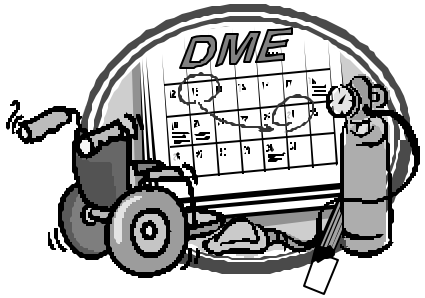


The DME Access Project:

Tracking Durable Medical Equipment from Recommendation to Delivery for Children with Special Health Care Needs

Parent Training

Presented by Trina Bigham and the
Massachusetts Consortium for Children with
Special Health Care Needs

With funding from The Deborah Munroe Noonan Memorial Fund

Possible frustrations in obtaining DME

- Lack understanding of the process
- Helpless- Don’t have any power
- Inaccessibility
- It takes too much time, energy and it’s difficult
- The burden of proof is on the parent
- I become a person I don’t like so much

Objectives

After this Training you will:

- Have an ***understand***ing of the definition of DME
- Have a adequate ***understand***ing of the different service systems used in acquiring DME.
- Be able to ***identify*** and ***understand*** key players in obtaining DME.
- Have the ***ability*** and ***knowledge*** to ask important questions of a service provider about DME in relation to your child.
- Be able to ***use*** effective strategies for collecting information about your DME throughout the process.
- Improve your ability to ***probe*** and ***request*** information for your child's DME needs.
- Learn to ***document*** the process using the Study Diary Log.

The question was asked…….
What are the greatest challenges related to access to DME?

- **Answers:**

- 1. Lack of Transparency in the System
- 2. Breakdown in communication among the participants in the system
- 3. Burden of proof with the consumers
- 4. Impact of denials of appropriate equipment
- 5. Need for Accountability within the system

Ideas we had about how to move forward

- 1. Establish a DME working group
- 2. Education for physicians and families
- 3. Investigate opportunities to increase ability of consumers to test equipment before prescriptions and purchase
- 4. Work with vendors and insurers to eliminate fraud
- 5. Research and data collection
- 6. Bring together the different participants in the DME system.
- 7. Look at the results of the DME vignette completed by the Medical Coverage Decision Making Work Group
- 8. Improve customer service from payers and vendors

