As providers have sought to rev up their retail sales efforts, they have become acutely aware that tapping into new revenue niches is a clear business imperative. The one key way to reliably and regularly expand a provider’s retail receipts is to identify unmet needs and help to serve them with the right products and service. Better yet, there are some retail-ready product categories that serve the needs of multiple patient groups.

Enter orthopedic products. There are a variety of patient segments that need orthopedic products, such as sports therapy and rehab patients, occupational clients, geriatric patients post-surgery and maternity. And the range of products that providers can offer these patients is equally broad.

Best of all, providers have the edge in serving these groups. While a general retailer might be able to offer some orthopedic goods, it won’t have the level of expertise that an HME provider has. And when customers are buying products to deal with a medical condition — even a minor one — they seek out the experts. This puts the provider in an excellent position to establish themselves as the “go to” resource in this category.

This month’s cover story examines how providers can bring their knowledge to bear in serving this key cash sales market opportunity.

Retail’s Orthopedic Opportunity... Page 30
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22 Streamlined Providers

As providers have felt the pinch of increasing reimbursement cuts, as well as learned how to pursue new revenue-generating opportunities, they have had to learn how to protect their profit margins as much as possible. This means providers have learned how to increase efficiencies and cut costs from their operations. We look at some of the key ways providers can streamline their businesses.

Products & Technology

30 The Orthopedic Option

Retail sales have been an increasingly important element of providers’ revenues. The key is to find niches that can help expand those cash sales receipts. Bearing that in mind, orthopedic softgoods and related offerings have become an important opportunity to expand retail revenues. We look at various aspects of serving this important market segment.

Columns & Departments

8 News, Trends & Analysis

CMS releases timetable for 2017 re-compete of Round One; Diabetes patients in Round One saw decreased access to supplies; Industry, lawmakers protect CRT; Healthcare spending to grow 5.8% during 2014-2024 period; Global orthopedics, orthotics market to hit $3.5 billion by 2021; Sunrise Medical adds Handicare’s mobility division; BOC experts collaborate, leverage expertise to update tests; People in HME.

ID STATEMENT

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<td>AirSep FreeStyle 5</td>
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<td>Pulse: 1 - 5</td>
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HME’s New Trailblazers

Pursuing retail sales has helped providers to think creatively and be open minded.

Retail sales truly have made a revolutionary impression on the home medical equipment industry. A decade ago, most HME providers likely gave little thought to retail sales, but now cash sales a clear strategic agenda item for nearly every provider business.

True, this retail revolution came about because the Centers for Medicare and Medicaid Services adopted a hack-and-slash approach to reimbursement cuts for HME and related supplies. But just because the genesis of the industry’s cash sales agenda arose in less-than-ideal circumstances, it doesn’t necessarily mean that the end result is a bad thing.

Retail sales have helped preserve provider businesses and have shown them that there is life after the “mostly Medicare” business model — and, in fact, that life can be pretty good. The key to enjoying that good life comes down to a willingness to learn many new lessons, and to think creatively.

And when it comes down to thinking creatively, that means providers must explore new market opportunities. Certainly, a smart provider can enjoy a decent return supplementing its reimbursement revenue by offering cash items to its existing base of patients. In fact, any provider should do that. A smart HME operator will learn what retail offerings pair well with funded offerings in order to offer clients a complete array of equipment and supplies that can help them get the most from their therapy and life at home.

But providers can — and should — do more when it comes to retail sales. They need to think about how they can reach new markets and provide those customers with a wind range of retail health products that can help them. The provider can leverage its HME expertise to help those new clients understand the benefits of each offering in a way no other retailer can.

And if the category is particularly new? That’s not a bad thing. Providers have learned how to support respiratory care patients, mobility patients, and a wide variety of patients with complex, chronic healthcare conditions. So, HME professionals can certainly surmount new product and category learning curves. Moreover, gaining this new expertise and knowledge will only help cement a provider’s reputation for being a home medical product expert.

So what are some of the new cash categories that providers can pursue? For starters, orthopedic offerings offer an excellent way to broaden providers’ retail revenues and reach new patients. To that end, we devoted this issue’s cover story, “The Orthopedic Option” (turn to page 30), to explore how providers can tap into this important cash sale category. Let’s explore some others.

Sports rehab and therapy products are another excellent retail opportunity that is related to much of what providers do. Despite the growing trend of obesity in this nation, many Americans lead very active lifestyles, and sometimes their athletic pursuits can result in injury. That’s where providers can help. Many sports therapy/rehab products are items providers already supply, such as compression garments and especially stockings; braces, supports and other orthopedic offerings, as well as both stock and custom orthotics. And there are a number of related products, such as pain management, that will appeal to these customers. (Turn to page 38 to learn more.)

Best of all, because providers are experts in health products, they can easily differentiate themselves from the local pharmacy or sporting good store.

Another solid retail opportunity would be women’s healthcare. To begin with, let’s look at maternity products. Items such as breast pumps and infant nutrition are items commonly bought at big box retailers, but if a provider is already specializing in women’s healthcare, why not offer these items — along with a wide array of other maternity- and baby-related products — to the women visiting its store? Similarly, post breast cancer is a key market. Women who might need post-mastectomy help are looking for caring, discreet, professional and above-all knowledgeable resources when exploring options such as breast prostheses. A smart provider will be there to help them in the right way.

Retail sales represents new ground through which savvy, adventurous providers will have to blaze new trails in order to restore and expand their revenues, their businesses, and perhaps their industry. The key for them will be to adopt an open mind and to think creatively about new markets and how to reach them.
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CMS Releases Timetable for Competitive Bidding Round One 2017 Re-Compete

Notably, the length of contracts for 2017 edition of Round One is two years, rather than three.

The Centers for Medicare and Medicaid Services has released its timeline for the re-compete of Round One of competitive bidding, which is scheduled for 2017.

Registration for user IDs and passwords for Round One 2017 began on Aug. 25, with Authorized Officials strongly encouraged to register by Sept. 14, and Backup Authorized Officials encouraged to register no later than Oct. 5. Registration officially closes Oct. 23.

After that, the bid window for Round One 2017 officially being Oct. 15 and closes by Dec. 16. After that, CMS has set the following tentative dates:
- Winter 2016 — Preliminary bid evaluation notification.
- Summer 2016 — CMS announces single payment amounts, and begins contracting process.
- Fall 2016 — CMS announces contract suppliers, begins contract supplier education and begins beneficiary, referral agent and supplier education.


But perhaps the most notable aspect of Round One 2017 was discovered by Kim Brummett, vice president of regulatory affairs for the American Association for Homecare: the 2017 re-compete’s contracts are significantly shorter than previous installments.

Specifically, Round One 2017 contracts are listed as lasting only two years instead of the three years seen in other rounds. A statement from AAHomecare noted that the change lines up the close of Round One 2017 contracts with the close of Round Two, which close on Dec. 31, 2018.

“What this means is unclear, but hopefully it is a signal that CMS is thinking more strategically about the future of the program,” Brummett said in an AAHomecare statement. “With rates already bottoming out, it is hard to imagine the long term sustainability of the program in its current format.”

Diabetes Patients in Round One Saw Decreased Access to Supplies

Study reports patients in Round One of bidding saw disrupted access to supplies; trend coincided with increased number of hospitalizations, deaths.

Medicare beneficiaries with diabetes located in the nine CBAs of Round One of competitive bidding received only a portion of the blood glucose monitoring supplies they needed, according to a study conducted by leading endocrinologists. The study also noted that the decreased access coincided increased hospitalization and mortality for those diabetes patients.

Using a propensity score matched analysis, the study, which was undertaken but the National Minority Quality Forum (the Forum), assessed CMS data from 2009 to 2012, and found the number of beneficiaries with only partial glucose monitoring supplies access increased by 23 percent in the test markets compared to 1.7 percent in the non-test markets. (The study opted to use propensity score matching in order to reduce selection bias due to imbalance in study covariates.)

See Diabetes Decreased Access continued on page 10

Free On-Demand Webinars — HME Business recently hosted two sponsored webinars, the archives for which are available as free archives. Brightree LLC sponsored “Your ICD-10 Preparedness Plan,” which outlines what providers need to do in order to be compliant by CMS’s Oct. 1 deadline. MedFORCE Technologies sponsored “Faster Payments Through CMS’s eMSD,” which shows providers how to take advantage of CMS’s electronic tool for submitting medical documentation. To listen and watch these two webinars, as well as other free educational offerings, visit hme-business.com/webcasts/list/all-webinars.aspx.

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Diabetes Decreased Access continued from page 8

Chillingly, the study reports that the reduced access to blood glucose monitoring equipment coincided with a higher number of deaths and hospitalizations in the test markets in 2011, the year the competitive bidding program was implemented.

Two key points of detail from the report:

• The number of deaths in the propensity score matched analysis was nearly twice as high in the nine Round One CBAs compared with the rest of the Medicare population (102 deaths in test markets vs. 60 deaths in non-test markets).

• Nearly 1,000 beneficiaries in the nine CBAs were admitted to the hospital at a cost of $10.7 million compared to 460 beneficiaries in non-test markets at a cost of $4.7 million in the propensity score matched analysis.

“Based on our findings, our original hypothesis regarding the potential benefits of the program was incorrect and it is quite clear that access to diabetes testing supplies was somehow disrupted in the test markets,” said Jaime Davidson, MD, clinical professor of Medicine at the University of Texas Southwestern Medical Center, and an author of the study. “For people with diabetes — especially those older adults in the Medicare population — consistent access to a quality glucose meter, sterile finger lancets and enough test strips is absolutely critical to managing their disease, and this study shows that this disruption in access to life saving medical supplies has been detrimental to patient care.

“Results of the study show that beneficiaries are suffering following the implementation of the CMS program, and this disruption will be perpetual, as the process requires suppliers to resubmit bids every three years,” Davidson added.

