

Durable Medical Equipment Access and Medicare: CHA's New Survey Shows More Work to Do *(April 2022)*

OVERVIEW

For many Medicare beneficiaries, access to medically necessary durable medical equipment (DME) is essential to their successful transition from hospital to home. When DME access is delayed, patient discharge may be delayed, resulting in unnecessarily long hospital or post-acute care stays.

Under the Centers for Medicare & Medicaid Services (CMS) durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) competitive bidding program (CBP), California hospitals reported significant disruption in their ability to obtain many routine items of DME in support of safe and timely patient discharge. These delays required hospitals to implement costly and time-consuming work-around strategies to meet the needs of their patients. CHA summarized the impact of the CBP in a March 2018 [issue brief](#) that included information and data from a statewide survey of hospital case managers and post-acute care providers on access to DME for Medicare beneficiaries.

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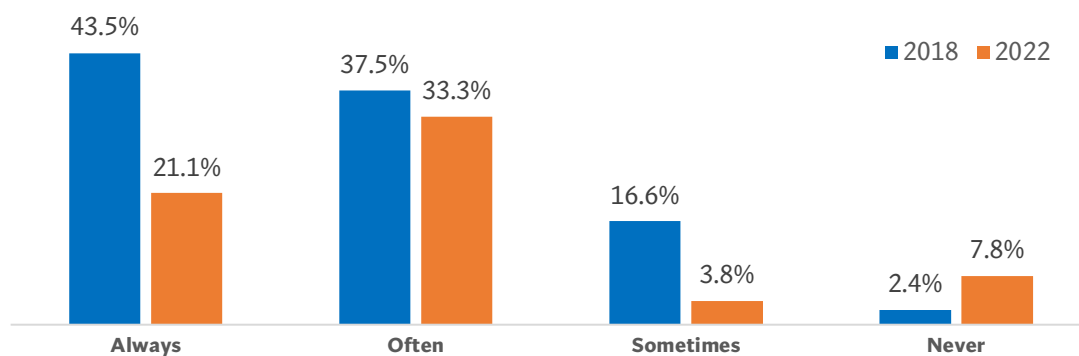
Although the CBP DME was suspended in 2019 — and most product categories were removed from the CBP beginning in 2021 — CHA members report that they continue to encounter challenges when ordering DME for Medicare beneficiaries. Access and supply have also been negatively affected by the COVID-19 public health emergency (PHE) and by regional natural disasters, such as wildfires or flooding. To assess the current status of DME access for Medicare beneficiaries in California, CHA conducted a follow-up survey in February 2022. Results are presented in the following summary; where possible, comparison to similar survey data received in 2018 is provided.

