

173-39-02.7

ODA provider certification: Home-home medical equipment and supplies.

~~(A) Home medical equipment and supplies (HME) is a service designed to promote functional independence and safe, effective, in-home care through the provision of health-related equipment and supplies. The equipment items and/or supplies eligible to be purchased, installed and/or rented through this service are those items that enable the consumer to function with greater independence in the home and help prevent the consumer's placement in a nursing facility.~~

(A) "Home medical equipment and supplies" (HME) means a service providing rented or purchased home medical equipment and supplies to individuals to enable those individuals to function safely in their homes with greater independence, thereby eliminating the need for placement in a nursing facility.

HME is limited to equipment and supplies allowed under Chapter 5160-10 of the Administrative Code, miscellaneous equipment and supplies, equipment repairs, and equipment and supplies not paid (in full or in part) by medicare, state plan medicaid, or another third-party payer.

~~(B) HME items are limited to only those medicaid items in rule 5101:3-10-03 of the Administrative Code, other items and repairs as applicable in rules 5101:3-10-02 to 5101:3-10-26 of the Administrative Code, and miscellaneous items that include, but are not limited to: walker baskets or trays; room monitors; eating, dressing and vision assistive devices; incontinent bath wipes; and medication dispensers. HME items are also limited to those items that are not covered by other payers (third-party payers, medicare, state plan medicaid, etc.). A HME provider must have documentation that items to be purchased cannot be paid for by medicare, state plan medicaid, or other sources prior to authorization by ODA's designee.~~

~~(C) HME items must be approved and authorized by the case manager and must be included in the consumer's service plan.~~

~~(D) A unit of HME service is the item purchased or rented, and the unit rate is the purchase, installation and/or rental price authorized for the item by ODA's designee.~~

(B) Requirements for ODA-certified providers of home medical equipment and supplies:

(1) General requirements: The agency provider shall comply with the requirements for every ODA-certified agency provider in rule 173-39-02 of the Administrative Code and the non-agency provider shall comply with the requirements for every ODA-certified agency provider in rule 173-39-02 of the Administrative Code.

~~(1) The provider must furnish professional, ongoing assistance when needed to evaluate and adjust products delivered and/or to instruct the consumer or the consumer's caregiver in the use of an item furnished.~~

(2) Ongoing assistance: The provider shall provide professional, ongoing assistance when needed to evaluate and adjust equipment and supplies delivered, and/or to instruct the individual or the individual's caregiver in the use of equipment and supplies.

~~(2) The provider must have the prior approval of the case manager for any HME item(s) purchased and delivered.~~

~~(E) The provider must assume liability for equipment warranties and must install, maintain, and/or replace any defective parts or items specified in those warranties. Replacement items or parts for HME are not reimbursable as rental equipment.~~

(3) Repairs and replacements: The provider shall assume liability for equipment warranties and shall install, maintain, and/or replace any defective parts or items specified in those warranties. Replacement items or parts for HME are not payable as rental equipment.

(4) Billing:

(a) Before ODA's designee may authorize equipment or supplies, the provider shall document the equipment and supplies to be purchased were not covered (in full or in part) by medicare, state plan medicaid, and any other third-party payer.

~~(F) The provider must, in collaboration with the case manager, ascertain and recoup any third-party resource(s) available to the consumer prior to billing ODA or its designee. ODA or its designee will then pay any unpaid balance up to the lesser of the provider's billed charge or the maximum allowable reimbursement set forth in division-level designation 5101:3 of the Administrative Code.~~

(b) The provider shall, in collaboration with the case manager, ascertain and recoup any third-party resource(s) available to the individual before billing ODA or its designee. ODA or its designee may then pay the unpaid balance up to the lesser of the provider's billed charge or the maximum allowable payment established in appendix A to rule 5160-1-06.1 of the Administrative Code.

(c) The provider shall submit the price for an item to be purchased or rented no more than two business days after the case manager's request. The provider shall purchase, deliver, and install (as appropriate) the authorized item(s) before submitting a bill to ODA's designee. The billed amount for each item shall not exceed the item rate authorized by the case manager.

~~(G) The provider must submit the price for an item to be purchased or rented within two business days of the case manager's request. The provider must purchase, deliver and install (as appropriate) the authorized item(s) prior to submitting a bill to ODA's designee. The billed amount for each item may not exceed the preauthorized amount.~~

~~(H) The provider must maintain a record for each consumer. The record must document the delivery, installation of the item(s) purchased or rented, any education and/or instructions for the use of equipment and/or supplies provided to the consumer, and must include documentation of delivery of item(s) to the consumer. The documentation must consist of:~~

~~(1) The consumer's signature, the signature of the consumer's caregiver or electronic verification of delivery; and~~

~~(2) The date on which the equipment and/or supplies were delivered.~~

(5) Delivery and verification:

(a) The provider shall verify the successful completion of each activity (i.e., delivery, installation, or education) it provides using either an electronic or manual system and shall retain documentation verifying the delivery of HME. Regardless of the system used, the verification shall include the individual's name, date of delivery, installation, or education, and itemization of each activity completed.

(b) Delivery verification methods: Delivery of HME shall be verified by one of the following methods:

(i) The individual's signature.

(ii) If a provider uses a common carrier to deliver HME, the provider shall verify the success of the delivery by using the method in paragraph (B)(6)(b)(i) of this rule or by retaining the common carrier's tracking statement or returned postage-paid delivery invoice. A provider using common carriers shall replace any HME item lost

or stolen between the time of delivery and receipt by the individual at no cost to the individual, ODA or its designee.

(c) If a single visit by the provider includes more than one HME activity, the provider may verify the success of all the activities it provides by obtaining only one verification.

(d) The provider shall not verify an HME activity was successfully provided with the signature of the provider, an employee of the provider, or any other person with a financial interest in the HME.

(C) Units and rates:

(1) A unit of HME is the item purchased or rented, and the unit rate is the purchase, installation, and/or rental price authorized for the item by ODA's designee.

(2) Appendix A to rule 5160-1-06.1 establishes the maximum rate allowable for one unit of HME.

(3) Rule 5160-31-07 of the Administrative Code establishes rate-setting methodology for units of HME.

Effective: 5/1/2018
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CERTIFIED ELECTRONICALLY

Certification

04/11/2018

Date

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