“In human clinical trials, investigators have an obligation to monitor the safety of study participants and terminate the study immediately whenever risk to patients is detected,” said Gary Puckrein, PhD, president and CEO of the Forum and lead study author. “Given the prospective approach taken in implementing competitive bidding, CMS should be held to the same standards as the managers of any other clinical trial.

“A clinical trial’s safety review board looking at these findings would stop a trial out of an abundance of caution for patients,” Puckrein continued.

“CMS undertook the competitive bidding program without an independent safety review board so policymakers have to assume the responsibility. They should suspend the competitive bidding process until CMS can effectively monitor the program and ensure that Medicare beneficiaries — a population critically vulnerable to the acute and chronic complications of diabetes — are protected from potentially harmful consequences.”

The study’s authors also included Farhad Zangeneh, MD, George Washington University School of Medicine, Gail Nunlee-Bland, MD, Howard University Hospital; Luo Xu, PhD, National Minority Quality Forum; and Christopher Parkin, MS, CGParkin Communications.

Industry, Lawmakers Protect CRT

New York Representative launches House bill to safeguard CRT accessories; providers support Senate sign-on effort aiming to do the same.

Two key legislative efforts were recently undertaken in both chambers of congress to protect patient access to complex rehab technology (CRT) accessories after CMS announced a plan to apply competitive bid program pricing to those accessories on a national basis as part of the competitive bidding expansion effective Jan. 1, 2016.

“The cuts are serious business; they could reduce reimbursement by between 20 and 50 percent, according to AAHomecare. This would prevent vulnerable patient groups, such as individuals suffering from cerebral palsy, muscular dystrophy, multiple sclerosis, and spinal cord injuries, from getting the therapy accessories they need.

In the House, Rep. Lee Zeldin (R-NY) introduced H.R.3229, a new bill that will prevent CMS from applying competitive bidding-derive pricing to complex rehab wheelchair accessories. Zeldin’s bill will provide a technical correction to clarify that CMS cannot apply Medicare competitive bidding program pricing information to CRT accessories.

“I would like to thank Representative Zeldin for introducing this important piece of legislation,” said Bill Tobia, the managing member of Garden City, N.Y.-based Home Medical Equipment LLC and member of both AAHomecare and NCART. “We are working together to put the full weight of the industry behind this simple and practical piece of legislation that will protect the people with disabilities who rely upon this equipment.”

“The accessories used with complex rehab wheelchairs are what allow these wheelchairs to be individually configured for people with high level disabilities to meet their medical needs and maximize independence,” said NCART Executive Director Don Clayback. “Without the right accessories, a person will not get the right complex rehab wheelchair.

“This issue has garnered the concern and support of national disability rights organizations who recognize the negative consequences if changes are not made,” he continued. “The introduction and passage of this legislation is needed to prevent major access issues from occurring in 2016.”

This legislation will protect consumers and help get this specialized equipment to those who need it the most,” said Tom Ryan, president and CEO of AAHomecare. “Congress has already recognized that highly sophisticated complex rehab wheelchairs and accessories require a commitment to provide advanced services, training and personnel to ensure appropriate use, and that these products are very different from standard wheelchairs. When CMS refused a formal Congressional request to rescind the application of bid rates to complex rehab accessories, it became clear that clarifying legislation was needed.”

In the Senate

Shortly after Zeldin unveiled his House bill, the American Association for Homecare called on its member providers to also support a Senate effort to protect those accessories.

To protect those patients’ access to the right equipment and care, Sen. Chuck Schumer (D-NY) joined the fight by circulating a strongly worded, bipartisan sign-on letter in the upper chamber asking the CMS to rescind the application of bid rates to complex rehab accessories.

The deadline for participation in the Senate sign-on letter was Aug. 3. A full list of signatories was not available by press time.

Healthcare Spending to Grow 5.8% During 2014-2024 Period

Latest CMS report shows per capita health spending increases at historically low rate.

Healthcare spending in the United States will increase by an average of 5.8 percent during 2014 to 2024, according to a new report from the Centers for Medicare & Medicaid Services (CMS) Office of the Actuary (OACT).

That growth rate was substantially lower than the 9 percent average rate seen in the prior three decades before 2008, according to National Health Expenditure Projections 2014-2024.

“Growth in overall health spending remains modest even as more Americans are covered, many for the first time,” said CMS Acting Administrator Andy Slavitt. “Per-capita spending and medical inflation are all at historically very modest levels. We cannot be complacent. The task ahead for all of us is to keep people healthier while spending smarter across all categories of care delivery so that we can sustain these results.”

The report projects that, when completely totaled, 2014 will have seen U.S. health spending reach $3.1 trillion, or $9,695 per person, and will have increased by 5.3 percent from the previous year. The key drivers for this growth were that millions of Americans gained health insurance coverage and that expensive specialty drugs hit the market, according to the report. Prescription drug spending alone increased 12.6 percent in 2014, the highest growth since 2002.

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That said, while more people are getting coverage, annual growth in per-enrollee expenditures in 2014 for private health insurance (5.4 percent), Medicare (2.7 percent) and Medicaid (-0.8 percent) remained slow in historical terms.

Other key findings from the report:
- Even with an increased number of people getting health coverage in 2014, medical price inflation was 1.4 percent. Hospital, and physician and clinical services, which make up the largest portions of medical prices, also increased slowly at a 1.4 and 0.5 percent, respectively.
- Per-capita premium growth in private health plans is projected to slow to 2.8 percent in 2015 reflecting the expectation of somewhat healthier Marketplace enrollees and the increasing prevalence of high-deductible health plans offered by employers. The authors projected that per-capita premium growth would remain below 6 percent through the end of the projection period (2024).
- Approximately 19.1 million additional people are expected to enroll in Medicare over the next 11 years as more members of the Baby Boom generation reach the Medicare eligibility age.
- In 2014, per capita Medicaid spending is projected to have decreased by 0.8 percent as the newly enrolled are expected to be somewhat healthier than those who were enrolled previously. Overall spending, however, is projected to have increased by 12 percent in 2014 as a result of a 12.9-percent increase in enrollment related to the ACA coverage expansion.
- While the newly enrolled Medicaid adult population is projected to cost more than adults who were enrolled in the program in 2013, the authors expect that per-enrollee costs will fall below the costs of other adults after pent up demand for medical care is satisfied.
- The insured rate is expected to rise from 86 percent to 92.4 percent as the number of uninsured persons is projected to fall by 18 million over the next 11 years.
- With increases in coverage, the share of health expenses that Americans pay out-of-pocket is projected to decline from 11.6 percent in 2013 to 10.0 percent in 2024.

### Global Orthopedics, Orthotics Market to Hit $3.5 Billion by 2021

Market will grow from $2.56 billion in 2014; U.S. one of 10 key markets that will drive growth.

The global market for orthopedic braces and orthotics will grow from $2.56 billion in 2014 to just under $3.5 billion by 2021, according to MediPoint: Braces and Supports and Prosthetic Devices – Global Analysis and Market Forecasts, a new report from research and consulting firm GlobalData.

Driven by an aging population and patient preference for braces and supports as non-invasive treatment options, the market growth will occur across the 10 major markets of the United States, France, Germany, Italy, Spain, the UK, Japan, India, China, and Brazil. Those markets will grow by a Compound Annual Growth Rate (CAGR) of 4.6 percent. The U.S. market will continue to dominate the orthotics space, retaining over 50 percent of the market share throughout the forecast period, the report notes.

The expanding utilization of braces and supports also reflects the growing population of post-operative and elderly patients, the groups likely to benefit from their use, according to Jennifer Ryan, GlobalData's Analyst covering Medical Devices.

“Braces are increasingly being adopted worldwide thanks to their dynamic therapeutic approach, especially in fracture treatment and post-operative rehabilitation,” she said. “While the market is dominated by knee braces, upper extremity braces are expected to grow at the fastest rate during the forecast period, at a CAGR of 5.1 percent.

“However, developing countries with little to no reimbursement for patients requiring expensive custom devices will restrict market growth,” she added.

As the number of indications for which braces are employed expands, manufacturers are taking advantage and broadening their product portfolios to include devices tailored to specific indications.

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“While the global orthotics market is fragmented and composed of many smaller players, major companies that have made a name for themselves do hold large shares in this space courtesy of their known and trusted brands,” Ryan explained. “These include DJO, Bauerfeind, Breg, Ossur, and Ottobock. Smaller manufacturers tend to be most successful in developing markets, where it is cheaper to use local products rather than import branded devices.”

That said, GlobalData reported that after interviewing opinion leaders, it discovered there is a lack of brand loyalty in orthotics, as physicians require access to as many different options as possible to meet a diverse range of patient needs.

# Sunrise Medical Adds Handicare’s Mobility Division

**Acquisition of Netherlands-based mobility business will broaden Sunrise’s offerings, give company a global market reach.**

**Following** Nordic Capital’s June acquisition of Sunrise Medical, Sunrise has purchased Handicare's Netherlands-headquartered mobility division.

The Handicare product lines bundled into the acquisition were limited to mobility products, such as wheelchairs, scooters and rollators. All remaining Handicare product lines, such as home access offerings, patient handling, auto access adaptations, etc., were not part of the transaction.

In addition to new products, the buy-out of Handicare’s Mobility business brings divisions in Norway, Sweden, Denmark, Holland, Belgium, Germany, France and Canada, to Sunrise, will expand the company's geographic reach. Sunrise estimated in a company statement that its annual sales, post-transaction will exceed $410 million (400 euros) and will make it the one of the largest or largest "premium" mobility companies in the world.

"Sunrise Medical has seen very strong growth over the past five years, organically and by way of strategically important and successful acquisitions," Sunrise President and CEO Thomas Rossnagel said in a public statement. "To now acquire Handicare's mobility business makes perfect commercial sense. This business is highly complementary to Sunrise Medical's, geographically as well as from a product perspective.