Key Finding #1

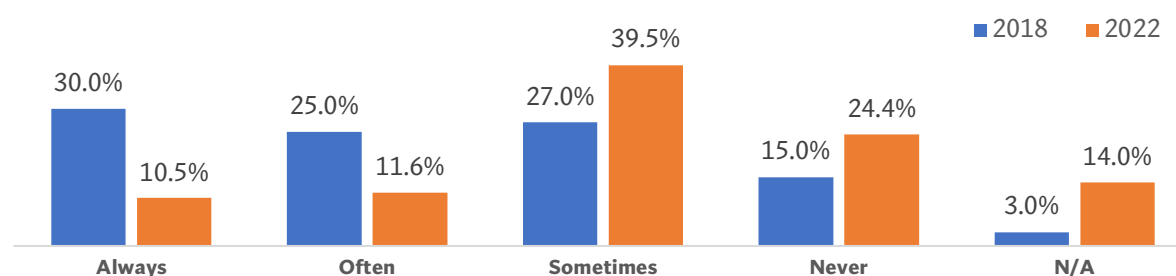
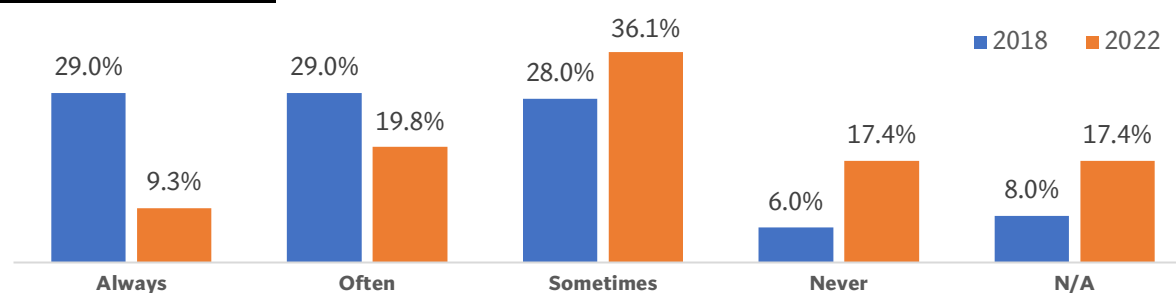
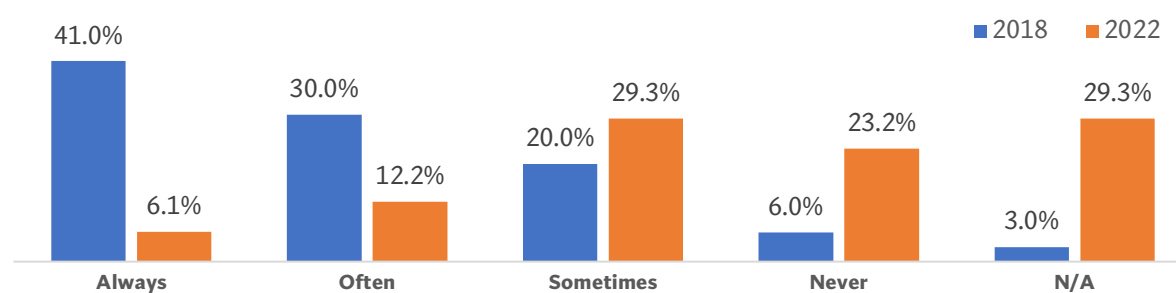
Access to DME for Medicare beneficiaries remains challenging. While timely access to DME has improved somewhat since the suspension of the CBP, significant problems remain. Availability of DME has also been negatively impacted by the ongoing COVID-19 PHE, as well as by natural disasters.

Comparing DME Access in 2018 and 2022

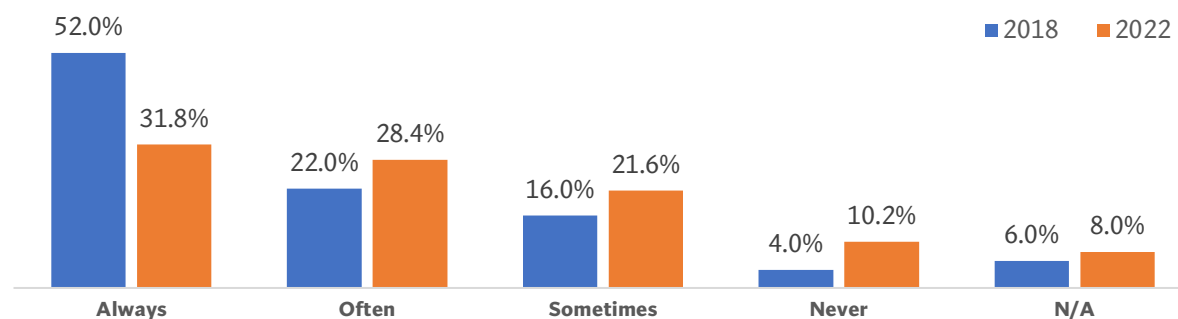
Currently, 45% of CA hospital case managers report that they “always” or “often” have problems obtaining necessary DME for Medicare beneficiaries. In 2018, 85% reported that problems occurred “always” or “often.”

Figure 1: Frequency of Issues Accessing Basic DME Items for Medicare Beneficiaries, 2018 vs. 2022

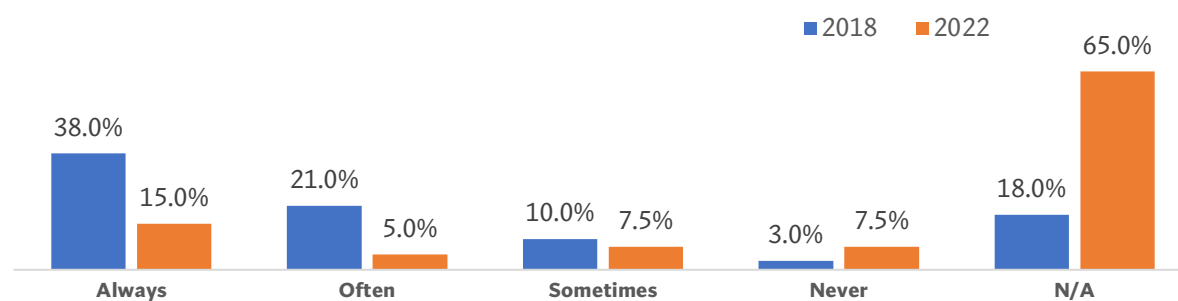
As in 2018, the items most often delayed for patient use are mobility equipment, hospital beds, and oxygen. Overall, the frequency of delays was reduced, but remains significant.