What is considered DME

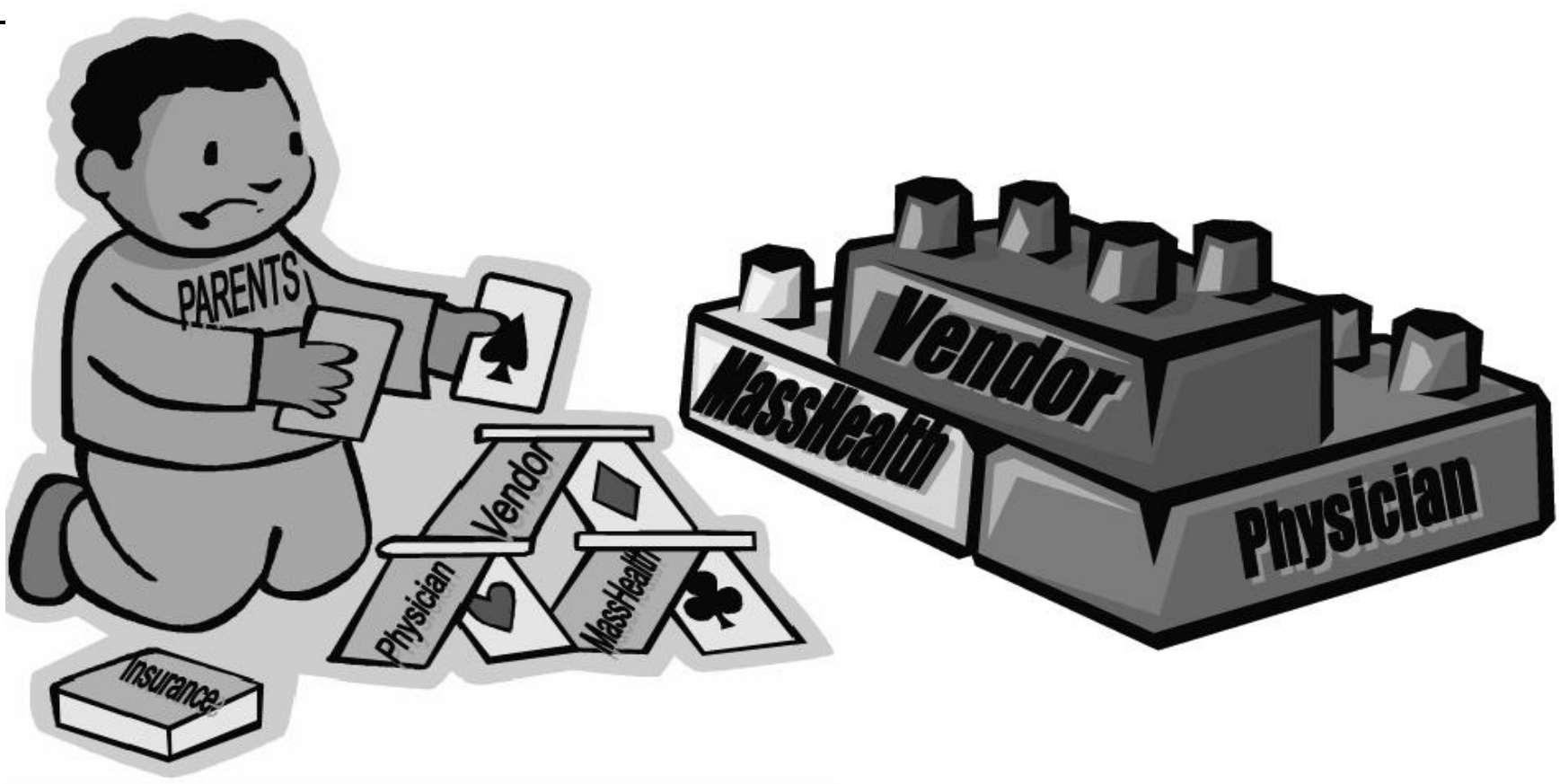
- DME – or durable medical equipment – are products that can be used over an extended period of time, are used at home, and are designed to fulfill a medical need.

- Some examples:
- Seating, Positioning, Mobility Systems, Respiratory Equipment, Intravenous and Enteral Equipment & related Accessories such as:
- Wheelchairs, Walkers, Hospital beds, Standers, Patient Lifts, Bathing and Toilet Aids, Suction machines, Feeding Pumps, and Pulse Oximeter

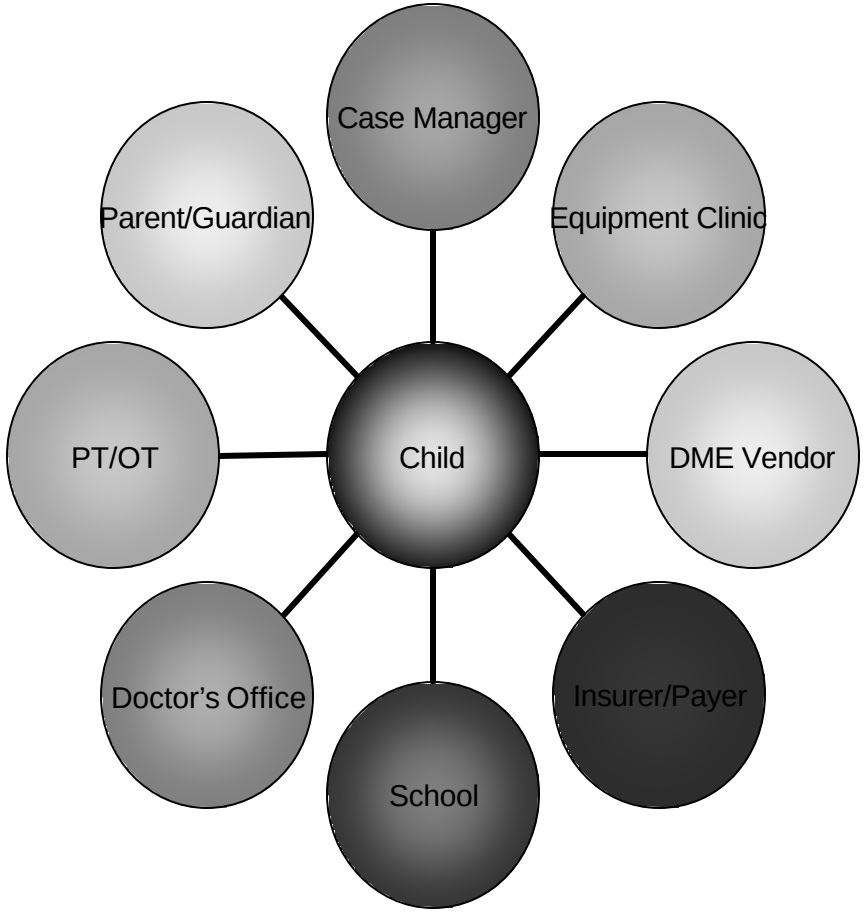
What’s not considered DME?

