

Home HealthCareTODAY™

SURVIVE AND THRIVE

Keys to Success from DMEs who are Defying the Odds

FIGHTING BACK page 5

South Florida business recovery in the wake of Hurricane Irma

POSITIVE PIVOT page 12

Providing innovative DME service with a remote team from the Philippines



OxyGo® Shines in Atlanta

MEDTRADE RECAP: Fall Event Attracts Younger, Tech-Savvy Buyers... Page 10



SPOTLIGHT: RECRUITING

How to Attract a Five-Star DME Technician

Some classified ads are better than others. We're featuring one of the best—an extremely well written classified ad for a DME technician that was posted on a popular job site. There's no doubt that trusting your gut will lead you to the right candidate... but a great job posting can help draw them to you. **PAGE 28**

GEAR UP for Adventure!

Find the treasure and
claim your prize! p. 3



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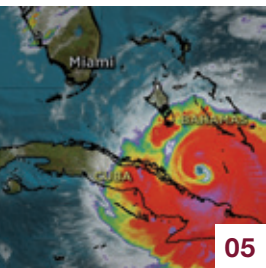
Our 2018 DME "Wish List"



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The Art of “Please” and “Thank You”

The late great Alabama football coach Bear Bryant once made an observation always worth remembering: “It doesn’t cost anything to be nice to people.”

This comes to mind because one of our writers recently visited a Florida based DME to purchase CPAP related equipment. The sale went through, the equipment was purchased, the mission was accomplished... *Or was it?*

The writer will never purchase from that particular DME again. Why? Because he said basic manners were missing from that provider. The phones were ringing and the sales person kept him waiting while answering them. In the end the sale was made, but it was made in a hurry. And worst of all, our writer reports no one ever thanked him for his business, no one welcomed him to that store, no one ever said “Please, may I help you?”

One of my English teachers once suggested that the three most important words in the English language might well be “Please” and “Thank you.” Yet she noted a sense that they were becoming archaic in our vocabulary.

It costs nothing to say “Please” and it costs nothing to say “Thank You.” Yet more and more, it’s hard not to notice that people around us are frequently forgetting to say those simple words. Perhaps it is because our lives are so stressful and busy today that many of us forget basic manners under pressure. Perhaps in the electronic age of tweeting, instant messaging, Facebook alerts, etc., saying “Please” and “Thank you” is becoming a lost art.

But no one should forget them. Good manners will make you appear grateful and can help you in many other ways. If someone does something for you and you then make them feel good about it, they are going to be much more inclined to want to do it again.

I would be remiss if I didn’t end this call for more politeness without expressing gratitude of my own. **Thank you for helping us to make our OxyGo POCs and our other oxygen products #1 best-sellers in the homecare market.** We are grateful for your support and please know we never take it for granted.

Victoria

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VICTORIA MARQUARD-SCHULTZ

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Victoria Marquard-Schultz, Esq. is Applied Home Healthcare Equipment’s Managing Director. She has over 20 years experience with Applied, and has worked with the Federal Judiciary and the Prosecutor’s Office in Michigan. She has written several scholarly legal publications and was an expert columnist in *HME News Smart Talk* and featured in *Homecare Magazine*. Victoria has recently earned her PLDA from Harvard Business School.

Adventure Awaits!

Find the treasure hidden inside — and WIN!

Take a shot at winning everything you need to enjoy life’s great adventures — with a \$100 gift certificate from the Coleman Company! Coleman is the #1 name in quality outdoor gear: lanterns, tents, sleeping bags, coolers, water jugs, stoves and grills. Just find the buried treasure chest inside this issue and submit its location: homehealthcaredtoday.org/treasure

If more than one correct answer is received, a special drawing will be held to break ties and determine the \$100 gift card winner.

Congrats to last issue's winner of a \$100 Cracker Barrel gift card — Paul Huffman, Director of Purchasing at Health Complex Medical in Waterbury, CT!

HURRY! This contest ends on 1/31/18. The winner will be announced in the next issue.





WHAT ABOUT BOB?

Providing That “Perfect” Customer Service Experience

Good customer service is the most important value your company can provide to your customers. In a typical transaction, your customers expect everything to go smoothly, without delays or problems. For the purpose of this article, let’s call this “perfect” customer service. Customers simply expect their transactions to proceed in a timely manner with no surprises and without glitches. Any variation or miscue from their expectations usually ends in a negative experience which could cost you a customer—and no one wants that to happen. The good news is that you don’t have to deliver a life changing customer service experience... just a “perfect” one.

Here’s a customer service story I heard long ago. It’s a great example of both perfect and horrendous customer service happening at the same time.

A lady flew into the Denver airport, rented a car and checked into her hotel. She was scheduled to be the keynote speaker at a conference the following day at another location. The next morning she discovered her car would not start. She returned to the hotel lobby front desk to use a courtesy phone to call the rental car company.

“Sorry lady, there’s nothing I can do at this moment,” said the car agent. She pleaded and told him she had an important meeting to get to and needed a replacement car right away. After receiving absolutely no help, she hung up the phone angry, frustrated and ready to call a taxi. But quite unexpectedly, help arrived.

The young clerk working behind the desk looked at her and said, “I couldn’t help but overhear your conversation on the phone.” Reaching into his pocket he held out his car keys and saved the day with an unusually kind offer: “I’m going to be here all day. You can use my car.”