Sunrise reported that it plans to integrate Handicare's mobility business during the next 12 to 18 months. To facilitate a smooth transition, a brand license agreement has been signed that lets Sunrise use the Handicare brand and logos for its mobility product lines for an limited period of time. All other product-related brands, name rights and all intellectual property rights relating to Handicare's mobility products will transfer to Sunrise upon closing of the deal close, which is slated to happen by September.

Neither Sunrise nor Handicare disclosed the purchase price of the transaction.

# BOC Experts Collaborate to Update Certification Tests

**Subject matter specialists work to renew all of accrediting organization's exams.**

**Accreditation and credentialing company** The Board of Certification/Credentialing (BOC) collected a group of subject matter experts to review and update the content for all of BOC’s exams.

The certification examination represents a key step in the credentialing process to assess competency. Certificate-holders from the two major national orthotics and prosthetics (O&P) credentialing organizations, educators, and other medical professional comprised BOC’s group of special experts.

The experts, working in exam-specific groups, analyzed and revised test questions. As part of the process, the experts validated each exam's content by referencing current student textbooks.

The experts were trained in the exam development process in an exam question-writing workshop at the beginning of the meeting. This workshop included instruction on exam question structure, rules for composing multiple-choice answers, the need for a specific citation for a correct answer, and the importance of security.

BOC’s Chief Credentialing Officer, Wendy Miller, BOCO, LO, CDME and BOC Credentialing Manager Michelle Voin, organized and actively participated in this the workshop. While Dr. Steve Nettles, Program Director and former Senior Vice President of Psychometrics at Applied Measurement Professionals (AMP) hosted the event at AMP’s Olathe, Kan. Headquarters.

“This group of SMEs — with a broad range of education and experience — used textbook information and their own invaluable insights to compose effective and psychometrically sound questions,” Dr. Nettles said in a public statement.

# PEOPLE IN HME

**VGM Raises Kauten to CIO; Duryea Named as Forbin President**

Kauten to focus on VGM's technology optimization; Duryea to apply USMC and distribution background to Forbin.

The VGM Group Inc. has promoted Jeremy Kauten to chief information officer and senior vice president of information technology, and has also named Kob Duryea as the new president of VGM Forbin.

Kauten has been with Forbin since 1999, when the dial-up service company was acquired by VGM. He held a variety of positions in that company, most recently being its president.

In his new role Kauten will be responsible for VGM's corporate IT department and optimizing technology for all business units.

In his new role as VGM Forbin's President, Duryea will apply his broad leadership background. A graduate of the U.S. Naval Academy, Duryea had a 20-year career in the Marine Corps and earned a master's degree in business from Wake Forest University.

He comes to VGM from Target Distribution Center, Cedar Falls, Iowa, where he was senior group leader.

**Shelly Prial to Make 2015 Medtrade His Final Edition of the Event**

**HME personality and die-hard ambassador of industry's yearly expo and conference will bring his nearly unheard attendance to a end at this year's show.**

Longtime industry personality and stalwart Medtrade attendee Shelly “Shelly” Prial has decided to make the 2015 edition of the industry expo and conference his last. Having attended all but one Medtrade, 88-year-old Prial has served as a Medtrade Ambassador, and along with wife Thelma have come to represent the Medtrade community, according to a statement from the show.

“Shelly knows the HME and pharmacy worlds better than anyone,” says Kevin Gaffney, group show director for Medtrade. “Shelly knows everyone and everyone knows him. He is the best Medtrade ambassador we will ever have, and he can’t be replaced. All that said, he’s not done yet, and we look forward to seeing him and Thelma at Medtrade this year.”

A Second World War veteran who cleverly reversed an earlier U.S. Army rejection due to his only being able to see out of one eye by taking the vision test a second time using his right eye twice, Prial eventually left the service at 20-years-old and earned his Bachelor of Science degree. He became a Registered Pharmacist in 1950.

Shortly before his graduation, Prial met his future wife at a college party in 1949 after his best friend urged him to attend.

“That’s when I met Thelma, who’s sorority was there,” Prial recalled. “I said, ‘Let’s stay a little later and help clean up.’ When we got back, I said, ‘Stanley, I’m marrying Thelma.’ He told me I was out of my mind, and I said, ‘No, I’m serious. We got married eight months later.”

On July 2 Shelly and Thelma Prial celebrated 65 years of marriage.

"Nobody in this whole world has ever had a better spouse than I," Prial said. "She and I have been one person for all of these years. With our children, we always worked together. When I built my pharmacies, she was there all the time. It was never me alone, or her alone.”

Medtrade urged attendees of this year’s event to say hello to Prial at his final show, which is slated for Oct. 26-29 at the Georgia World Congress Center.
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Provider Strategy

esMD: Your Secret Weapon

Program offers an electronic edge in doc requests.

You submit claims electronically. You get payments electronically. You store patient records electronically. Why are you still submitting paper for requests such as audits, PMD prior authorization and appeals? Did you know CMS offers a way to electronically submit documentation?

The traditional submission methods of fax or mail duplicate effort and waste resources by taking medical documentation that is stored electronically and forcing it to be printed, only to be re-scanned once it’s received by the Review Contractor. Most importantly, it stretches out the payment cycle and potentially puts your payment at risk. It creates a heavy burden on you as a provider to follow up and ensure you get the money you have earned.

There is an easy, hassle-free and transparent way to respond to medical documentation requests, and get faster payment: Electronic Submission of Medical Documentation (esMD). CMS first implemented esMD in 2011 and it has grown in scope ever since. It also seems to be one of the best kept secrets in the industry.

What is esMD?
esMD provides a direct gateway to CMS and Review Contractors and enables you to track the status of your submission. It relies on an advanced communication network that uses the utmost in data security to maintain HIPAA compliance and ensure proper routing of all submissions. All of the work in preparing a submission can happen right at your desk, in just a few minutes time and you can track your success in an instant.

To submit with esMD you can sign up with a CMS certified Health Information Handler (HIH). CMS certifies technology providers as HIHs to properly package, transmit, and track submissions. HIHs participate voluntarily and receive no funding from CMS to participate in the program and build their technology. The cost of esMD varies by HIH, some operate a subscription model or charge per submission, and some bundle it in with other services they provide.

Review contractors must be able to receive electronic submissions and confirm receipt to providers. An up-to-date list of what types of submissions HIHs and Review Contractors are certified to send and receive is at www.cms.gov/esmd.

The present and future of esMD

In its current state, esMD allows for electronic documentation submission to Review Contractors, but requests still come to HMEs through paper mail. CMS continually works to expand the types of submissions that esMD can handle, recently adding Advance Determination of Medicare Coverage (ADMC) and Prior authorization for hyperbaric oxygen. There are some types of outbound communication from Review Contractors that go through the system, such as PMD Prior authorization responses.

The future vision for esMD includes having initial documentation requests sent electronically through a provider registry, creating a 100 percent electronic communication system. It is important to note that there are no plans to make communication from Review Contractors that go through the system, such as PMD Prior authorization for hyperbaric oxygen. There are some types of outbound communication from Review Contractors that go through the system, such as PMD Prior authorization responses.

The obvious cost savings of going paperless may come in several dollars at a time in saved paper and postage, but it can really add up over time. Where you save big is in the opportunity costs of having to follow up by phone to confirm receipt by the Review Contractor and verify completeness of submissions. With esMD, you can quickly check at any time of day, on your own schedule, and reallocate precious staff time to other activities.

Why aren't more providers using esMD?

Every year, CMS appointed Review Contractors send over 2 million Medical Documentation Requests. The DME/HME sector is often disproportionately represented in those requests due to the intense documentation requirements for payment. With such obvious benefits, it can be quite surprising that a recent HME Business poll revealed that only 13 percent of respondents were using esMD.

To put it simply, esMD suffers from a major awareness problem. CMS doesn't have large marketing budgets and relies on HIHs to reach providers and spread the word on esMD. MedFORCE Technologies was one of the first CMS-certified HIHs and participated in the beta development of the esMD gateway. Throughout our collective time in the healthcare industry we have seen the transition to electronic communications across many different areas, such a claims and payments. In each case, the transition took time and needed to build the trust of providers before technology adoption rates increased. It is the same for esMD.

Now that there are several baseline years of success behind the esMD program, the statistics continue to improve. As of February 2015, over 80,000 healthcare providers across all sectors had signed up with an esMD HIH. As of April 2015 over 1.25 million medical records have been submitted through the CMS esMD gateway. These numbers keep climbing every day.

With CMS's crack down on improper payments happening at the same time of changing regulations of ICD-10, providers need to cut as much waste out of their operations as possible. esMD is an important tool and cost saving tool to streamline Review Contractor communications and empower your business.

Ellen Sluder is the director of marketing for MedFORCE Technologies (www.medforcetech.com), where she works to help providers understand how technology can help them uncover more time and money to power their missions. Recently, HME Business hosted a free, MedFORCE-sponsored webinar presented by CMS’s Joyce Davis on how providers can use esMD. The webinar is available as a free archive at hme-business.com/webcasts/list/all-webinars.aspx.
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Problem Solvers

Sharpening Sleep Monitoring

How providers can improve their patient monitoring programs.

Today’s healthcare market comes down to one word: outcomes. Nationwide, both in public- and private-payor-funded health, there is a focus for all healthcare professionals in the care continuum to optimize patient outcomes. And in no market is this more evident than sleep therapy.

There has been an imperative among providers of sleep therapy equipment to provide systems that let physicians and other health professionals involved in the patient’s care remotely monitor the patient’s progress, and tweak the therapy as needed. These systems started out as data cards that would be reviewed later, after submission, but now, thanks to technology, sleep providers can offer systems that let doctors monitor patients that day.

“Patient monitoring and data management solutions can more quickly and efficiently help providers identify patient issues proactively and address them early on for increased patient compliance,” explains Rob Levings, vice president of Healthcare Informatics at ResMed. “These technologies may also include automated patient coaching assistance, which has been shown to significantly reduce labor associated with coaching, and can also help boost patient adherence to therapy.”

