

173-39-02.7

ODA provider certification: home medical equipment and supplies.

- (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) 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.
- (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.
- (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.
 - (b) The provider shall, in collaboration with the ~~case manager~~ ODA's designee, 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 the appendix ~~A~~ to rule 5160-1-06.1 of the Administrative Code.

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

(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 records~~ 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~~ The provider shall be verified verify the delivery of HME by one of the following methods:
- (i) A unique identifier of the individual.
- (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)(5)(b)(i) of this rule or by retaining the common carrier's tracking statement or returned postage-paid delivery invoice.
- (c) If a provider leaves ~~a~~ an HME item outside the door of an individual's home, the provider shall contact the individual by telephone at least once per month to alert them to any delivery left outside the door to their home.
- (d) The provider shall replace (at no cost to the individual, ODA, or ODA's designee) any HME item lost or stolen between the time of delivery and receipt by the individual.
- (e) 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.
- (f) 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) The appendix to rule 5160-1-06.1 of the Administrative Code 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:

Five Year Review (FYR) Dates: 1/18/2022

Certification

Date

Promulgated Under: 119.03

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Rule Amplifies: 173.39, 173.391, 173.52, 173.522; 42 CFR 441.352

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