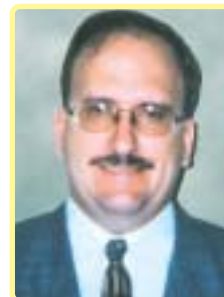


QUALITY STANDARDS FOR HOME MEDICAL EQUIPMENT UNVEILED *by Jim Stegmaier, RRT-NPS, RPFT, CCM*



Historically, the only requirements for providing home RC services under Medicare were defined in the Medicare Supplier Standards. These standards are general in nature and pertain to the *business* aspect of providing DME. They did not address the *quality* of services. Examples of what was covered in the standards included maintaining a primary telephone number, minimum liability insurance and complaint processes. In 2003 when the Medicare Modernization Act was passed by Congress, there was also a requirement for competitive bidding for some DME products. Competitive bidding is slated to begin in 2007 in ten cities yet to be named with the goal of being in eighty cities by the end of 2009. The reimbursement for products and/or services would be the median of the winning supplier bids with suppliers bidding lower than the median, having an opportunity to offer the patient a rebate. Products and services will be selected based upon high cost, high volume and the largest potential for savings. The Balanced Budget Act of 1997 gave the authority to the Centers for Medicare and Medicaid Services (CMS) to implement five bidding studies that would determine the effects and cost savings for competitive bidding on various size communities. Two studies were completed, Polk County, Florida and San Antonio, Texas. The government reported that competitive bidding projects saved CMS money while

maintaining access to quality equipment and services for the patient.

Congress recognized that *quality* in a competitive bidding model was critical for success. Part of the requirements of the law was for CMS to develop quality standards for the DME industry. In August of 2006, CMS published those standards which were reduced from 104 pages to 14 pages. The decrease in length removed unnecessary specificity and redundant information in the standards.

These standards *will* have an impact on the DME industry. Most significantly, they require any organization providing services or products to Medicare beneficiaries to be accredited. If an organization chooses *not* be accredited it will no longer receive reimbursement through Medicare. (CMS is working with multiple accrediting organizations to determine the process and requirements to be recognized as an accrediting organization.)

The quality standards are broken into 3 sections, Business Services, General Product-Specific Service Standards and Appendix.

The business services section contains requirements that are similar to the Medicare Supplier Standards. These cover leadership, financial management, human resource management, consumer services, performance management, product safety and information management. The general product-specific service standards section provides standards for order intake, medical records, delivery and setup, training/instruction to the patient and/or caregivers and follows up. Although new, the vast majority of DME suppliers have been meeting or exceeding these standards for years. The section requires appropriate training on equipment, maintenance of medical records, delivery of equipment in a timely manner and appropriate level of follow-up based upon the equipment and/or services provided.

There are three appendixes, Respiratory Equipment, Supplies and Services, Manual Wheelchair and Power Mobility including Complex Rehab and Assistive Technology and Custom Fabricated, Custom Fitted, Custom Made Orthotics, Prosthetic Devices.

The respiratory equipment, supplies and services appendix addresses for the first time Medicare specific standards for respiratory care in the home. While the majority of home respiratory care providers have always provided twenty four hour per day, seven days a week service, this is now *mandated* in the standards. The *quality* standards state that the AARC Practice Guidelines will be followed for home oxygen therapy, mechanical ventilation, IPPB, suction and patient/caregiver training. The home care section of the AARC has a committee working to update the necessary practice guidelines to accurately reflect how respiratory care should be performed in the home.

While competitive bidding is a large unknown entity widely viewed by many as a negative for the DME provider and the patient, the new quality standards should help improve the quality of care provided to the patient in the home care setting.

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