“Increasing efficiency and positive patient outcomes benefits providers by reducing their cost of operation and appealing to referral sources,” Levings continues. “At ResMed, we offer several technologies that assist HMEs with patient monitoring, tracking, and management, helping both providers and patients achieve better outcomes.”

By working with the physician, the provider can set thresholds within the monitoring system. This means that the doctor can go about his or her business and be alerted by the provider when there is an event. Moreover, the sleep provider can provide up-to-the-minute reports on how a sleep patient is faring through the night and whether or not his or her PAP therapy needs adjustment. Moreover, through a blend of automated and live communications methods, they can consult with patients and even ensure they are complying correctly.

And by providing this constant flow of crucial patient data, the provider establishes itself as an expert resource and partner for physicians, sleep labs and every stakeholder in the patient’s care (including the patients themselves). The data that outcomes-oriented referral partners expect, and appreciate, becomes a critical business differentiator, and the HME provider becomes an indispensable element in the process.

Furthermore, remote monitoring can also help providers maximize the business they are getting from each client. As providers contact patients as part of their communications and coaching efforts, they can use those dialogs to generate new revenue. For instance a sleep patient might ready for resupply items or other DME products related to his or her condition. That contact can be leveraged to make those transactions and fill new orders.

Whether looking at all new business models, or just trying to make the most of existing ones, monitoring and communication yield optimal patient outcomes, improved partner and patient relationships, better market differentiation, and the kind of information that can lead to new revenues.

How to Improve Monitoring

But what are some key elements in how sleep providers can implement a successful patient monitoring practice? There are many ways that providers can sharpen their monitoring game in terms of technology, patient interaction, and referral coordination. Mark D’Angelo, sleep business leader for Philips Respironics shared a list of elements he says are key in a successful patient monitoring practice:

• Providers should offer virtual coaches via desktop and mobile devices to provide patients with information on topics such as obstructive sleep apnea, tips on mask fit and cleaning, and insight into their apnea hypopnea index (AHI).
• Respiratory Therapists should have educational tools to guide patients on how to use products.
• Providers should clearly implement remote patient compliance tools such as SleepMapper (which have demonstrated a 22 percent increase in patient compliance rates) in order to ensure patients adhere to therapy.
• Monitoring of CPAP usage should be ongoing, with a focus on the early part of the process, so providers can view a patient’s performance and make necessary adjustments.
• Providers should implement an automated resupply process, from tracking patients who may be eligible for new supplies to helping patients order supplies via phone, text, or email, to create more efficient operations and encourage adherence.

False Positives

One hitch in sleep patient monitoring is that too much automation can be troublesome, according to Matt Hitchings, product manager for Fisher & Paykel Healthcare.

“There have been many advancements in CPAP patient monitoring technology over the years, which has aided in the provider being able to see their patients’ sleep data more affordably and easily,” Hitchings said. “However, the challenge for providers has still remained of making the best use of that information to manage the compliance of all of their patients, without letting any fall through the cracks.”

Some software systems available today have attempted to address this problem by automating an action when a patient has met certain conditions (e.g. low compliance, a high AHI, etc.), he continued. “However, the strict rules that determine whether a patient should be intervened, or should not be, have potential to produce a false positive or false negative if there were other factors that were not considered.”

So for F&P and companies like it, the challenge has been to negate those false positive. Hitchings says F&P’s Infosmart Web reports on at-risk patients in an alternative way, with a customizable dashboard that lets providers decide which information is displayed in the patient list, and also how the list is ordered.

“This means that a provider can, for example, see their patients ordered by the highest amount of leak, while being able to see average pressure and AHI values in the same line,” he explains. “This means a provider can make the decision whether the patient needs to be intervened by seeing the most crucial information, rather than rely on an automated system alone.”

Instead, the provider could choose to order patients by AHI, and in the same line, compare to the patient’s diagnostic AHI (which can be entered manually from the sleep study results),” he continues. “This allows the provider to determine if a higher than average AHI would require intervention, or if is probably just because the diagnostic AHI was very high.”

However, Hitchings emphasizes that hands-on care will continue to play a pivotal role in the sleep therapy process: “… There will always be a need for a human element to provide the most optimal patient outcomes, and the most success in their businesses,” he says.

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Medtrade is just around the corner, slated for Oct. 26-29 at Atlanta’s Georgia World Congress Center, and once again it is serving up a wide range of educational offerings to help providers face industry challenges such as competitive bidding and audits. That said, it is also offering the kind of strategic education that can help them develop new strategies for sustaining and expanding their businesses in the face of these industry challenges.

Workshops
To begin with, Medtrade is kicking off the show by hosting a number of Monday workshops on Oct. 26.

Judith Brannan, associate director of education/medical affairs for SIGVARIS Inc. will present “A Step-by-Step Guide to Medtronic’s DME.” The workshop will be held on Oct. 26 from 9:30-10:30 a.m.

Mike Sperduti, President and CEO of Emerge Sales Inc. will present “Mike Sperduti’s HME Sales Excellence Training,” a sales training program that will teach providers Sperduti’s step-by-step sales process. The workshop will cover:
- How to turn a medical facility that you have no relationship with into a referring account in four to six weeks.
- The most effective Sales and UpCare techniques that will immediately increase your new patient referrals and revenues.
- How to skillfully handle and overcome objections such as “We are happy with our HME current provider” or “It’s the patient’s choice.”
- Relationship building strategies and talking points that you will put in “your own words” to be brilliant during every customer conversation - from your first meeting to getting your first patient.

HME Goes Back to School
As students return to school, providers return to this year’s edition of Medtrade to take advantage of the event’s professional education opportunities.

Confidence Tracks
In addition, Medtrade 2015 is providing 80 conference sessions across a broad range of topical categories designed to help providers understand current industry and clinical conditions. The topics are:
- Audits. Clearly audits pose a clear and present danger to providers, but they are also the reality of the day. The programs in this track are presented by industry experts on audits and aim to teach providers how to reduce the risk that an audit will occur. The programs will teach HME professionals how to prepare for an audit, and will show the supplier how to respond to an audit.
- Business Operations. The ability to run an effective business operation has considerable impact on a provider’s bottom line. These sessions cover topics such as hiring and training, taking care of customers, and how to prepare a provider business and staff for a successful future.
- Continuing Education & Training. This track covers the diverse products and services required in the realms of rehab and assistive technology; sleep, oxygen and respiratory, and wound care to ensure that providers are up to date with the latest issues for these categories. The rehab and assistive technology sessions will offer insight on documentation, product selection, assessment, and more. The sleep, oxygen and respiratory sessions will cover constantly changing reimbursement codes, patient care practices, and technological advances that providers need for a successful respiratory business. The wound care track will cover the clinical and business intricacies of this key category.
- Legal. Laws affecting the HME industry continue to change. These programs will assist you in understanding how to successfully operate a provider’s business within legal guidelines. Providers will learn about federal and state laws governing HME, as well as imminent and future legislation.
- Medicare Updates. Frequent changes in HME industry demand that providers are aware of an understand the impact of these developments. This track will feature timely updates from various organizations, including the National Supplier Clearinghouse, National Government Services, CGS, and Palmetto GBA. Individual speakers will also provide updates on critical issues affecting the industry.
- Retail. The interest in retail-focused home medical equipment sales continues to increase as providers look to diversify product categories, payor sources and customer demographics. This track will provide the nuts and bolts of how to create and manage a profitable retail business while ensuring the appropriate sales, marketing and operational strategies are in place.
- Sales and Marketing. Providers seeking to create new business, reach new markets and develop a more productive sales team should attend the series of educational sessions presented. Experts in this field will teach you how to effectively and efficiently sell and market your most important products and how to create new revenue sources for your business.
- Strategic Planning. By necessity, surviving and thriving in the DME industry requires a thoughtful approach. Providers can no longer react to what comes their way. Rather, the successful supplier must stay a few steps ahead of market forces. The programs in this track will instruct HMEs on how to prepare a strategic business plan, how to follow the plan, and how to continually update and upgrade their plan. The programs will suggest key issues that should be addressed in a strategic plan.
- Trending Markets. The HME industry is changing at a breathtaking pace and this track will help providers understand how to handle these changes. The programs in this track focus on new ways for suppliers to conduct business and focus on untapped and emerging markets. For example, healthcare is becoming data-driven, and the focus is now on outcomes. So one session will show how forward-thinking providers will set themselves apart from their competitors by providing outcomes data to payors and physicians.

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How HME providers are driving efficiencies in their businesses to reduce costs and raise profit margins.

By David Kopf

In the early days of air travel, it quickly became apparent that shape meant everything. The more engineers could work to soften edges and smooth lines, the faster and easier a craft could fly.

Soon, that concept was exported to all means of travel. Cars, motorcycles, locomotives started to get smoother, rounder and more able to cut through the air with less energy. A vehicle that allowed wind to pass around it would go faster and consume less fuel. Eventually, during the glory days of land speed records, all manner of motorized transportation racing across the salt flats of the West started resembling like bullets on wheels. In fact, a popular option was to fashion the body of land speed racers from the supplemental external fuel tanks from Korean War-era jets.

Providers now find themselves in a similar spot. With reimbursement cuts radically reducing revenues, HME business owners and managers must find ways to streamline their operations. When programs such as competitive
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Streamlined Providers

bidding slashing reimbursement by an average of 46 percent, providers must find ways to find some kind of survivable margin.

Certainly expanding revenues through initiatives such as retail sales (turn to page 30 of this issue to read more about how providers can expand their cash sales strategies) is important, but just as important is cutting costs. While there's debate surrounding whether or not Benjamin Franklin actually coined the phrase “a penny saved is a penny earned,” there’s certainly no debate as to the axiom’s applicability to providers’ current situation. It couldn’t be more clear: at the end of the day, any portion of the business that can help raise margins is ultimately a profit center, even if it’s not specifically related to driving revenue.