- Things that aren’t reusable and are disposable
- Examples:
- Diapers, Enternal formula, Syringes, and Medications

“Assembling” the Equipment



Who are the Key Players?



The step by step process

- ✓Need is identified
- ✓Evaluation performed
- ✓Trial equipment if possible
- ✓Letter of medical necessity written
- ✓Prescription written
- ✓DME vendor prices and specifies equipment
- ✓DME vendor collects all info and submits to insurance for a Prior Authorization (PA)
- ✓Insurance acts on PA
- ✓Result: Approved, Deferral or Denial

Approval

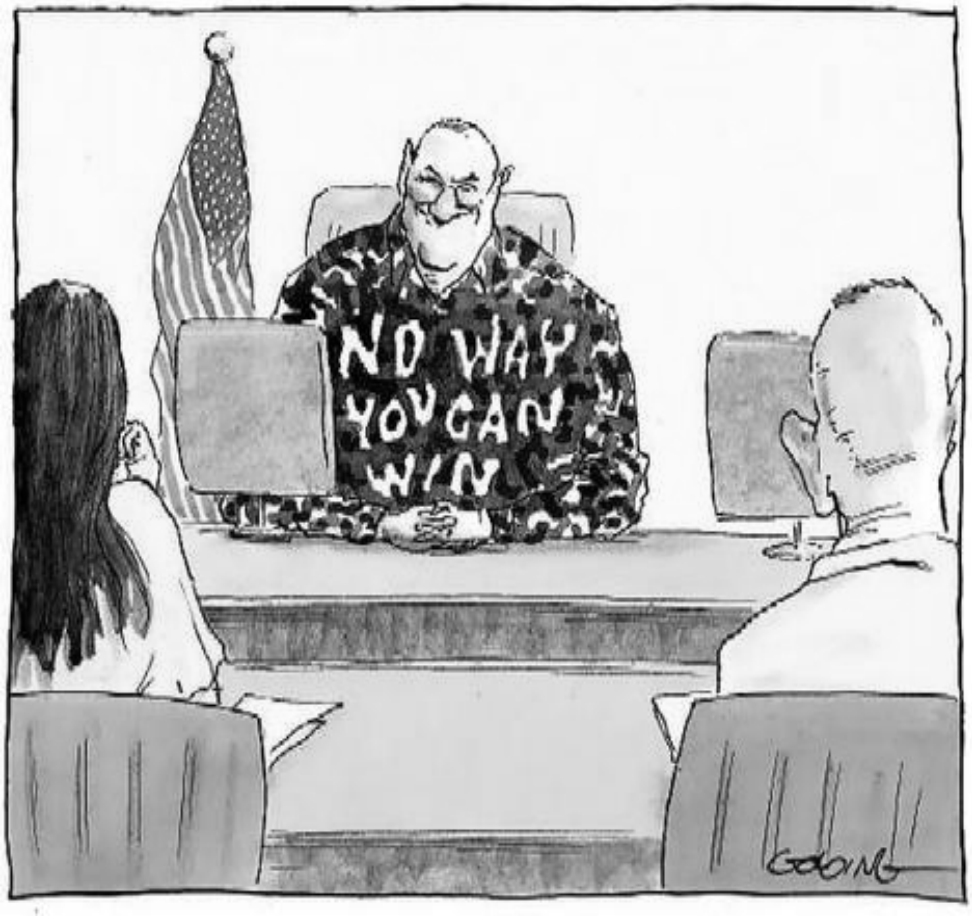
- Equipment is ordered
- Equipment is delivered