If this woman lives to be 100, she will never forget that young man behind the desk. Nor will she forget the hotel he worked for. Where do you think she likely stayed on her next trip to Denver?

When I worked at the Cleveland Clinic, we took care of people from around the world. We not only strived to provide a perfect customer service experience but we also had to be mindful of the patient’s culture. Sometimes providing this service took unexpected twists and turns.

For example: Our sleep lab called one day to say they had received a request from an attendant for a princess from a Middle Eastern country for CPAP equipment. They told me the therapist setting her up needed to be a woman, as the princess would have to unveil her face to be fitted for a mask. I asked for her name but the sleep lab did not have it. I thought to myself there would be no problem. My assumption was that I could call over to the Intercontinental Hotel and they would give me her name and contact information.

The Intercontinental is a beautiful, 5-star hotel built within the confines of the Cleveland Clinic. I called over to the hotel, identified myself and told them I was trying to obtain delivery information for a princess who was staying with them from a Middle Eastern country. The response from the front desk surprised me: “Which one? We have three princesses from Middle Eastern countries staying with us.”

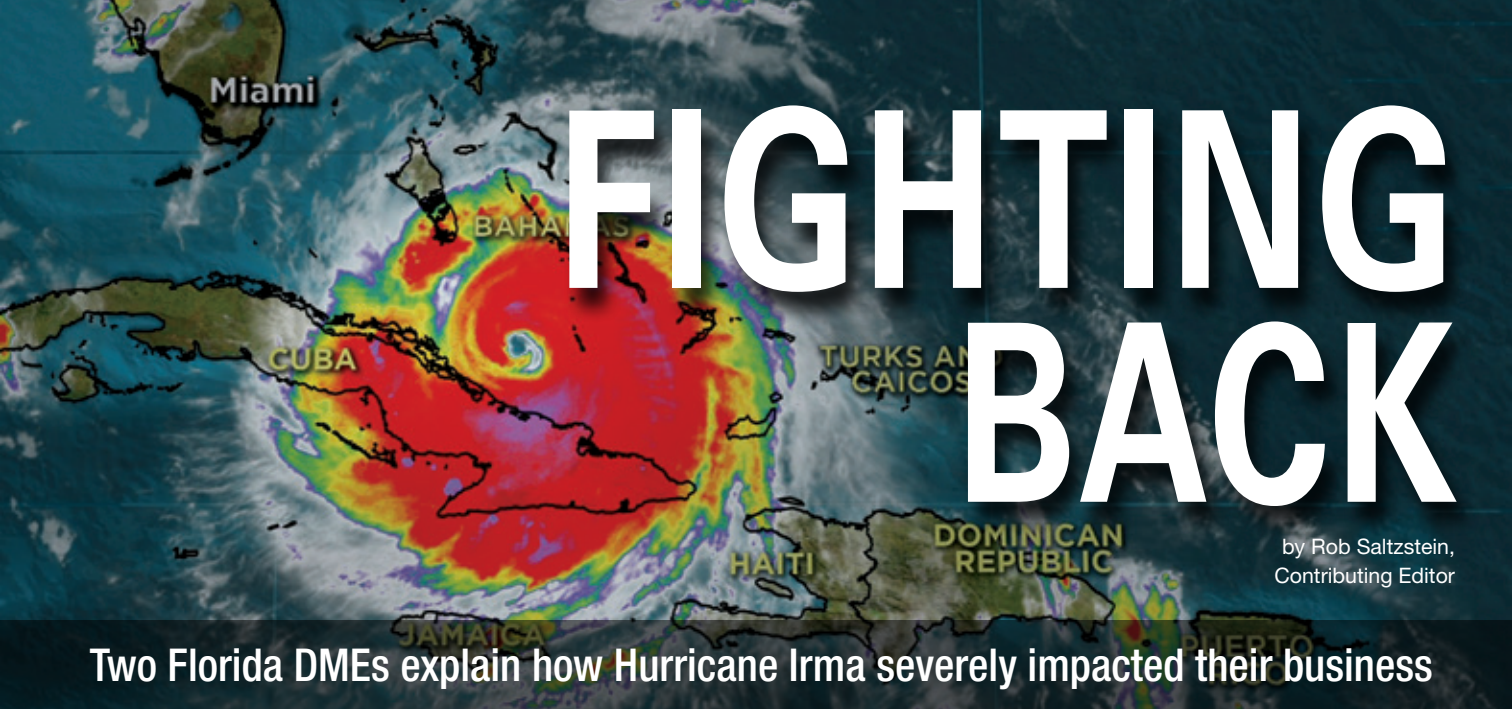
We eventually did get her name and one of our female therapists did successfully set her up. It required patience, perseverance and a sense of medical patient humor to sort it all out and get the job done. In my experience, if you can practice those three “P’s”, your chances for achieving perfect customer service are greatly enhanced.

Providing a “Perfect” customer service experience is not an easy task. It is a skill set that requires clear communication, knowledge of your products, a calming presence, ability to read customers, acting skills, ability to handle surprises, persuasion skills, tenacity, and a willingness to learn. Every time you are in front of a customer, your company is in the spotlight. It’s how you greet your customers, how you listen to them, how you respond to them, and how you help them that will determine if you are providing the “Perfect” customer service experience.

Thanks for reading,

Bob McQuown, R.R.T.