So, providers are working overtime to identify the areas of their business that are cost-laden, and determine how they can reduce those costs. Some of those are obvious line items on the budget, while other are more nuanced. For instance, a provider might seek to reduce steps from a billing or documentation workflow and thusly save staff precious time, which allows them to do more work. Getting more from staff time and reducing the cost of each task would certainly qualify as smart, cost-saving streamlining.

This is the challenge that providers face: how can they turn their businesses into leaner, smoother operations and shave operational costs so that they maximize the margins on every penny of new revenue they take in. In the same way that engineers from the glory days of streamlining sought to smooth out every corner and fill every seam, streamlining HME operations is detail-oriented work, but the pay-offs can be huge. Let’s take a look at some of the key areas of HME businesses that can be streamlined, and the way providers can maximize efficiencies in those departments.

Inventory
Inventory often represent the biggest line item on providers’ balance sheets, or at least ties with human resources costs for providers’ top expense.

A provider must strike a balance not tying up money in inventory that is not moving, versus ensuring that the right types and amounts of in-demand DME stay on the shelves.

With money sitting in the warehouse, the showroom and in the backs of delivery trucks, a provider is well advised to ensure that inventory either moves quickly, or is reduced, lest that money sit idle. Fortunately, there are ways providers can streamline their inventory operations.

To control inventory, a provider must strike a balance between ensuring that money is not being tied up in DME that is not moving, versus ensuring that the right types and amounts of in-demand DME stay on the shelves.

Information technology can help can help accomplish that balancing act. By using software designed for the homecare industry, the system will be better geared to mesh its inventory control tools with the other aspects of the HME management system, such as billing and point of sales system. This way, all systems are updating the inventory as it is used and moved through the system.

The first place to start is with a coding system. As a provider implements a software system to help manage its inventory, an important initial consideration is to decide how the products will be coded. This can actually take some time, as various types of medical equipment have different tracking requirements.

For instance, how a provider decides to organize and code is oxygen supplies or rental equipment, will differ greatly from how it codes the more standalone types of DME, such as walkers or beds. Moreover, many providers often will want to incorporate vendor serial or product numbers (or even names) into their coding systems, as another form of reference, as well.

A good method for grouping and coding DME is to start with broad categories and narrowing down to more specific products. This approach makes the inventory management system easier to navigate and maintain.

Once medical equipment is grouped and coded, providers can move onto barcoding their inventory. Barcoding is essentially for maximizing the efficiency gains and reduced overhead they seek to gain through software. Barcoding helps ensure inventory is correctly recorded and also allows management to monitor inventory in real-time, or nearly real time, depending on whether or not the handheld devices are wireless or must be connected to the system and synchronized.

Using handheld scanners, staff can identify equipment and log it as it is received and moves through the system. That way, the DME can be tracked wherever it is in the provider’s operation, which is often critical to accreditation requirements.

With the inventory control system integrated with other aspects of the business, now barcoding affords even greater oversight. For instance, if the point of sales system is connected to inventory control, then inventory is updated every time a sale is made.

Barcoding along with inventory control systems can have an additional benefit each year when providers must take static accountings of their inventory, such as at tax time. A process that could at one time take several days and rack up overtime costs, can now be taken care of in a fraction of the time.

Another key efficiency gained through inventory control technologies is automatic purchasing. Many inventory control systems can monitor user-defined thresholds for various supplies and automatically reorder them when they get low. So, for instance, if key diabetic supplies reach a certain level, the system can automatically place an order with the vendor.

Some automatic purchasing tools even log recent purchases so that the provider can review them to find the best unit or shipping price, or the least amount of lead time or shipping time needed. Often the costs associated with making the order, such as shipping or lag time can cost nearly as much as the DME itself.

Delivery Management
Another major element of HME business overhead is running delivery and repair fleets and their supporting operations. It is a staff-intensive, and involves continuing regular capital expenditure for fuel and repairs, as well as depreciating assets — the vehicles — that need to be regularly replaced.

There are a number of hard costs related to deliveries that can be slimmed down.

Also, the practice of managing deliveries and planning routes consumes a good amount of staff time, which also means more overhead. Moreover, there are a number of hard costs related to deliveries that can be slimmed down:

- The cost of drivers and dispatch staff.
- The cost of the vehicles and their maintenance.
- Fuel costs, which are once again skyrocketing.
- The cost of the inventory stored in the trucks.
- The additional insurance, registration and other costs required with owning and operating a vehicle fleet.

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can help HMEs super tune their costly delivery systems.

The first is route planning. An essential element in overhauling delivery management is leveraging route planning systems. Rather than dispatch manually taking all of the next days and wracking their brains over how to properly distribute them to each of the drivers for the next day’s routes, software can completely automate the process.

Moreover, while dispatch still needs to make room in each driver’s schedule and route to not only ensure they can maintain efficiency and adequate service levels, but they must also have the flexibility to respond to unique or urgent calls that invariably arise during the day.

There are various systems specifically designed to take a provider’s list of orders and automatically generate efficient routes and apportion them to each driver. Dispatch can generate the following days’ deliveries each evening, and in the morning, when the drivers come in, they are handed their pre-planned delivery routes and tickets for the day and set out on their rounds.

Better yet, many HME software systems already incorporate route planning as a feature, or as an additional module. If you have an HME software system in place, examine whether or not it offers that capability.

The other important technology tool in streamlining delivery operations is global positioning satellite (GPS)-based management systems. Outfitting delivery vehicles with global positioning satellite technology is another important element in maximizing delivery efficiency. GPS systems lets providers track their vehicles while they are out in the field.

The way it works is simple: A GPS device is installed in the vehicle, or a GPS-enabled smart phone or a GPS tracking device is either carried with the driver or installed in the vehicle. These units are then tracked by the GPS system’s company, and the HME business logs into that company’s system to see their vehicles and track where they are and what their next appointment is.

But the systems allow HMEs to drill down even deeper. With them, the provider can see a variety of information about each vehicle, such as how long drivers are taking at their stops, or the vehicles current and average speed. This can be particularly important when it comes to maintaining mileage lies in ensuring driver’s stick to optimal highway speeds.

GPS systems that are connected to the vehicle give the most accurate picture about that vehicle’s status and sometimes even diagnostic information on the vehicle as they are constantly on and connected to the vehicle, in comparison to a portable or phone-based device, which travels with the staff member, rather than the truck or car. That said, portable GPS devices and phone-based GPS have their applications, as well. For instance, an HME can use those devices to accurately reimburse traveling staff that don’t do delivery, such as therapists, for their mileage.

A couple key implementation issues to consider when putting route planning and GPS tracking into place is what kinds of systems you are going to use. As mentioned, there are options: off-the-shelf GPS tracking systems, GPS systems that are designed specifically for HMEs, a separate route-planning system that can be integrated with the HME software infrastructure, a route planning system that is already offered by the HME’s software vendor.

There is one key consideration in implementing these systems: the staff. While there is minimal training involved in learning how to use the systems, there could be some “cultural” acclimation required. Staff could chafe at the notion of having their driving habits monitored at all times. Providers
should focus on the advantages these tools will bring and how they can benefit staff.

Document Imaging
Managing paper files costs providers valuable staff resources and time in terms of the expense of diminished efficiency and productivity. Staff must chase paper files around the office, and spend considerable time ensuring they are properly filed. This is especially true when a workflow involves different departments that are not adjacent to one another. Now files must physically move through the office in a time- and cost-consuming fashion. Moreover, hunting down a missing record can gobble up inordinate amounts of time, let alone leave a provider sweating out serious concerns over a possible privacy breach.

Document imaging systems save employees volumes of time, ensure accurate record keeping, and protect patient privacy.

As a result, many providers are considering document imaging systems to save employees volumes of time, ensure accurate record keeping, and protect patient privacy. With them, employees can quickly scan paper forms in order to update patient records, access key records on the fly, and more easily process billing.

If a provider already has an HME billing and business management software system in place, the best place to start is by with the existing vendor to see if it offers a document imaging system, or works with a third-party in order to provide a seamless integration.

If a provider is starting from square one, then it should start by understanding the various capabilities of document imaging systems so that it can review how different systems can benefit the business. Some key capabilities to consider:

- Flexible scanning options and the capacity to scan batches of unsorted paperwork. The system should be able to sort them as they are scanned.
- Automatic filing of documents so that data from forms is entered into electronic records.
- Task automation features that let staff shave time off frequently repeated recording-keeping tasks.
- Document retrieval that is lighting fast and can be performed based on various search criteria.
- Features that increase manual document filing efficiency in instances where the system is unable to scan poorly filled out or degraded paperwork.
- Tools to let staff stamp, edit, redact, highlight and annotate electronic records.
- The ability to store very large documents, such as manuals, licensing information, regulations, contracts, or handbooks.
- Security features that provider various levels of read and write access that should include audit trails that show who has been accessing patient records.

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records in order to ensure HIPAA compliance.

Once a system is selected, the provider should adopt a team approach to integrating the system into the business.

The provider can smooth implementation by demonstrating the benefits of document imaging to staff. When staff understand how much easier their workflow becomes using document imaging, implementation becomes that much easier.

A provider can create an implementation team by enlisting key players from various segments of the business to help shape the implementation and adaptation of the new system by each group. This team can identify the various processes the system should help automate, ensure the system meets their departments’ needs, and help set an implementation timetable.

Implementation can have hiccups. For instance, internal forms used by the provider might have to be redesigned in order to optimize the document imaging system. Forms might need to be cleaned of shading or images that could stymie smooth scanning. Each department must test the system multiple times, carrying out the various tasks using the system they will need to do. This will ensure everything is working smoothly and efficiently before you go live with the system.

And it’s important to note that document imaging is not an entirely technological process. There is substantial manual work in the actual scanning of documents. Once the system goes live, consider getting some outside contract help to begin scanning in some of your documents in order to help your staff focus on converting key patient records. For instance, training manuals, contracts, and large reference documents could be scanned by part-time help, while full-time staff concentrates on the top priority of scanning patient files.

