MASSACHUSETTS CONSORTIUM
for Children with Special Health Care Needs
A Program of New England SERVE

Durable Medical Equipment: Issues for CSHCN
December 8, 2005 Consortium Meeting

Small Group Discussion Survey Results

In discussing access to durable medical equipment (DME) for children with special health care needs, groups were asked to identify (a) primary challenges and (b) possible strategies for intervention by the Consortium. This document seeks to highlight and summarize the key ideas and strategies from those discussions.

Access to DME presents challenges throughout the system of care for CSHCN. What are the greatest challenges related to access to DME?

1. Lack of Transparency in the System
    a. *Delays*: Difficulty in identifying delays in the system.
        i. Where is the delay? (e.g. provider? vendor? payer?)
        ii. What is the cause of the delay? (e.g. Incomplete paperwork? Questions about the requested equipment? Filing of the letter of medical necessity?)
    b. *Prior approval*: Lack of understanding and knowledge among families and physicians about the components of the prior approval process and compiling a request for DME
    c. *Medical Necessity*: Lack of knowledge of key words and phrases to include in letters of medical necessity
2. Breakdown in communication among the participants in the system
    a. *Medical Necessity Determination*: Between the insurer and the physician regarding the determination of medical necessity
    b. *Documentation*: Information gathering process shared by families and other participants
    c. *Available benefits*: Between the payer, insurer and the vendor regarding defined benefits.
3. The placement of the burden of proof with the consumers
    a. *Incomplete information*: Consumers often are the least able to provide the necessary proof because they get conflicting information from physicians , payors, and vendors
    b. *Relative status of parents*: Often, family members are not viewed as partners in the process
4. Impact of denials of appropriate equipment –
    a. *Health status*: Potential negative impact on functional abilities and health of the child
    b. *Family impact*: Potential impact on family health and well-being
    c. *Financial impact*: Potential additional financial costs
5. Need for Accountability within the system
    a. *Inverse incentives*: Lack of incentives for timely and responsive behavior. Positive reinforcement for vendors/payers is needed rather than negative reinforcement for failing to follow the rules.

Identify strategies that the Consortium should consider in addressing the challenges related to access to DME for CSHCN.

1. Establish a DME working group
2. Education for physicians and families
    a. Provide families with information about DME resources
    b. Online system to facilitate access to DME and increase knowledge/understanding of the system.
    c. Web-based tool to help providers write better letters of medical necessity
    d. Create materials that detail criteria for an acceptable letter of medical necessity, provide templates, and provide common reasons for denials.
    e. Create a guide to the DME process for parents and health care providers.
    f. Provide consumer training to explain DME choices
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
    a. Data on best practices
    b. Follow up to National CSHCN data regarding need for DME
    c. Conduct a survey of DME needs
    d. Identify the costs and other negative consequences of denials of appropriate services, quantitatively and qualitatively
    e. Analysis of the financial impact of the unlimited DME benefits available through the GIC employee benefits plans.
6. Bring together the different participants in the DME system.
7. Look at the results of the DME vignette completed by the Medical Benefits Decision Making Work Group
8. Improve customer service from payors and vendors