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by Rob Saltzstein,
Contributing Editor

Two Florida DMEs explain how Hurricane Irma severely impacted their business

On September 10th the eye of Hurricane Irma crossed over Cudjoe Key, not far from Key West, FL and about 70 miles south of Tavernier in the Upper Keys. It was an extremely powerful Cape Verde type hurricane with 135 mph winds and was the first hurricane to hit the Florida Keys in fifty years.

By the evening of September 8th, hundreds of thousands of Floridians had evacuated, some to as far north as Michigan or Canada... making it the largest evacuation in the state's history.

One who stayed was Roger De Armas, the owner of Medical Care Services, a DME with stores in Tavernier and Key West. He and his son, Roger Nick, evacuated from Tavernier only to shelter for a few days with family in Kendall, FL, farther north and inland, but only by about 35 miles. The storm blasted the Keys over a Saturday and Sunday and by Tuesday both Roger and Nick were back at the Tavernier store, cleaning up and doing their best to serve patients who had stayed. This is the story of how they coped and the impact of the hurricane on their DME business.

Roger is a veteran in the home health care industry, having been a manager and owner of his own DME stores for more than 30 years in Sarasota, Orlando, Ft. Myers and Miami. He retired to Tavernier in 2013 but decided to open a store there, mainly for his son. By the end of 2013, father and son opened a second store in Key West. Their largest revenue producer by far is oxygen, but the two stores also sell large quantities of wheelchairs, mobility products, walkers, canes, nebulizers, CPAP equipment and the like.

The fall of 2017 and spring of 2018 was forecast to be their best sales period to date because their main

competitor, just a few miles away, closed its doors in June. This left Medical Care Services as the only full-service DME in the Keys, and they were ready to pounce. Their service area stretched from Coral Reef in the North to Key West in the South, a distance of about 120 miles. They were not heavily populated miles either; they were mostly rural miles, subject to the heaviest Medicaid and Medicare cuts that have caused so many DMEs to shut their doors.

"My business philosophy has always been to put the patient first and provide very good customer service," said Roger. "If you put the patients first, and don't act with them like your way is the only way, and if you do a better job of customer service than your competitors do, you will do fine. I came to Tavernier from Miami where I faced maybe 50 DME competitors in just a one mile radius. The only way to survive was to give better customer service.

So we did that here and it has paid off. Even today, with virtually no competitors, I have weekly meetings with my staff in which I tell them to act like we have a hundred competitors," said Roger.

➔ *Continues*

The hurricane impacted Roger's DME business on five fronts: (A) The cost of implementing his state mandated storm emergency plan; (B) The cost of losing patients who evacuated, have not returned and may never come back; (C) the cost of losing employees who lost their homes and can no longer afford to live in the Keys ; (D) the cost of replacing storm damaged equipment his insurances do not cover, (E) the potential cost and concern that the snowbirds who annually flock to the Keys in November and stay until April will not come this year.

Here is what Roger had to say about how hurricane Irma hurt his business.

a) The Cost Of Implementing The Emergency Plan

"If you are a DME in Florida, every county requires that you develop a hurricane emergency plan and they have to approve it. We do business in Monroe County so we submitted our plan to Monroe officials. When I was in Dade County, it was Dade that approved. Our plan is expensive to implement because it requires us to take labor intensive steps before and after the storm to serve patients. The emergency plan applies primarily to our oxygen patients.

"With those patients, for example, we have a priority list that establishes the order in which we serve them. Speed is critical because we need to serve them fast. I have a deal with a distributor in Miami who, by contract, stores extra tanks for me in case of a hurricane. I called that distributor as soon as I heard Irma might hit, which turned out to be about six days in advance of it actually making landfall in Florida. They delivered extra tanks quickly and we started calling our oxygen patients to determine their needs. Were they going to evacuate and, if so, when? About 90% actually did leave because there was a mandatory evacuation order, but some ignored it. Our priority list was clear and we called first those who needed oxygen 24-hours a day, those needing it six hours a day, those needing it overnight, and so on.

"I heard about the storm on a Sunday and by Wednesday afternoon we had called just about all of our



Roger De Armas (left) and son, Roger Nick, in their Medical Care Services office

oxygen patients. We had to make sure we delivered to them enough oxygen to evacuate or stay home and ride out the storm. That was expensive. We had to deliver hundreds of tanks we didn't get paid for. Those patients who were evacuating we gave packages to with the address of a phone number and the shelter they could go to where they could find electricity and refill their tanks. In this case it was Florida International University in Dade County. We had to give them enough tanks to make the drive between their home in the Keys to FIU and back. And those patients who were sticking it out, we had to give lots of extra tanks to.

"Those patients who had POCs really had it a lot easier than my oxygen tank only patients. POC patients could charge their units in their cars and go as far as they wanted. And some of those POC patients, if they were really prepared, they might have two or three backup batteries that could give them up to 21 hours of power right there, without having to worry about the availability of electricity."

b) The Cost Of Losing Patients

"Where have all my patients gone? Many have not come back because they have no place to come back to. Those that have come back, we are having a hard time finding. Many of them had homes, often motor homes, that were flooded by the water surge and damaged by the heavy

"The wind and water damaged a lot of the homes of the people who make the Keys what it is ... Many of them found their homes wiped out and have no place to call home. So they have left and they may not come back because affordable housing is so difficult to find."

Roger De Armas | Owner, Medical Care Services

winds that howled for more than 12 consecutive hours without letting up. Many of the doctors here are just getting their practices up and going again—so they are not writing as many prescriptions. And when they are not writing new prescriptions, we are not getting new business. When their business suffers, our business suffers.”