Deferral

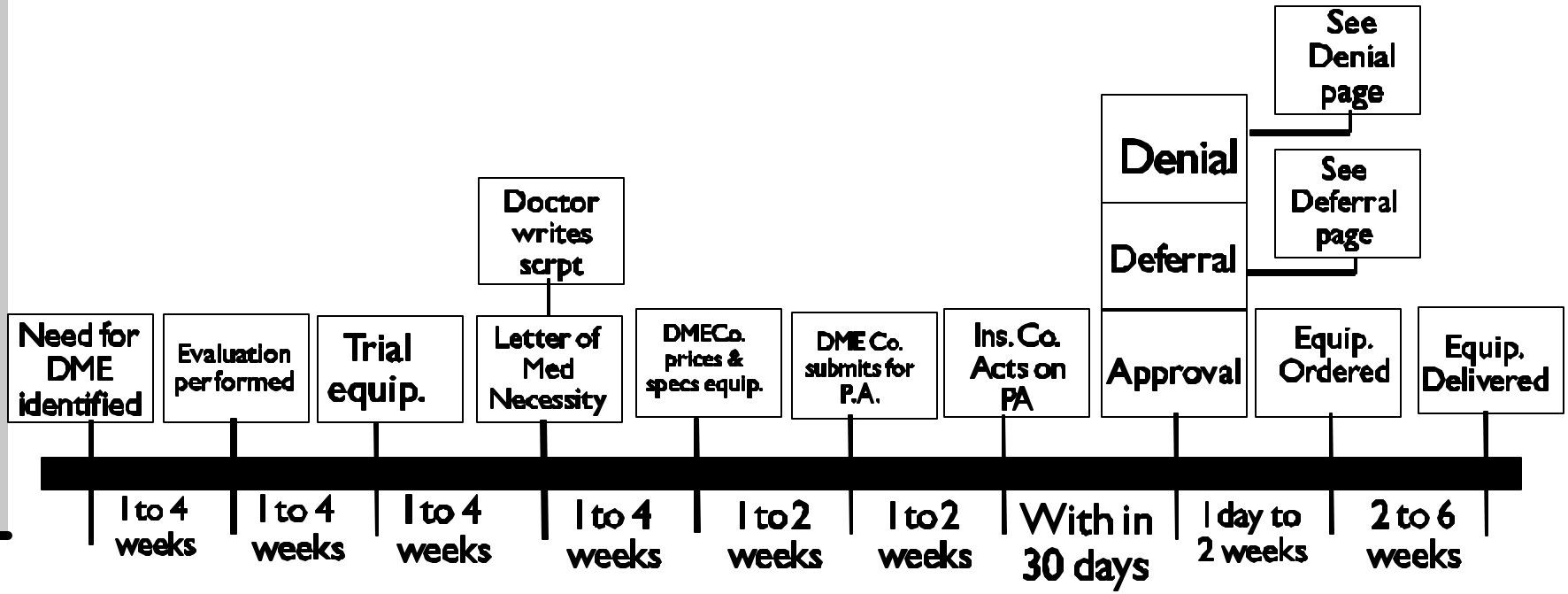
- More information is being requested
- Explanation from DME vendor and the therapist generated
- Respond to the deferral
- Information requested submit to Insurance Co.
- Continue tracking the process

Denial

- Appeal the decision in writing within 30 days
- Find out why it was denied, specific reasons.
- Build a strong case
- Go back to the doctor and/or therapist to clarify any info.
- Be meticulous
- Be Polite
- Keep a cool head



DME Time Line



Approx. time

3 months

Where can delays occur?