Figure 2: Frequency of Delays Obtaining DME, by Item Type, 2018 vs. 2022**Walkers****Standard Wheelchairs****Oxygen**

Hospital Beds



Nebulizers

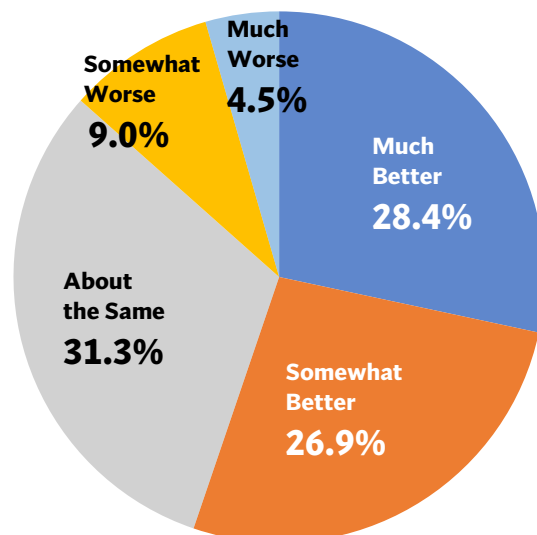


California hospital case managers were also asked to respond to a question about their current ability to access DME for Medicare beneficiaries as compared to what they experienced during the CBP. 55% reported that current access is “much better” or somewhat better” since the suspension of the CBP in 2019. 31% reported that access to DME was “about the same”, while 14% characterized current access as “somewhat worse” or “much worse.”

Figure 3: Experience Since the Suspension of CBP

These results are consistent with comments received from survey respondents, which reflected a wide variation between facilities and regions. Following are some representative responses:

- *It is better because we are able to work with DME providers that are not overwhelmed with all the Medicare requests and we get to choose provider that are professional, timely, and provide the best service to our patients.*
- *As our own [health system affiliated] company, ...can now accept the DME requests for Medicare, things work well.*



- *While there are more DME providers to access, many choose not to issue DME for Medicare Often hear “Medicare is too difficult to get reimbursement.”*
- *It continues to take more than a week for delivery of simple items like a wheelchair. From Acute services, the process for obtaining DME is lengthy and unnecessarily time consuming.*

DME Access During the COVID-19 PHE

Over half (55%) of California case managers reported that access to DME has also been affected by the current COVID-19 PHE, while 28% had reported that they had experienced no impact. (17% noted that they were not sure/didn't know).

Respondents cited several factors that contributed to increased problems during the PHE, including overall rise in demand, supply chain problems, and supplier staffing shortfalls, particularly for customer service, authorization, and delivery personnel:

- *Supply is limited and the length of paperwork places Medicare clients last in line.*
- *Short on supplies/back orders of DMR/short on staff to deliver*
- *Limited on DME when hold was placed on DME coming into the United States. Our DME company out-sourced their order.*

DME Access During Natural Disasters

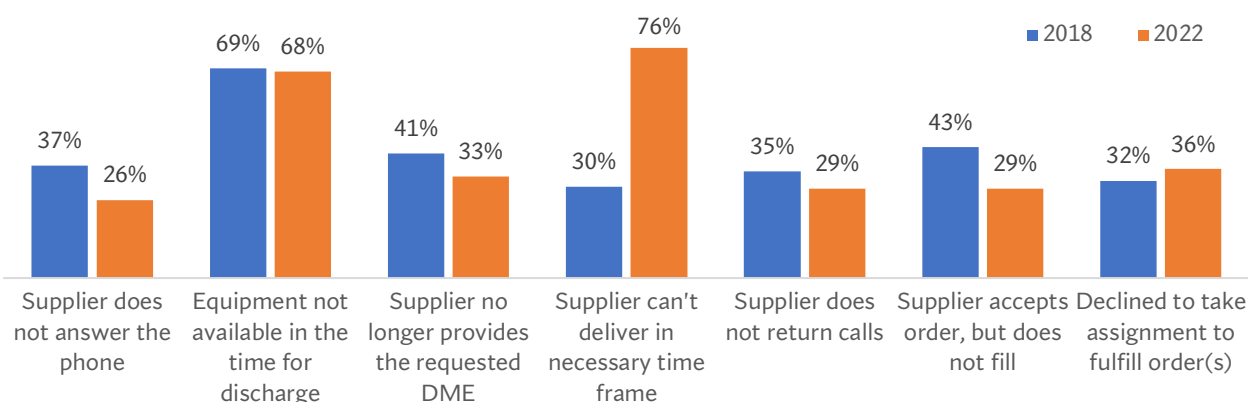
Survey responses indicated a localized impact of natural disasters; while 61% of respondents indicated that they had not experienced additional problems with DME access relative to natural disasters, 11% reported that that they had.