C) **The Cost Of Losing Employees**

“Our offices in Key West and Tavernier actually fared ok. The surge and high winds luckily, didn’t put us out of business us in either location. We had damage but we have been able to clean it up and move on. However, the wind and water damaged a lot of the homes of the people who make the Keys what it is. Many of them are lower income people. They work in the bars, stores, shops, hotels and restaurants. Many of them found their homes wiped out and have no place to call home. So they have left and they may not come back because affordable housing is so difficult to find.

“We lost one of our top employees, a customer service rep who was darn good, from our Key West office. She ran it. Her trailer was sliced and now she has gone to live in St. Pete, hundreds of miles north of here. We have been running ads to try and replace her for two weeks and have not had even one response yet.”

d) **The Cost Of Replacing Storm-Damaged Equipment**

“Many of our patients left in a hurry and left equipment behind such as hospital beds, wheelchairs, walkers, and concentrators. That equipment was often damaged. As their homes got destroyed, the equipment inside also got destroyed. So our insurance—and that’s just in general—does not cover equipment at the patient’s home. They only cover the equipment we have at our warehouse or van, but not equipment at a patient’s home. Those were all losses for us. Now we can go ahead with Medicare and Medicaid with a rule that allows us, because of the hurricane, to provide new equipment and start a new billing cycle. But that old equipment is lost for us. We still don’t know how much we’ve lost and we are a month past the hurricane.”

e) **Potential Loss Of The Snowbirds, Revenues And Political Clout**

“November to April is our busiest period. I am worried about how many of the snowbirds we count on for a very important share of our business may not come back. The news stories have painted a pretty scary pictures nationally of what Irma did to us. Right now we have only about 30-40% of the revenues we had last year at this time.

→ *Continues*

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"Business is not good here but I know that many of the DME's in Texas and Puerto Rico have it worse than I do. I am fortunate to have reserves that can keep me going for a year or more and that's probably what it is going to take before our business comes back as it should. But many DMEs in those areas probably don't have enough reserves to carry them through and may be forced to close.

"At least revised Medicare rules in 2016 allowed us to get reimbursed for some of the cuts we took. But they have not been approved yet for 2017. The person who suffers the most is the patient. Because if it costs me \$125 to deliver oxygen and make a profit—and Medicare only pays me \$75 or whatever—I am going to charge the difference to the patient. I have to. I know the associations are working on it, but those cuts need be restored for 2017 or you will see more DMEs going out of business. It really hurt when Tom Price was forced to resign from the administration (Secretary of Health and Human Services.) He was a true friend of the business and worked hard for us in the short time he was there. He understood competitive bidding problems and issues that were impacting us negatively.

"Irma has really hurt us. The only positive sales increase has been in nebulizers. They have been flying off the shelves from all the mold and dust created. But they are small ticket items and a very small part of our business.

"Going forward, my two greatest wishes, if I could find them wrapped as gifts under a Christmas tree, would be to find packages marked in big, big letters:

(1) ALL THE PATIENTS YOU HAVE LOST; (2) ALL THE REIMBURSEMENT CUTS YOU HAVE HAD TO TAKE."



Irma's Impact In Ft. Lauderdale

Fifty miles north of Tavernier, in Ft. Lauderdale, FL, Sean Schwinghammer with SurfMed, a complete provider of home medical equipment, had this to say about Irma's impact: "We were fully prepared, until the storm when we learned we were not FULLY prepared..."

"DME is more technology-based than ever before, and the need for power is essential. We were without power for over a week and our initial backup area, which was 40 miles away, also lost power, so we needed to scramble to keep operational. Never did anyone suspect the storm would move up the gully of the state. Additionally, we brought our west coast office to assist in the preparation of our east coast members, but as the storm track changed we had to have our east coast workers assist the west coast, which was more threatened by the storm as it progressed.

"DME providers always have to be flexible, but this odd storm, based on direction and massive size, tested our abilities to react.

"We learned to be early in our prep work. Our oxygen suppliers were tapped out by the end of the week prior to the weekend storm... so later DME preparers could not receive supplies and called to ask for spare tanks, which we could not share. We service the state and had to wait to service wherever the storm struck.

"Most surprising was the varied responses by insurance companies and hospitals. Hospitals wanted to discharge as many members as possible to make room for those who would be in greater need, and many managed care organizations were incommunicado. For some of our clients, the decision was to have their managers and others work from home, but once they all lost power, there was limited ability to communicate with the health plans.

DME plans were left with greater responsibility, in addition to following emergency plans, meeting state guidelines, taking on responsibilities for the health plans and managing their own staff and facility needs. We bare the burden, for which we (as an industry) are never recognized, based on pricing." ■

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SurfMed Home Office | (888) 398-3149
2799 SW 32nd Avenue, Suite 14, Pembroke Park, FL 33023
surfmed.com

Medtrade Draws Tech-Savvy Attendees

by Rob Saltzstein, Contributing Editor

Here's the Atlanta Medtrade show in a nutshell: "The show is dwindling. Fewer exhibitors, and fewer attendees—but overall the attendees that came by our booth were younger, smarter, better educated and more tech savvy than ever before. Years ago people came to this show before competitive bidding and had profit margins of 60-70%. These people have sold their businesses, retired or moved on. The people coming to the show today are young executives, recent college graduates and are very book smart. They know how to earn a living on 5-10% profit margins."

