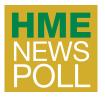


The educational programming at Medtrade Spring gets back to basics, says Jeff Baird. See page



■ Product Spotlight:

This month we feature bariatric equipment, like this P710 Atlantis Power Wheelchair from Merits Health Products. See pages



■ Did your total net revenues for 2013 meet expectations? Did they increase or decrease? See results on page 38.

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 Stakeholders seek clarification on WOPD requirement. PAGE 4

SMART TALK

■ This month, our columnists tackle LCDs, maintenance, PAGES 12-13

COMMENTARY



■ Federal policy prohibits state Medicaid programs from creating DME exclusion lists, says Permobil's Darren Jernigan. If your state has one, speak out.

DEPARTMENTS

PROVIDERS

- Reporter's notebook: audits. PAGE 15
- Hope Medical expands. PAGE 16

MOBILITY

- Hoveround lays off 20. PAGE 19
- Ann Eubank reflects. PAGE 21

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- SleepNation changes name. PAGE 23
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- Brightree chases patient pay. PAGE 35
- ResMed: storm has passed. PAGE 35

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Memo could be catalyst in audit battle

BY THERESA FLAHERTY, Managing Editor

WASHINGTON - A recent memo from the chief administrative law judge (ALJ) makes it clear that the Office of Medicare Hearings and Appeals (OMHA) is in over

In the Dec. 31 memo, which

was sent to providers who currently have appeals pending, Chief ALI Nancy Griswold states that the office's workload has increased 184% since 2010 and that the average number of appeals received each week has increased from 1,250 to 15,000. The office currently has a backlog

of 460,000 appeals.

As a result, the OMHA has suspended the assignment of hearings for appeals going back to July 15, 2013, and warned that it could take as long as 24 months before it resumes activity. By law, providers who file an appeal must receive a decision within 90 days.

"You can't have a two-year backlog, but if you do, you need to stop auditing claims that are going to end up in the appeals process," said Kim Brummett, senior director of regulatory affairs for AAHomecare. "This isn't a DME issue; it's a healthcare issue."

AUDIT BATTLE SEE PAGE 8

Decision doesn't solve repair woes

'If we didn't sell the wheelchair, we're not interested in repairs,' says Michele Gunn

BY ELIZABETH DEPREY. Associate Editor

WASHINGTON - CMS's decision to pay for repairs for capped rental DME provided by The Scooter Store and transferred to beneficiaries on Oct. 24 is a step in the right direction, but not a solution, industry stakeholders say.

"Before this, no provider could touch those chairs," said Martin Szmal, founder of The Mobility Consultants. "Now providers can follow the same guidelines of any beneficiary-owned power wheelchair."

CMS stated in a Jan. 16 bulletin that Medicare would pay for repairs on or after Oct. 24, so long as contractors deem the repairs reasonable and necessary in accordance with Medicare reg-

Stakeholders still worry, however, that audits down the road

could result in providers having to turn around and return those payments to Medicare.

"It really makes no difference," said Bob Miller, president of



Michele Gunn

Hackettstown. N.J.-based Bach's Home Health Care. "Proving medical necessity is the first barrier; the second is, what happens if the original

claim is audited and recouped? That's a lot of work and risk for a \$100 repair."

Michele Gunn agreed.

"This doesn't change how Browning's is going to do business," said Gunn, a seating specialist at Orlando, Fla.-based Browning's Health Care. "If we REPAIR WOES SEE PAGE 21

Showroom on wheels

Provider Tom Battaile has stocked a 20-foot cargo trailer with HME to visit everything from health fairs to farmers' markets. See story page 15.

Providers shift focus to commercial payers

BY THERESA FLAHERTY, Managing Editor

NEVERAL MONTHS into Medicare's national mail-order program for diabetes, the best that can be said for some of noncontract suppliers still in business: They are hanging in there.

"We are down to three employees: me, my brother and my sister," said Mark Gielniak, vice president of the family-owned

DIABETES

Diabetes Plus in Warren, Mich. "I had to lay off all of my nephews, nieces and my daughter."

One bright spot: Diabetes Plus has seen an uptick in referrals from other payers, like Medicare Plus Blue, a managed care plan in Michigan.

"We are not busy enough to bring anybody back, but I think COMMERCIAL PAYERS SEE PAGE 38

AssuraMed buys UroMed

BY LIZ BEAULIEU, Editor

DUBLIN, Ohio - AssuraMed has quietly bought another competitor of its Edgepark Medial Supply business unit: UroMed, a Suwanee, Ga.-based provider of urological, incontinence and other disposable medical supplies.

Employees at UroMed were told of the acquisition on Friday, Jan. 10, according to industry sources. When contacted by HME News the following week, officials at AssuraMed confirmed

ASSURAMED SEE PAGE 36