Retail sales are becoming an increasingly important revenue stream for HME providers, and believe it or not, there are ways to increase the efficiency of providers’ cash sales operations. And, in fact, efficiency is critical. There is an expectation on the part of retail shoppers for fast, efficient, friendly transactions. If a provider can’t make that happen, then it won’t make the sale. If ever there was a marriage between cost-saving and revenue-generating, retail sales is that union.

HME cash transactions must be as efficient and fluid as typical retail businesses.

This means providers must implement sorts of efficiencies that traditional retail businesses have had in place since their inception. One of those efficiencies is a point of sale systems. The primary benefit of having a dedicated system for a point of sale transactions at an HME business is that the entry and processing of transactions goes much quicker. A traditional retail application requires staff to create an order, bill it out and accept payment, but a true point of sale system allows for rapid entry of the product and payment.

So, the key driver for installing a point of sale system at the provider business truly comes down to speed. Transactions must be as efficient and fluid as typical retail businesses. Otherwise patients get impatient waiting in line. In a service-based business, fast is good and slow is bad. So how can providers best integrate point of sale systems into their existing software systems, as well as their business practices?

Key hardware for a point of sale system would include a computer hooked up to a cash drawer, along with a barcode reader and credit card reader. Also, in some parts of the country, the system must also include a display pole that lets the patient review the individual and total charges for the transaction as they are run up. Some HME software vendors offer a point of sale systems that is integrated with their system, and that will offer the smoothest possible implementation path. If that option is not available, providers should look at self-contained point of sale systems from name brand third-party vendors, and confer with their HME software vendors regarding compatibility with their system.

The system must support credit card processing. The point of sale system should incorporate card swiper and credit card processing technology that is properly networked so that credit card transactions are processed at the HME provider’s business just as quick as they would be processed at any other retail business.

Integration with the providers’ back office is recommended. Using credit card processing software that is integrated means the provider won’t have to pay a rental fee on a credit card terminal. Also, with a rented terminal, the provider must go into the system and update patient accounts to show they are paid, whereas with integrated process, all necessary records are updated. Additionally, seek a system with PIN pad entry for debit card processing, and be aware of “chip and pin” credit cards, which are seeing increased implementation in the United States.

Another key to an effective point of sale systems is to reduce the number of steps and automate as much of the transaction as possible. For this reason, barcoding is critical. In the same way barcoding creates efficiencies on the back end of the provider’s business, such as in retail applications, barcodes should create efficiencies on the customer-facing side of the business. And in that sense, the register is where the rubber meets the road. So, a good point of sale system should be able to scan the barcode on a product and immediately capture the product number, serial number and automatically bring up the price.

Likewise, point of sale systems should be integrated with the other elements of a provider’s systems and share common databases. For instance, when a patient walks up to make a purchase, that patient might be a regular patient on the traditional, Medicare side of the HME business, but in this instance he or she is making a retail patient.

It would be ideal if the patient’s records could be updated with the purchases. Or, a patient might come in off the street and want to make a payment on their account for the traditional HME side of the business, such as for a co-pay or a delivery. They should be able to conduct that transaction on the spot via the point of sale systems, rather than draft a check and mail it in.

This means that the provider needs to determine which aspects of their HME management system — billing, patient records, inventory, etc. — should be connected to the point of sale systems and whether or not the point of sale system can do that. Moreover, if the provider operates multiple stores, it needs to determine which sites will be accessed by the retail sales system.

The point of sale system needs to be able to bring up the right retail prices. While a provider might typical work with Medicare, retail pricing is a whole different ballgame. Instead of thinking fee schedules, the provider needs to be thinking in terms of the marketplace. Also, discounts are a part of retailing, and the provider might have special pricing related to a coupon, to a special promotion, for certain customers, gift cards, or for certain stores. Moreover, the provider might have special pricing for key referral partners. So the point of sale system must be able to support a wide variety of pricing criteria.

As providers well know, CMS will not slow its efforts to reduce reimbursement rates. The industry can rein in competitive bidding and make reforms to other programs, but the agenda to cut costs will remain for CMS. And that means that providers must similarly implement an agenda to cut costs. These four key areas of HME businesses — inventory, documentation, delivery and retail — offer providers crucial opportunities to implement serious streamlining in an effort to cut costs, drive efficiencies and rocket their way to increased profitability.
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About 25 percent of the customers who walk through your door could use an orthopedic OTC product. So what are you doing to make sure people are not waking out without the help they need?

By Joseph Duffy

When DME industry experts discuss retail strategies to increase revenue streams among a reimbursement industry, the baby boomers are often the focus of a growing cash sales customer base. With 10,000 people turning 65 every day, the senior generation is active unlike ever before. And if you add sports therapy and rehab patients to the aging population, there is tremendous opportunity to sell orthopedic products that help assuage the aches and pains of active and ageing bones and muscles.

“Transparency Market Research predicts that products which help address pain will grow as America’s boomers age,” said Jim Howle, Senior Director of the Rehab & Orthotics Network, The MED Group/Kadel Laxson and Program Manager, The MED Group. “The federal government also esti-
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“One out of every four people who walk in your door have some degree of venous disease. So that OTC garment that we supply without a prescription can be sold to that patient. We also help our clients promote OTC products through the marketing tools we offer.”

— Tom Musone, Marketing Director, Juzo

mates that the out-of-pocket costs for patients will be growing, hitting close to 60 percent by the year 2020. As a retail product that can help address pain, orthotics is almost sure to be part of this growth. Plantar fasciitis night splints, patellofemoral bands for knee pain, wrist splints, and more — these retail items can be purchased over the counter [OTC] and should be part of every retail DME/HMEs offering.”

According to Jim Greatorex, Business Development, VGM Retail Services, and formerly of Maine’s Black Bear Medical, there is a lot of opportunity and growth in the orthopedic soft goods market for those who can market their business correctly.

“Take, for example, the boomer population, many of whom desire to stay as vibrant and active for as long as possible while they age,” he said. “Many are involved in recreational and sports activities and wear orthopedic products in order to comfortably do so. Clearly the demand for these products is high as every sporting goods store, pharmacy and supercenter carry them. The advantage HME providers have in this market is that we can fill prescriptions for these products or offer patients a cash option and guide them to find the product that best suits their needs.”

With more boomers turning to orthopedic products to comfortably maintain their active lifestyles, the product category is getting much more attention than it once did. The unfortunate part, though, is that HME retailers may not be the first place customers think of when looking for these products.

“In the past, the quality of the orthopedic market diminished slightly as the marketplace was pressuring for lower prices,” said Howle. “Recently, we have seen the quality come back up as manufacturers are ‘boomer-izing’ their lines. They’re supplying this new market with quality lines rebranded with positive concepts and eye-catching aesthetics, giving the line a sexier, healthier look.”

Making compression more mainstream

One such orthopedic product category that has become very fashionable is compression therapy garments. Juzo, which has been in the compression business for over 100 years, recently announced its 2015

<table>
<thead>
<tr>
<th>Top patient categories</th>
<th>Orthopedic cash sales products</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehab</td>
<td>Wrist, ankle, knee, back, neck, ice packs</td>
<td>Rehab and sports categories are very close in sales.</td>
</tr>
<tr>
<td>Sports</td>
<td>Wrist, ankle, knee, ice packs, back supports, arm slings</td>
<td>The orthopedic market has shifted to serve more sports-related injuries.</td>
</tr>
<tr>
<td>Geriatric</td>
<td>Ankle, wrist, immobilizer, elbow, shoulder</td>
<td>Geriatrics is a very popular product category when a caretaker is involved in the purchase.</td>
</tr>
<tr>
<td>Post-surgery</td>
<td>Abdominal support, arm slings, knee, ankle</td>
<td>Post-surgery probably relies more on insurance, since they are dealing with insurance already.</td>
</tr>
<tr>
<td>Maternity</td>
<td>Back support</td>
<td></td>
</tr>
<tr>
<td>Weekend Warrior</td>
<td>Ice packs, wrist, ankle, knee, elbow, arm sling</td>
<td>Weekend warriors and accidents are due to the nature of the injury and patients may self-treat and go straight to buy a support, probably at a drug store or pharmacy.</td>
</tr>
<tr>
<td>Accidents</td>
<td>Ice packs, wrist, back support, ankle, knee, elbows, arm slings, cervical collars</td>
<td></td>
</tr>
</tbody>
</table>
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“The typical HME provider devotes approximately five feet of wall or shelf space to orthotic products, but that space should be increased significantly. In true retail fashion, it makes sense for that retail space to be 20 to 30 feet.”

—Jim Howle, The MED Group

Spring/Summer collection, which is full of attractive, marketable sleeves and leggings sporting colors such as Driftwood, Moon Beam Yellow and Gypsy Purple. To help sell their stylish offerings, they offer their HME provider customers posters that advertise ‘dressing in style’ and ‘staying active.’ According to Tom Musone, Juzo’s Marketing Director, the compression therapy garment industry has seen a lot of growth over the last several years in both sales and awareness in the medical field and consumer market.

The majority of compression patients sees a doctor or medical professional about an ailment and is given the directive to obtain a compression garment from an HME provider. These high-grade compression products are driven by a professional diagnosis. In addition, there are compression products that can be sold OTC.

According to Musone, compression items that are 20mmHg or less are considered OTC and can be sold without a doctor or medical professional’s recommendation. This category includes support socks, arm sleeves, biker shorts, leggings and more. Musone recommends that HME providers carry these products, along with educational literature, and talk to customers about their needs, regardless of why they came in the store.

“One out of every four people who walk in your door have some degree of venous disease,” said Musone. “So that OTC garment that we supply without a prescription can be sold to that patient. We also help our clients promote OTC products through the marketing tools we offer."

The easiest way to get into the compression cash sales business is to get in touch with a manufacturer and see what kind of products, support and tools they offer the HME provider. Juzo, for example, will train an HME customer how to fit compression garments and offers online marketing tools and education.