- *From time to time during wildfires, snowstorms, varying DME items have been in short supply or difficult to access.*
- *During blackout periods, we have seen increased ER visits due to lack of home O2 and discharges have been delayed due to lack of electricity available in the home setting.*

Key Finding #2

Hospitals continue to encounter a variety of problems while ordering DME. California hospital case managers continue to report challenges associated with communication and service issues with DME suppliers.

Figure 4: Issues Encountered When Ordering DME for Traditional Medicare beneficiaries, 2018 vs. 2022



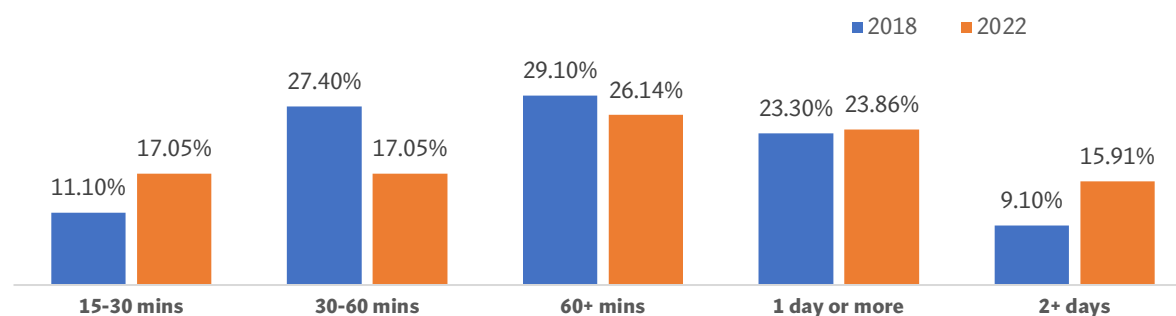
Notably, many of the issues reported by California case managers that first emerged during the CBP have continued long after its suspension. For example, hospital case managers report that they have access to a limited number of suppliers in their areas. In some regions, many suppliers closed or were absorbed by other suppliers. Additionally, some remaining suppliers are no longer willing to accept Medicare reimbursement.

The reported frequency of problems with the timeliness of delivery has increased. During the CBP, many suppliers reduced the frequency of their deliveries to a more limited and standardized schedule, rather than delivering based on the needed time frame to meet the beneficiary's need. For example, a supplier may deliver walkers to a specific hospital only on Thursdays. A patient who is admitted on Saturday and ready to leave Monday or Tuesday will not be able to access the equipment they need to leave the hospital safely.

Key Finding #3

Inefficient supplier processes result in increased costs borne by the hospital. Hospital personnel must devote significant amounts of time in communication and administrative tasks to obtain needed items to support safe and timely patient discharge. This administrative burden has not improved since the suspension of the CBP.