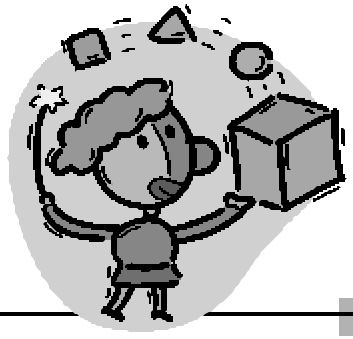
- Getting the letter of medical necessity written by the therapist and submitted
- Getting the prescription,
  - maybe it's in a pile on the doctors desk,
  - maybe the doctor is on vacation and you can have a different doctor write the prescription
- Internally at the DME company can be disorganized and delays can occur
- Poor communication
- Misunderstandings

DME: Myth or Fact?...

Here are some things you might hear along the way

- "You don't need to know that"
- "The process takes about three months"
- "You must be missing part of the picture"
- "Who gave you this number? I am not allowed to talk to parents"
- "You are seeking this item for convenience"
- "You will never win that appeal"
- " We don't pay for Cadillac's"

Tricks of the trade



- **BE ORGANIZED! Keep a folder, notebook, etc.**
- Use a bigger specialty clinics, examples: Children's Hospital, Shriner's for a smoother process
- Document every conversation-Date, Time, Person's name, What was said, ask if they are documenting the call.
- Get to know the players, build relationships with them. They know your name, you know theirs.
- Give info to therapist for letter of Medical Necessity
- Read letter of Medical Necessity before it is submitted
- Details, Details, Details….Paint a clear picture
- Know what your insurance will cover and how much.
- Is there a life time benefit?

More Tricks of the trade

- Time your request for DME with the first of the new year.
- Call and ask where the DME is in the process
- Ask for dates of when things were sent out
- If the response is “ we sent it to the doctor and are waiting” ask if they have called to follow up or is there anything you can do to facilitate the process.
- Keep the process moving!!!!!
- Squeaky wheel gets the grease

How to find the right equipment…

- Talk to your child's therapist
- Research equipment- talk to other parents, look in catalogs, search the internet, be on the look out.
- If you can, Try it out .
- Be an educated consumer….ask questions.

Writing a great letter of Medical Necessity

- Child's info- Name, DOB, Diagnosis, Living situation, school situation
- What equipment is presently being using, at home and at school
- Child's functional status
- What is being requested
- Why is it being requested
- Why the specific model is being requested
- Why a less expensive model wouldn't work
- What was tried
- Where will it be used
- Has it been trialed
- Approx life of equipment
- Justify options

Additional Resources:

- Making the Case for Coverage (a book published by the consortium)
- Sample letters of medical necessity (handouts)
- Article: Writing Letters of Medical Necessity (handouts)
- www.AdaptiveMall.com (website)

When all else fails, what are your options?

- **Finding used equipment:**
- Pass it on (George @ 508-477-6966)
- NEAT **http://neatmarketplace.org/Lev3_BuyUsedEquip.htm**
- Craigs list http://boston.craigslist.org/
- Join Mass Family Voices List serve http://massfamilyvoices.org/
- Join a support group or advisory board, GET CONNECTED, MFOFC http://www.mfofc.org/, Mass Consortium for Children with Special Healthcare Needs http://www.neserve.org/maconsortium/index.html
- Mass Family Ties http://www.massfamilyties.org/

Other resources for funding

- Disabled Children's Relief fund http://www.dcrf.com/
- Wheels to Walk Foundation http://www.wheeltowalk.com/
- United Health Care http://www.uhccf.org/2.html
- First Hand Foundation http://www.cerner.com/firsthand/
- Knights of Columbus http://massachusettsstatekofc.org/
- Catastrophic Illness in Children Relief Fund http://www.mass.gov/cicrf/

Questions??????