Top orthopedic categories

Linda Lavi is the Vice President of Marketing for Alex Orthopedic Inc., a manufacturer of orthopedic soft goods. She said that more and more companies are competing in orthopedic products in the retail space.

“The market has gone from reimbursement to cash sales,” she said. “The patients have more money, and they don’t want to wait until Medicare or insurance pays. And they also want what they want and not one just because it’s reimbursable.”

According to Lavi, here are the top orthopedic patient-type categories responsible for the majority of orthotics sales, the most popular product categories serving these populations, and her various comments about the categories.

By body part, Lavi said the back and knee are the bigger markets for HME providers in both volume and revenue. Then come wrist, ankle and neck. For chain drug stores, the top-selling products are for knee, ankle and wrist.

“The top five body parts that consumers seem to demand are knees, wrists, ankles, backs, and elbows,” said Greatorex. “Other products growing more popular are rib belts, abdominal binders, and cervical collars and shoulders. There is also a large influx of products coming to market for posture support that are actual garments you wear that prompt an upright posture rather than the slouched posture many of us procure when hunched over our work desk or computer monitor.”

Howie suggested that a top retail product is a prophylactic brace or something that addresses pain but has not been prescribed by a physician.

“Anything that ties into sports (knee braces, tennis elbow, etc.), along with braces that help address pain (night splints, wrist splints), are going to be the key categories,” Howle said.

To create more sales, Lavi offered the following:

• Listen to your customer, and then make recommendations for them.

With so many choices on the market, it’s confusing, so help them find the right product. Senior patients will want comfort and something that is easy to apply. The sports and rehab customer will want comfort, but will also want something wearable, movable and durable.

• Instead of hanging things on a hook without regard to style or size, give your products a uniformed look. Consider color-coding them or organizing to make it easy for the customer to find the product.

• Carry a complete range of sizes so the customer can be fitted properly.
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“The top five body parts that consumers seem to demand are knees, wrists, ankles, backs, and elbows. Other products growing more popular are rib belts, abdominal binders, and cervical collars and shoulders.”

— Jim Greatorex, VGM Retail Services

• If space is available, separating the more basic, less expensive sports-related products makes it less confusing for customers, and helps them find what they are looking for easier.

“It’s retail,” said Howle, “so talk to the benefits, not the features. End users don’t care if the product has triple laminate — they care if it is strong enough to support them but is also lightweight. If you want to focus on retail, look at lines designed to target those customers. Medline’s Curad and Roscoe’s Viverity product lines are two excellent examples of retail-focused brands. Also, working with clinicians and physicians as a referral source can provide a steady stream of new orthotics patients.”

Howle also pointed out that good merchandizing, such as well-designed space, attractive packaging, and a comprehensive array of products, means having enough product selection to meet the needs of the client who walks in the door.

“The typical HME provider devotes approximately five feet of wall or shelf space to orthotic products, but that space should be increased significantly,” he said. “In true retail fashion, it makes sense for that retail space to be 20 to 30 feet. Education materials for consumers and point-of-sale materials, such as printed brochures and guides, are necessary for both consumers and retail staff.”

A good way for HME providers to work in the orthopedic arena is to first market to the prescribed user — the orthopedic doctors and surgeons and general practice and rehab facilities, said Greatorex. Another exploding category due to the new breast pump coverage guidelines is in the maternity market. Maternity orthopedics should be a part of any mom and baby product category.

“Orthotics are a way to increase retail sales revenue,” said Howle. “Many orthotics are sold as cash products in a retail setting as opposed to going through a billing process. The products are easy to stock and understand, and require no service. HME providers have very low market entry issues. The need is high and continues to grow and the product typically will be needed by many in their customer base, allowing for internal data mining and marketing efforts. The use of programs developed such as the Patient Enhanced Provider Care Program from The MED Group lets HME providers follow a roadmap in providing products such as orthotics. MED Group programs such as these help identify ancillary medical products needed by a provider’s customer base and drives awareness to those customers that their HME provider provides products such as orthotics.”

Ramping up Retail Marketing

In the same way that providers must get clever in terms of targeting new retail sales niches, such as orthopedic products, they must also get clever about how they market their retail business.

The more that providers can reach their constituents with compelling marketing messages about their cash products, the more they will get patients and clients to come to their retail stores and visit their online storefronts in order to purchase DME on a cash sales basis.

This means that providers need to leverage every "hook" they can find to grab customers' attention. Let’s take a look at several examples:

• **Leverage special events.** Providers should take advantage of special dates and events that pertain to homecare and home medical equipment.

  For instance, January also marks National Bath Safety Month. That means providers have all of December and January to get clients to make their bathrooms and those of their loved ones safer.

• **Special pricing.** In addition to special occasions, special prices will compel clients to buy products. For example, a provider could offer a weekly coupon discounting particular items each week of the month, or offer percentage discount coupons. The point is to incentivize customers.

• **Marketing communications.** Provider mailers and emails should regularly reference the upcoming event and start publicizing any special offers an HME business might be offering, but don’t stop there. Offer customers value; have each communications you distribute offer information that your constituents could use. It could be a bath safety checklist, or an outline on key places for installing grab bars. The key is that the information helps them.

  • **Advertise.** In the same way a provider customizes its marketing communications, it must ensure that its advertising campaigns support its special campaigns and events.

  • **Offer seminars.** The value of direct public outreach cannot be denied. In the same way a provider offers referral partners in-services, it should host special seminars on bath safety at various locations through the month. A road show could hit local senior living centers, libraries or hotel meeting rooms. The key is for the provider to get out there and share its expertise.

  • **Attend public events.** If your local community is hosting any fairs or special events, see if you can set up a booth to provide information on bath safety, as well as all of your company’s DME offerings.

  • **Social media.** Providers must make sure to use Facebook and Twitter presences to help organize and publicize these efforts. The value of these tools for helping get the word out can’t be denied.
Never, never, never give up.

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For many providers, succeeding in retail sales lies in capitalizing on niches that leverage their considerable expertise. If a provider can identify a related market that lets it leverage its knowledge and access to the right products, it can cement solid relationships with that client segment.

One of those niches is sports therapy/rehab. Many sports therapy/rehab offerings are items providers already supply, or are related to them. Moreover, these products are often very much in line with providers’ staff expertise. Some of the clearly related sports therapy/rehab products would be compression garments and especially stockings; braces, supports and other orthopedic offerings; as well as both stock and custom orthotics.

Also, the sports therapy/rehab market less providers upsell with much-needed items, such as cold and heating packs, and pain management items, which also appeal to other DME patients. And, for some providers that might specialize in certain DME categories, such as mobility, they can even establish themselves in unique athletic markets, such as wheelchair sports.

Undoubtedly, athletes of all types, professional and amateur, young and old, those with medical conditions and without, will at some point need sports rehab/therapy products, and providers are in a unique position to serve that need. Let’s look at some of the latest offerings on the market:

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New Philips HST Device Geared to Speed Test Scoring
Philips Respironics recently unveiled Alice NightOne home sleep testing (HST) system enables the efficient identification and treatment of sleep disorder patients. Sleep technicians can read the results from the Alice NightOne HST and determine a sleep study score in 50-85 percent less time and with great accuracy, according to a Philips internal study. The system includes Smart Guide technology that provides step-by-step instructions and feedback to ensure all functions are working properly, reducing the chance of patient error. The device indicates if additional testing may be required before the patient returns the equipment, further streamlining logistics.

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

New Portable Ventilator Adds to Pool of Portable O2 Options
Using a 1-pound ventilator and nasal-pillow style interface, Breath Technologies’ NIOV system combines with an external source of oxygen to deliver a set volume of oxygen each time the patient inhales. The NIOV System can ventilate patients by delivering total tidal volume of up to 1,150 mL and positive inspiratory pressure of up to 18 cmH2O. The NIOV System detects a patient’s spontaneous breathing via sensor ports located in the nasal interface and delivers synchronized volumes of air and oxygen at rates of up to 40 breaths per minute. NIOV can be customized to each patient’s requirements. Patients are able to select from the three clinician-programmed activity settings that best meet their needs.

Breathe Technologies Inc.
(949) 988-7700
www.breathe tecnologies.com

New Buzzarounds Come in Three- and Four-Wheel Formats
The 2015 version of Golden Technologies’ Buzzaround XL scooters feature the three-wheel model GB117 and the four-wheel model GB147. The new three-wheel model, which is nearly three inches longer than the previous model without sacrificing turning radius, indoor maneuverability or adding additional weight to the unit. Both models have a ground clearance 25 percent higher than the previous version. The Buzzaround XL scooters disassemble in four easy steps, and both Buzzaround XL models offer more standard features than previous models, including: adjustable LED headlight; new LED battery indicator; rugged plastic front basket with handle; composite mag wheels; state of the art electronics; and a new non-slip deck with plastic and rubber treads.

Golden Technologies
(800) 624-6374
www.goldentech.com

Sunrise Expands Ultra Lightweight Line with Quickie 5
The Quickie 5 ultra lightweight rigid wheelchair is designed to adapt with its user as their environment or condition changes. It joins the Quickie rigid wheelchair portfolio as its most adjustable offering, and supports a wide selection of options and accessories. The chair utilizes the proven frame geometry and ride quality of the Quickie GT, and improves upon it with a hydro-formed caster link and swept-back axle plate. The axle plate is incredibly quick to adjust, offers two lengths to accommodate vertical adjustment needs, and features a window that displays the frame color. Options include the Quickie Xtender power assist, depth adjustable back, XTR suspension, WC-19 Transit, and Carbotecture Forks.

Sunrise Medical
(800) 333-4000
www.sunrisemedical.com

Trekker Offers Lightweight, Folding Pediatric Stroller for Special Needs Children
The Convaid Trekker is a lightweight, compact folding pediatric stroller that accommodates functional or rest positions and increased sitting tolerance for maximum comfort is typically prescribed for children with mild to moderate involvement of conditions, such as, Cerebral palsy, Down syndrome, Duchene Muscular Dystrophy, Spinal Muscular Atrophy, Spinal Bifida, and others. Features include a separate base and seating module; Reversible seating; and Variable positioning (up to 170 degrees of adjustable recline and tilt ranging from -5 to 45 degrees). The chair accepts aftermarket seating and comes with a wide range of therapeudic and comfort options.

