust engagement of the latest in state of the art e-prescribing technology:

- Is it easy for referral sources? A painless process will attract more referrals.
- Is it interactive? The system will be more productive if it can be driven by both the referral and the provider.
- Is it web-based, or an application that needs to be installed? Web-based systems require less training, maintenance and investment in software.
- Is there a transaction charge to use the e-prescribing tools or services?

Solutions are available which generate sufficient value along the chain to reduce, or eliminate transaction charges.

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