

## DME Showcase

February 19<sup>th</sup>, 2014

### **Background:**

About 7 - 9 months ago, CCDC, other disability organizations and some independent advocates were having meetings with Andrea Skubal and other HCPF staff about DME; specifically trying to come up with new and/or modifications of policies around service, repairs and requirement/expectation standards for DME providers. If Colorado has 1 major provider, service delivery, its quality, efficiency, timeliness and capacity to address its client's needs must be address through policy or regulations. After that, the provider has made tremendous strides to comply and improve, however the problem still exists.

### **Showcase:**

In or around May of 2013, after the left-back wheel was replaced on my power wheelchair; I notify the provider the next day that -for reasons that are not clear yet- my left motor was broken and was not locking after letting go of the joystick drive. A certified tech diagnosed the chair and said that the motor's axis was most likely broken and that this happens when a wheelchair is accidentally dropped while changing a wheel, there are not much chances of that happening in other way since the wheel does not allow the motor to be bumped any other way.

Through the rest of the year I asked several times about the order of the replacement motor and told repetitively that the order was placed, that the PAR was authorized, in December 24, 2013, Ryan was finally sent to install the new motors. The only information he knew about was, Invacare has been having problems; they were continuously asking the provider why they were ordering the fast motors instead of the standard.

I could have pushed harder and possibly gotten the service I needed faster, but given the unanswered concerns; I took a big risk by continuing to use my wheelchair with one side unlocked, in order to bring pressure to bear on addressing concerns shared throughout the disability community. On a meeting Dawn Russell said and I quote, 'Clients shouldn't be required to be a Dawn or a Julie Reiskin to get these services...'

**Explanation:**

As I see it, there are several wrong/nonsensical details in this story. One, maybe the one that makes the least sense, is why a vendor/factory would question an accredited Medicaid provided on an order? Is it not logical to assume that Invacare would be more eager to sell a part that is more expensive than the standard? Specially knowing that, the provider has a payment already guaranteed by having an authorized PAR.

My colleague Mark Simon used to operate a service company that did emergency repairs, for heating, gas leaks, broken pipes, spas, etc. and they always had someone on call 24/7/365. It was not that big of a deal, we had most parts we would need for an emergency repair on hand, and on occasion had to use FedEx same day or air freight, but not once in 15 years did we ever have a house freeze, and only a couple of times had to put some sort of supplemental heat in temporarily. We had the “emergency truck” that had most parts needed in a pinch, and the on call tech would take it, a radio and pager home (before cell phones). If we can do it for heating, why can the DME provider not do it for something even more critical? The real issue is money. Can they get paid extra for emergency calls outside regular business hours (we charged double for emergency calls). And how do you keep clients from abusing availability of emergency service because it is more convenient for their schedule, they are impatient and do not want to wait for a repair that is not imminently critical

**Request/Ask:**

The Community deserves some kind of guarantee of service -especially if Colorado has but one (1) major DME provider- and the best way to provide such guarantee would be to create and/or modify rule and regulation on Medicaid DME; to require:

- 1)** The provider(s) have certain -reasonable- amount of parts per equipment purchased for each of their clients
- 2)** The provider(s) have available crew of techs who can address emergency situations any day of the year
- 3)** Medicaid must allow the provider(s) to reimburse their employees for standby time and extra hours

These are just examples of what could be done.

Thus far, the only action HCPF has taken to "address" the community's concerns has been the Wheelchair Benefits Collaborative, which has not even come close to addressing the concerns that have been expressed for the past year.

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Respectfully,

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