Convaid
(888) 266-8243
www.convaid.com

Odyssey GT Executive Scooter Emphasizes Performance and Features
The Odyssey GT from Drive Medical highlights comfort and features while serving up a 9.5-mph top speed and 22-mile cruising range. The Sport Style Captain’s Seat offers multiple adjustments allowing providers to tailor the seating to patients’ specific needs. Features include built-in cup holders, LED running lights, “Blade” style wheel rims and a sporty electric blue livery. Other features, such as dual rear-view mirrors, anti-tip wheels and a full lighting package increase the scooters safety.

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

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Full-Face CPAP Mask Designed to Expand Vision, Minimize Irritation
Philips Respironics’ Amara View CPAP mask is a minimal contact, full-face mask designed with a wide field of vision. The mask’s under-the-nose design reduces the red marks and irritation on the bridge of the nose that many CPAP patients experience. Designed to be smaller and lighter than traditional full face masks, Amara View covers less of the patient’s face than comparable masks and eliminates the bulky cushion and frame in front of the eyes, allowing the patient to wear glasses, read, watch TV or use a computer or tablet before falling asleep. The Amara View works together with other Philips sleep therapy systems and resupply services to help homecare providers change how they work, while supporting their continued efforts to provide quality patient care.

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

The Everest & Jennings Rehab Shower Commode Returns
The E&J Folding Rehab Shower Commode provides a versatile solution in transport, shower, and commode function for patient as well as caregiver. This multipurpose wheelchair, which features an overall narrow width and corrosion-resistant stainless steel frame, can be positioned over a standard toilet or used as a portable, self-contained commode. The Rehab Shower Commode comes standard with removable full-length arms for transfer ease, cushioned, sealed, oval-opening vinyl seat; choice of durable 24 in. one-piece composite rear wheels with integral handrim and solid rubber tires or 5 in. rear casters; and removable, hygienic plastic pail and lid. The commode meets the requirements of Medicare Code E0240.

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

Luna PAP Platform Offers Patient- and Provider-oriented Enhancements
3B Medical Inc.’s Luna family of PAP devices combines enhancements for patients with features aimed at making it easier for providers to obtain patient data. The Luna range offers remote compliance reporting options and offers both WiFi communication and QR Coding to sleep therapy. With QR Coding, providers can capture and immediately transfer compliance data through any smart device brings yet another unique innovation to the market. Luna integrates into 3B Medical’s cloud-based patient management system, iCodeConnect, which features Patient TouchPoint, a configurable, early intervention patient compliance coaching system. TouchPoint lets clinicians define individual protocols to allow them to more quickly and easily recognize potential issues with a patient’s compliance.

3B Medical Inc.
(863) 226-6285
3bproducts.com

A free webinar now available on-demand!
Your ICD-10 Preparedness Plan
Not complying with ICD-10 by Medicare’s Oct. 1, 2015 deadline could cost your business plenty.

The upcoming ICD-10 transition will entail considerable effort and staff hours on the part of providers, and above all, it will require a plan. Watch this free webinar to get the details on how to outline and start working on your plan.

What You’ll Learn:
● What ICD-10 is and the scale of Medicare’s requirement for compliance.
● How much work converting to ICD-10 will require.
● The elements of an effective ICD-10 compliance plan.
● Where technology can and cannot help providers make this transition.

Watch the webinar at: http://hme-business.com/1507
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Upcoming Industry Events

September

Sep 16
Colorado Association for Medical Equipment Services (CAMES) Annual Meeting & Conference
www.cames.org

Sep 16 - 18
Wisconsin Association of Medical Equipment Services (WAMES) 2015 Annual Conference, Trade Show & Golf Scramble
www.wames.org

Sep 17
Home Medical Equipment and Services Association of New England (HOMES) Fall Membership Meeting
www.homesne.org/eventslist.htm

Sep 17
Maryland-National Capital Homecare Association Annual Meeting
www.mncha.org/Annual-Meeting-2015

Sep 22
Pacific Association of Medical Equipment Services (PAMES) Annual Convention
www.pames.org

October

Oct 14 - 16
National Association of Rehabilitation Providers and Agencies (NARA) Fall Conference
www.naranet.org/upcoming-events

Oct 27 - 29
Medtrade 2015
www.medtrade.com

Nov 07 - 10
American Association for Respiratory Care (AARC) International Respiratory Congress
www.aarc.org
HME providers must implement bi-directional data communications with other healthcare providers — now. Snooze and you’ll lose relevance.

For the last 10-plus years, a major trend in our industry involved providers adopting technology solutions that allowed them to improve their operational efficiencies to counter the pressures of reduced reimbursements. More recently, competitive bidding has accelerated the normal levels of mergers and acquisitions activity as better-run providers (read: more efficient) acquired the providers that could not adapt to these lower reimbursement levels. These more efficient providers could win bids, take market share and acquire other providers to continue to grow and prosper.

While this trend toward more efficient operations will continue, a newer and frankly more exciting trend is emerging: interoperability. Organizations across the care continuum are already striving to communicate better and share information to improve patient outcomes and eliminate unnecessary costs, such as unplanned readmissions and extended lengths of stay in the hospital.

Interoperability is being driven by payors who, in order to improve outcomes and control ever-escalating healthcare costs, are moving from a fee-for-service to an outcomes- or performance-based reimbursement model. My prediction for HME providers is this: If you cannot share data bi-directionally with acute care and physician practice management systems in the next 12 to 24 months, including automating the referral and order process so that the payors can see data transparency across the care continuum, you will lose your referral sources.

Therefore, to be relevant HME providers must quickly adapt to this brave new world of interoperability. To date, acute care organizations and physician practices have invested much more in technology and data sharing solutions than post-acute care organizations, such as HME. Many hospitals and physicians have implemented electronic health record (EHR) systems that eliminate paper and enable the sharing of health data electronically across care settings. There is a growing expectation from these referral sources that HME providers also share data dynamically and electronically between systems.

As interoperability across the care continuum becomes reality, here are a few recommendations that providers should consider to successfully transition.

Look into Industry Initiatives
Realistically, the only way the broad healthcare industry can truly achieve interoperability is for their technology vendor community to work together. The primary industry collaboration that is focused on this is the CommonWell Health Alliance. This initiative was formed by the healthcare vendor community as a means to solve the challenge of matching patient identities across vendors and care settings. Healthcare providers that use CommonWell Health Alliance member systems can seamlessly retrieve clinical information on patients under their care. This Alliance has proven that its approach works and has attracted a “critical mass” of vendor support.

Providers should ask their current software vendors what their plans and timescales are to support the CommonWell Health Alliance and other interoperability initiatives. And be sure that your software vendor has a dedicated team of engineers focused 100 percent on these data sharing initiatives.

Share Information for Better Outcomes
Providers should embrace the idea that information sharing is vital to creating better patient outcomes. Being able to collect, view and exchange data securely across the care continuum can vastly improve a healthcare provider’s ability to continually evaluate patients and make better decisions about their care.

Consider sleep therapy compliance, for example. When a patient receives a sleep apnea diagnosis — either by a hospital or physician — be he she is matched with an HME provider that delivers a CPAP machine to the home. Typically with this “hand off,” the physician has no real-time visibility into a patient’s usage of the device and compliance with the treatment plan.

On the other hand, when HME providers can easily receive information on the patient’s level of compliance and exchange that information with their referral source, then both entities have a window into whether the patient’s needs are being met. The consistency in flow of information means that a physician can quickly verify a patient’s usage and compliance — and intervene when necessary. HME providers that can easily communicate this compliance data will be viewed as more valuable to referral sources and, therefore, referrals will be more plentiful.

Employ the Right Technology
Let’s face it, the days of paper-based communications and manual processes are numbered. Labor intensive efforts to stay in touch with referring partners — such as sending employees to wait and collect signed documentation, or making endless phone calls — require significant resources. With the rest of the healthcare industry shifting quickly towards electronic, real-time sharing of patient data, HME providers will have no choice but to shift as well.

Unfortunately, many providers and their software vendors lack the resources and infrastructure to achieve interoperability and connect with disparate systems used by their referral sources and payors. Accordingly, HME providers should look to move to solutions that provide an interoperability and data sharing framework in a cost-effective — yet very effective — manner. Older generation client/server-based technologies are very poorly suited to this ever-changing, more interconnected healthcare environment.

When it comes to interoperability, a modern, cloud-based, Software-as-a-Service (SaaS) solution has a tremendous technology/platform advantage. Simply put, a cloud-based platform will automatically manage 100 percent of the data interoperability ‘plumbing’ to hundreds of connections in the healthcare ecosystem on behalf of provider customers. If however a provider is on a client-server software product, where the system is managed internally by the provider, then all of the data interoperability (plumbing to hundreds of potential healthcare connections) has to be managed and maintained internally by the provider’s individual client-server system. Therefore, a cloud-based platform is ideal to seamlessly meet these emerging interoperability challenges and position an HME provider as a more reliable and attractive referral partner.

Ultimately, by employing the right technology that operates seamlessly between systems, HME providers can share information faster and more accurately — leading to reduced costs, improved patient care and heightened marketability of their products and services.

Interoperability is the Future
By using innovative solutions that enable a high-level of interoperability, these providers can demonstrate they are strong, reliable referral partners that enable better care and mitigate risk.

As healthcare and technology continue to evolve, organizations that have the flexibility to adapt will thrive. I encourage you to take steps now to partner with a forward-thinking software vendor that can help you streamline your current operations and prepare for the critical, interconnected environment that’s coming very soon.
freedom [free-duh m]
3. the power to determine action without restraint.

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