

Home and Community Based Health SS- RWHAP Provider Feedback

1.5, page 2, “Equipment must be obtained from a provider who will accept the approved rates on the fee schedule.” This may greatly reduce the available providers. Could we change the language to read that “Durable Medical Equipment (DME) is limited the allowable items on the approved fee schedule and reimbursement for an item will not exceed the cost on the fee schedule.”

2.0 Starts page 2, This section should not be for DME equipment and needs to be indicated as such. This scope is appropriate for the other three bullets of the HRSA definition. 2.1 addresses the vendor, not the primary care provider, 2.2 is post medical provider order, therefore vendor, 2.3 again addressed the vendor. The DME vendor is not going to perform these assessments. The expectations need to be clarified. This is, however, highly appropriate for a Home Health provider, as in visiting the patient in the home.

3.1 This again should be separated out from DME. If a patient needs a BP cuff to monitor blood pressures, this should hopefully be a one-time purchase. Is a one-time purchase considered a discharge from the service? If so, should the assumption be that there does not need to be a referral and therefore no need for a CQM evaluation?