Richard M. Mehan, CEO, Noble House HME & Claims Management Software company Deerfield Beach, FL

The biggest change for 2017 was that Medtrade was a two day show for exhibitors, and most of them welcomed the cut back. "That last half day was always a ghost town anyway," said Jake Houck, a regional sales manager for Wilmington, NC based DRYPRO, a marketer of waterproof body protection products.

The New Products Pavilion appeared to be much smaller than last year but still provided new gems for the industry. The top three, as voted by Medtrade attendees, won Providers' Choice Awards that were sponsored by *HomeCare Magazine*.

Owlet Baby Care took the Providers' Choice Gold Award for Smart Sock 2. It uses pulse oximetry to track babies' heart rate and oxygen levels as they sleep and is targeted for parents and caregivers.

The Silver Award went to **Stabilized Steps**, Naples, FL, for patented stability gliders that attach to the bottom of medical walkers, allowing them to be stable on various terrains such as sand, gravel, grass mud and snow. "Freedom to move forward" is the company's motto. Stephanie C. Gomez, CEO, said the steps took years to



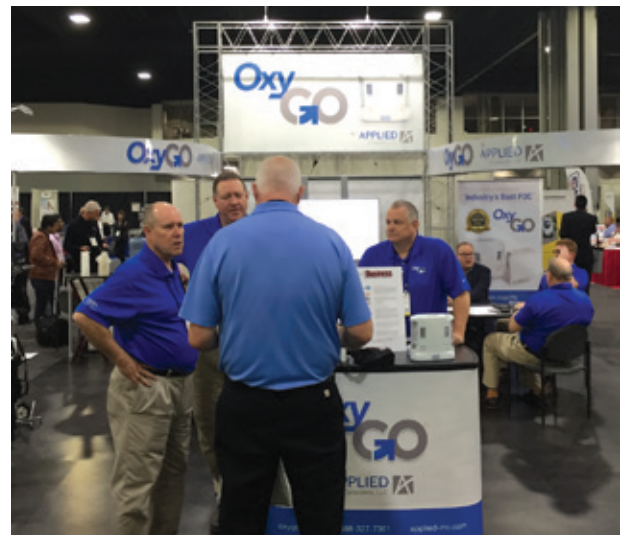
↑ CEO Stephanie Gomez with Eryk Hardwick, co-founder of Stabilized Steps and the inventor of the Stabilized Gliders that won the silver award as voted by attendees to Medtrade's New Products Pavilion. They attach to the bottom of medical walkers allowing greater stability for various terrains such as sand, gravel, grass and snow.

develop and was pleased to report strong interest and sales for the company. Stabilized Steps exhibited for the first time at Medtrade.

The Providers' Choice Bronze Award went to **CAIRE, Inc.** for a new tracking app. It allows medical equipment providers to track the location of their assets, trouble shoot alarm codes, monitor oxygen flow rates and avoid costly after-hours visits.

Many booths vied for attention with creative displays. Golden Technologies, of Old Forge, PA, had a stars and stripes patriotic theme for its chairs and mobility products. Aurafix, of Trenton, NJ, used sleek plastic models of athletic men and women to attract interest for its orthopedic products. DryPro used a life-sized paper model of an attractive beach-goer to demonstrate waterproof cast protectors for arms and legs. Ford Motor Company made its first appearance ever at Medtrade showing a line of commercial vehicles that allow for custom-designed interiors to carry specialized products from providers.

The Applied Companies, of Westlake, OH, generated star-power buzz with two booths. Applied's OxyGo® booth drew widespread interest for displaying both the ultra lightweight



Medtrade Fall, 2017 Earns Rave Reviews:

“The networking opportunities are superb!”

“The educational courses are always top notch, and relevant to the current state of the industry.”

“The Vendor show offers exceptional visibility across the spectrum. It is one of the rare opportunities to visit with the vendors all in one place.”

OxyGo FIT™ portable oxygen concentrator and the company's hot-selling OxyGo POC with long-lasting batteries. A few aisles away, the company sponsored a second booth that highlighted its capabilities to fill cylinders for less than a dollar each.

OxyGo sales manager Jon Schultz said attendance was consistent with previous shows and that he saw a lot of “new faces.”

Many attendees commented on two attractions away from the show: (1) A 73,000 pound stainless steel sculpture of a falcon outside the newly opened Mercedes-Benz stadium next door; (2) A “Gone With the Wind” theme at a nearby restaurant called Pittypat's Porch that featured life size cut outs of movie icons Clark Gable and Vivien Leigh, as Rhett Butler and Scarlett O'Hara.

One lucky attendee, Sandra Chisum of Herritage Home Medical, Wichita Falls, TX, struck it rich at the end of the show when she won a \$5,000 cash giveaway in front of the *American Association for Homecare* booth.

Lisa Wells, from Med-South, Inc., Birmingham, AL summed up the show succinctly: “Overall Medtrade is a great opportunity for the industry to come together as a group and collaborate on how to move the industry forward.” ■

“Overall Medtrade is a great opportunity for the industry to come together as a group and collaborate on how to move the industry forward.”



DRIVING HME



**COSTS
DOWN**

AND



**PROFIT
UP**

HOW ONE PRO DOES IT

Interview by Rob Saltzstein, Contributing Editor

The Home Oxygen Company (HOC), with offices in Modesto and Sacramento, California, is all about doing what it takes to survive and prosper in a state where DME supplier locations have shrunk by 60.8% since 2013.