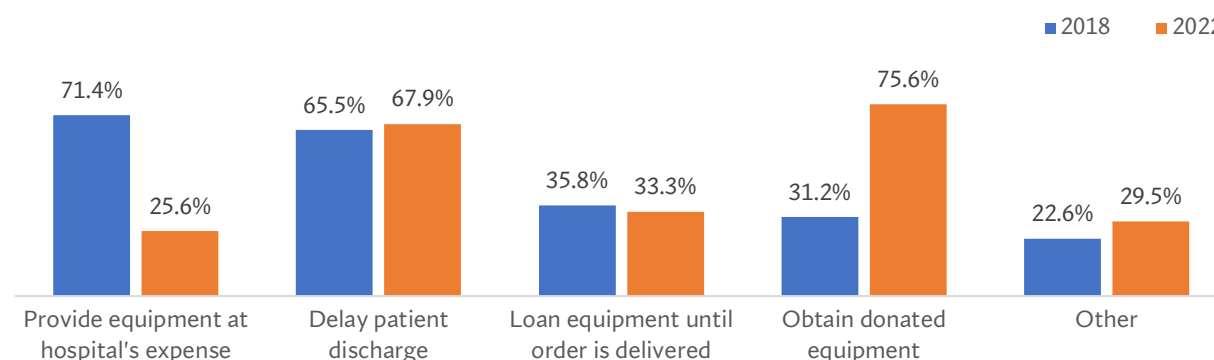
Figure 5: Average Time Spent to Obtain DME Per Medicare Beneficiary, 2018 vs. 2022



Key Finding #4

Hospitals have implemented a number of practices to compensate for the lack of timely access to DME. Many of these workaround strategies were initially adopted during the CBP and have continued since the suspension of the CBP due to continued problems with access.

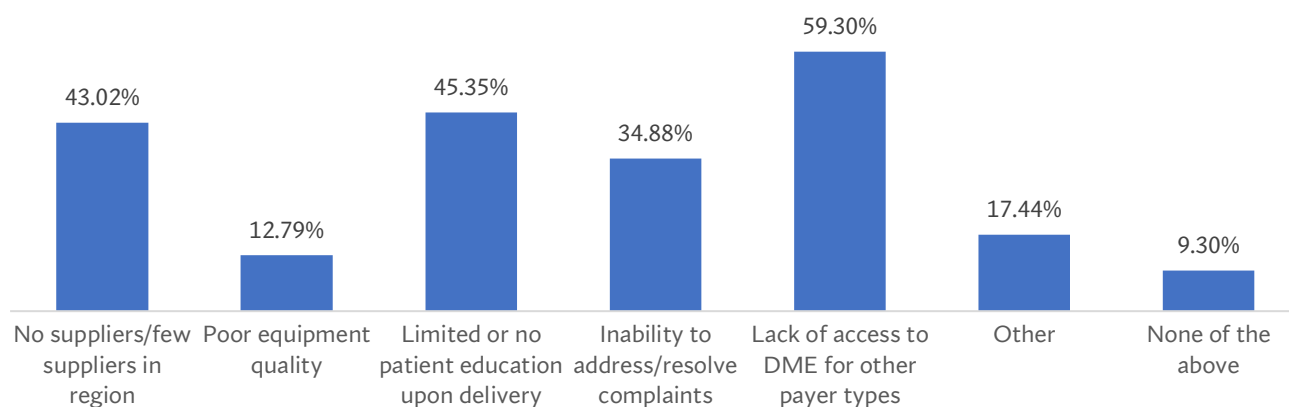
Figure 6: Hospital Methods of Facilitating Discharge When DME Is Unavailable or Delayed, 2018 vs. 2022



Key Finding #5

Systemic issues have a profound impact on Medicare beneficiary access to DME. Though hospitals have reported some improvements to DME access since the suspension of the CBP, some negative effects appear to have become systemic, indicating underlying challenges in supplier compliance with the [DMEPOS quality standards](#). Moreover, while the CBP was implemented in the context of Medicare fee-for-service, there has been a “ripple effect”, and access to DME across other payer types has been affected.

Figure 7: Additional Issues Encountered When Ordering DME



CONCLUSION

Medicare beneficiaries continue to experience significant delays and limitations in obtaining DME when being discharged from a hospital or post-acute care stay. Many current problems with access, such as reductions in the number of suppliers and restrictive delivery schedules, emerged during the CBP, and have improved to only a limited degree since its suspension.

Our survey results indicate that the COVID-19 pandemic and natural disasters such as wildfires also affected DME access. The impact of these events magnified and exacerbated the systemic issues that began during, and as the direct result of the CBP. Hospitals continue to develop and implement “work-arounds”, or practices to limit the effect on patient care, such as providing equipment directly at hospital cost, or delaying timely discharge.

CHA continues to support policies that will improve access to DME for Medicare beneficiaries. In particular, we urge CMS to consider policy recommendations included in our 2018 issue brief, such as increased oversight of supplier compliance with the DMEPOS quality standards.

CHA appreciates the opportunity to provide CMS with updated survey data and we remain committed to identifying workable solutions to improve access to medically necessary DME for Medicare beneficiaries.

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