

ELDERLY SERVICES PROGRAM (ESPSM)

HOME MEDICAL EQUIPMENT

SERVICE SPECIFICATION

2019

**EFFECTIVE APRIL 2019
(BCESP) (CCESP) (HCEP)**

Home Medical Equipment Service Specification

1.0 OBJECTIVE

Home Medical Equipment (HME) provides rented or purchased medical equipment or supplies to clients to promote independence and safety in their home. Home Medical Equipment under the Elderly Services Program (ESP) is limited to items not covered by third-party payers, Medicare, or the state Medicaid plan.

2.0 UNIT OF SERVICE

- 2.1 A unit of service is the item purchased or rented.
- 2.2 The unit rate is the purchase or rental price for the item. Rental amount, over time, is not to exceed the purchase price of the item.

3.0 PROVIDER REQUIREMENTS

- 3.1 The Provider must follow current ESP guidelines for items reimbursable by Medicare/Medicaid, MCO, or any third-party payer referred by the ESP staff member and ordered by the medical professional.
- 3.2 The Provider may only bill for the price established in the original price quote. The Provider shall purchase, deliver, educate and install, as applicable, the authorized items before submitting a bill to ESP. Any cost revisions to the original quote must have prior authorization.
- 3.3 The Provider must furnish professional ongoing assistance when needed to evaluate and adjust products delivered, or to instruct clients/caregivers in the use of HME products and assembly as applicable.
 - (a) The Provider must assume liability for equipment warranties and, therefore, install, maintain, and/or replace any defective parts or items, as specified in appropriate warranties.
 - (b) Replacement items or parts for rented equipment will not be reimbursed if damage is not related to normal wear and tear.
 - (c) The provider will notify the ESP staff member of expected date of repair or replacement.

4.0 DELIVERY, INSTALLATION, EDUCATION AND VERIFICATION

- 4.1 The Provider shall verify successful completion of delivery, installation, and education provided to the client. Client signature, or designee signature, will be obtained to verify service delivery. For those items that do not require installation and education, the Provider may use a common carrier to deliver the HME. The provider shall verify successful delivery by using the carrier's tracking statement or number in replacement of the client signature to verify the delivery.
- 4.2 The Provider must maintain individual client records documenting delivery and/or common carrier shipping record, installation of equipment, and education of equipment, when applicable.
- 4.3 The Provider may not bill until after delivery of the HME.
- 4.4 The Provider must inform the ESP staff member if an item is on backorder once they are aware. They must provide an estimated delivery date if known.

5.0 INSURANCE REQUIREMENTS

- 5.1 For HME items covered by Medicare, COA will seek to procure Providers identified through the Medicare Competitive Bid Process for applicable equipment in the affected areas.
- 5.2 A purchase price for items billable directly to ESP will be established during the Referral or RFP process.
- 5.3 The Provider must obtain prior approval from the COA staff member before billing ESP for any item deemed to be covered by another funding source.
- 5.4 COA may not pay for an item that is deemed to be covered by another payer source without supporting documentation. Supporting documentation will be reviewed prior to ESP reimbursing the provider for an item that may be covered by other insurance.