An American Association For Homecare report this past July estimated that only 383 unique DME locations in California are still standing... compared to 976 that served the same region in 2013.

HOC uses every trick in the book to promote efficiencies. This includes hiring full-time employees in the Philippines who work at less than half the rate of American employees doing the same job. Looking to the Philippines for labor help, and embracing all the latest technologies, has allowed owner Todd Usher and his wife, Andrea Ewert, to save thousands of dollars every month.

HHCT: When was Home Oxygen Company (HOC) founded and how did you become involved?

When Andrea and I founded HOC I had 11 years in the HME industry. My start in the industry was in 1996 as a delivery technician while Andrea had 8 years of experience as a physical therapy aide when we founded HOC. In retrospect, we both have discussed what an advantage it was to have had started our careers this way. It gave us direct patient contact and a view of how the industry was being run and how we were being managed and directed in providing services to our patients and clients.

One of the driving forces which made us move forward with founding HOC was our belief we could provide a high level of service to our customers and to be more efficient because of how we ourselves were managed as employees at our prior employers. We truly felt some common-sense changes and processes could be used in our industry which would make us more efficient and accommodating to our customers.

HHCT: What other HME products does HOC provide?

In addition to oxygen, we also provide: CPAP, CPAP resupply, mechanical ventilation, airway clearance vests, ambulatory, bath safety, power mobility devices, personal operated vehicles, beds and related items and some retail items that complement our product offering.

HHCT: You described your company as being squeezed by 60% cuts in Medicare reimbursements, rural delivery cuts and the \$15 an hour minimum wage now in effect in CA. Please amplify and explain.

The \$15/hour minimum wage is being phased in over the next couple of years. Every year, the state raises the minimum wage by one dollar and this yearly increase will continue until the minimum wage in CA reaches \$15/hr.

In healthcare, raising rental prices to cover this increased cost is not an option due to the specific reimbursement levels authorized by insurance payers; thus, we cannot raise rental prices as needed. We currently have some employees who are already paid at the \$15/hour rate, but we have still hired some new employees below this level, as the \$15/hour rate is not yet mandatory. As I previously outlined, we cannot simply pass this wage increase cost on to our customers. With set reimbursement rates slashed an average of 60%, we recognized we had to find a way to reduce our personnel operating costs or we risked dying on the vine.

In exploring our options, we adopted over 20 different technologies to improve our efficiency, but we quickly realized this was still not going to be enough. Ultimately our personnel costs brought us to the decision to shift some of our positions across the Pacific. Drastic times require drastic measures, and this resulted in us moving some jobs out of the country.

HHCT: Your company uses a program called “Virtual Home Delivery”—please explain what virtual home delivery is.

“VHD” is the delivery of CPAP machines and portable oxygen concentrators direct to the patient’s doorstep, in partnership with a POC provider and “hand delivery” via a 3rd party. Once a delivery is completed, a clinician or technician completes the education process over the phone and a system of follow-up calls are initiated to ensure patient competence and compliance.

We utilize virtual electronic signatures to remain compliant with federal, state and private payer requirements. We also utilize tracking information from the logistics company to prove delivery and AdobeSign to obtain signatures on all other paperwork.

HHCT: You felt you had to make changes in your company to survive and instituted about 20 initiatives to drive down costs with efficiencies. Among the most effective has been moving labor from your Modesto

and Sacramento offices to the Philippines. It’s saving you THOUSANDS OF DOLLARS a month. Please explain the what, the why and the how.

A few other technologies we have implemented:

- Non-Delivery of Oxygen (POC & Homefill)
- Paperless environment
- Technicians utilize tablets for all hands-on deliveries
- Outsource certain segments of our operation where it makes sense, (VHD & Compliance through vendor partners, I.T., Communications)
- Barcode scanning for all products
- Voice Over IP Phones
- Everything “software” is on the cloud accessible worldwide
- Integrated ordering solutions through our Operating System vendor
- Virtual Fax Solutions
- GPS Tracking & routing for our fleet

This is naming just a few of what we have implemented over the past 5 years. Of course, some of the technologies have been around for years. Others have been newly developed within our industry.

HHCT: You are not outsourcing—these are direct employees of HOC. Please explain.

As a small, owner-run business we understood our biggest advantage was our ability to be responsive to our customers, and our ability to adapt quickly to changes within our industry. In order to maintain these advantages, we wanted to ensure we maintained direct control of those who provide service to our customers as representatives of our company. In order to facilitate this, we quickly decided those representing our company would need to be direct employees of our company (in the Philippines). To accomplish this, we direct-hire all of our personnel and do not outsource to a 3rd party. We conduct all interviews over Skype video conference and make offers directly.

➔ *Continues*



“Frugality drives innovation, just like other constraints do. One of the only ways to get out of a tight box is to invent your way out.”

JEFF BEZOS | FOUNDER, AMAZON.COM, INC.

HHCT: You mentioned that 90% of millennials in Manila work for call centers, please explain.

American companies have established call centers in the Philippines since the 90s. It has become the predominant industry employing young people. Third-party contractors offering this as a service solution are called “BPO”, which is business process outsourcing. An entire industry seems to have sprung up from the need to establish outsourced personnel in addition to direct-hire personnel.

HHCT: How many employees work for HOC in Manila and how many jobs have you been able to eliminate at your Modesto and Sacramento stores? What are the types of jobs being done for you in the Philippines by your employees there?

We currently employ 15 people in Manila who are primarily responsible for completing customer intake functions, managing accounts receivable/payable, obtaining prior authorizations and other legislatively mandated functions. Nine positions have been transitioned.

HHCT: You mention the cost savings for employing personnel in the Philippines is substantial—please explain.

Labor costs for our employees in the Philippines are substantially less than those costs for our U.S. based employees. The savings is over half what we were spending locally. This cost savings is present even after considering some of the other labor related costs imposed by Philippine law not required by U.S. law. Even with this added cost, the savings remain significant. Shifting some of our labor to the Philippines is one of the reasons we have been able to stay in business despite the drastic cuts to our industry’s reimbursement levels which took place last year.

HHCT: How did you figure all this out? You referenced that 42% of DMEs have gone out of business since 2013.

In our industry, you either adapt quickly or you go out of business quickly. With the cuts to reimbursement many DME companies found the cost of providing services were almost equal to the reimbursement received. The lack of profitability has caused almost half of all HME providers nationwide to sell, merge, or simply walk away from the industry. I believe the Federal Government had a plan to thin out the provider network and it has worked!

HHCT: Please describe your basic survival philosophy. When you started the business it was based 100% on the oxygen non-delivery model.

Survival of the fittest. Change. Change again. Change some more. Then, change one more time. We have

“In our industry, you either adapt quickly or you go out of business quickly ... We have diversified our product offering, diversified our business model, with no fear of technology in either the equipment we use or the processes we implement.”



TODD USHER | OWNER, HOME OXYGEN COMPANY

diversified our product offering, diversified our business model, with no fear of technology in either the equipment we use or the processes we implement. We have very little in common with what we looked like in 2012. The foundation of our company has always been non-delivery oxygen. It seems like suicide to do anything else.

HHCT: How do you know you are HIPAA compliant?

Home Oxygen Company spends a lot of time meeting with our attorney partners, industry advocates (AAHomecare & VGM), accreditation organization (BOC) and consultants in both the United States and Philippines. We have also welcomed our federal, state & accrediting inspectors with open doors. We are completely transparent and open to their scrutiny. In most cases we have been complimented with our updated policy & procedures regarding compliance. Lastly, we personally spend a lot of late nights reading in order to keep up with regulatory changes.

HHCT: How difficult has it been setting up banking in the Philippines?

Extremely difficult! We had initially planned it would take a few months to establish banking in the Philippines. We quickly realized the regulations and requirements were more involved and complex than we had anticipated. What was expected to take a few months ended up taking over a year to complete. It was a learning process for us and having gone through the steps to establish banking services in the Philippines we are now more comfortable of what steps need to be taken.

HHCT: Please give examples of other HME companies you are aware of that are using call centers in the Philippines?

I know of 3, one national provider and two regional that I have met. Some outsource and others direct-hire.

HHCT: What is the advantage of call centers in Philippines over, say, call centers in India or Central America or the United States?

Our Philippine team members have been speaking English since elementary school. There is very little accent and they clearly communicate in English. Most of our candidates come with nursing degrees and/or 4-year degrees. We have not experienced this with other parts of the world. The Philippine Team is clearly the choice worldwide.

HHCT: You describe your HME operation as being progressive. Please explain what you mean by “progressive.”

In an era of compressed reimbursement and market consolidation, Home Oxygen Company has always looked to be ahead of the competition. We have successfully implemented this by offering products and programs that customers (patients) prefer.

An example of this is Portable Oxygen Concentrators. Most of our competition do not offer or provide “POCs” and if they do, they make the customer go through a lot of red tape to get them. They are trapped in the tank delivery model. We have been able to replicate this progressive attitude with CPAP as well by offering Auto-Titrating CPAP whenever requested, and in most cases, without even asking. This has a trifecta benefit as the physician prefers it, the patient has less disruption in the therapy prescribed, and we can eliminate the need to physically change units when changes in lifestyle or therapy becomes necessary.

Rounding out the top three (*yes, we have more progressive initiatives we have implemented*) are wireless cellular modems on all CPAP equipment for all patients. We decided to keep this active and LIVE for the purposes of tracking compliance after the original 90-day period. This also gives the physician, payer and patient visibility using a program called “Philips Care Orchestrator” and allows Home Oxygen Company to change the prescription remotely when requested to do so—thus saving a trip to the home.

HHCT: Do you have any concerns about shifting a significant percentage of your work force away from America at a time when the Trump administration is calling for jobs to be brought back to America that have been lost overseas?

We are small business owners who are chasing our American dream with our U.S.-based company. We would love nothing more than to have the ability to keep all of our operations here in the U.S.A. Unfortunately, this has proven to be impossible with the current state of healthcare and reimbursement.

Our view is to remain innovative and to seek cost savings where we can (our Philippine team) while maintaining the same high level of customer service to our clients. We are not concerned with the Trump Administration’s call for jobs to be brought back to America. President Trump is a businessman himself and his own company has many business holdings throughout the world. The homecare industry is one of the last businesses to have a presence in the Philippines. Many American companies are already there including tech, communication, banking, hospitality and healthcare.

HHCT: How costly are communications between your offices and the Philippines?

Very little cost. With Voice over IP (VoIP) phone technology the cost is minimally above what we were already paying for local phone services. Also, using cloud-based solutions such as Microsoft Office 365, Skype, as well as our operating system—everything is virtual and easily established to our Philippine team members.

HHCT: How do you accomplish training in two countries?

In the not so distant past, It would have been virtually impossible to fathom providing employee training to both U.S. and Philippine employees without physically traveling between both countries on a regular basis. The cost of travel has been—and remains—expensive, and any cost savings by hiring employees outside the country would quickly disappear with the need to travel regularly between both.

This “virtual” problem has been solved virtually. With the ever-improving levels of technology and networking (Voice over IP, Internet, virtual “cloud” hosting) the distance between the U.S.A. and the Philippines is no longer measured in miles, but rather by the milliseconds it takes data to travel on the information superhighway. Training can be delivered remotely (via computer-based training) as well as in real-time via video conferencing. ■

Home Oxygen Company | (877) 799-0202
4301 Northstar Way, Suite C, Modesto, CA 95356
homeoxygencompany.com

Reduce Costs and Increase Sales with OxyGo®

“SMART DELIVERY™”



Recently CMS announced another round of oxygen reimbursement cuts. To combat this new decrease, you need to not only reduce your costs, but win more patient referrals and gain cash sales. OxyGo's® Smart Delivery™ Strategy does both—turning your business from not just surviving—to thriving.

OxyGo's Smart Delivery model has two unique components:

- 1. The OxyGo Family of Portable Oxygen Concentrators reduces your oxygen costs by up to 38% by limiting deliveries.** OxyGo POCs are reliable and easy for patients to use, so you can give them quality service without the large quantities of delivery.
- 2. OxyGo is the most demanded POC by patients—which directly equates to an increase in business for you.** The user-changeable batteries, extra batteries, small size and sleek appearance are features that patients and referral sources look for. And with the aging baby boomer population, OxyGo has the features that patients will pay cash for.

Reduce Your Oxygen Costs with OxyGo Smart Delivery

Equipment costs are only a small fraction of the cost drivers for serving oxygen patients. The majority of tangible costs or expenses of serving oxygen patients are operations costs like labor, delivery, and compliance expenses. Let's examine how to reduce or eliminate these expenses by replacing tanks with a member of the OxyGo Portable Oxygen Concentrator Family.

- OxyGo eliminates the delivery, acquisition, maintenance, and hazards of a high-pressure oxygen cylinder or liquid vessel.
- The delivery of a POC to a patient can be accomplished in a simple passenger car or van. Delivery and compliance costs normally exceed \$50 per delivery, making even one delivery per month of tanks to the patient difficult for providers to make a profit.

- With OxyGo, there are no haz-mat risks, training, placarding or special delivery vehicles needed.
- OxyGo patients never run out of oxygen. Even ultra-high pressure home fill systems provide a cylinder with a finite amount of oxygen at high electricity costs. OxyGo patients never run out of oxygen because the patient can use and charge their OxyGo at home, in their car, or anywhere there is a 100 to 240 VAC outlet, or 12 VDC (car) outlet.

Increase Your Cash Sales with OxyGo

It's clear. OxyGo's Family of POCs are what patients want. OxyGo is a 5 setting, sub-5 lb. unit that is quiet and discrete, and the new OxyGo FIT™, 3 setting, sub-3 lb. unit is a retail superstar.

Not only are OxyGo POCs demanded by patients—OxyGo Sales Support helps you *find* those patients. OxyGo provides you with unparalleled marketing support: web videos, customized TV commercials, print advertisements, radio commercials and more. Our OxyGo experts provide in-service and sales training for you, too! Check out our videos and patient testimonials at www.oxygo.life.

OxyGo now even has solutions to help your patients OWN their own equipment—**OxyCare Total Advantage™ Financing!** OxyCare Total Advantage is a solution to help your patients finance their own OxyGo by offering you partnerships with leading consumer financing companies. You get payment for the equipment immediately—and your patients get the convenience to pay each month. It's a win-win! Contact an OxyGo Sales Rep to find out more!

Just 5 Minutes Could SAVE YOU 38%!



www.oxygo.life | 877-959-3339

*Schedule your **FREE**, no obligation, OxyGo Non-Delivery Model Analysis TODAY!*

More on Smart Delivery: www.oxygo.life/smart-delivery

Still wondering if OxyGo[®] is right for your patients?

Short Answer: ABSOLUTELY! Patients love OxyGo, and so will you. OxyGo has 5 pulse flow settings, 1,050 ml output, 9 hours of battery life- and all in a wearable less than 5 lbs. If you compare OxyGo to other portable oxygen concentrators on the market, you'll see that OxyGo is the clear winner!

Beyond being a high quality, reliable product, OxyGo also makes financial sense. OxyGo means less deliveries, no special HazMat licenses, no DOT training and no vehicle placarding! Want to see just how much you can save with OxyGo? We've got a special worksheet to help you see the numbers, visit www.oxygo.life/healthcare-providers/marketing-all to download our OxyGo Cost Savings Calculator for free.

What makes OxyGo so unique is its extremely high reliability rate, outstanding warranty, and innovative design that reduces unit down-time. OxyGo comes with a 5 year warranty* and has extended warranties available. OxyGo also has user replaceable batteries and sieve beds that keeps OxyGo in the field working for patients. OxyGo is truly designed to Keep Going.

Size, Weight	Standard Battery: (L) 8.75" x (W) 3.0" x (H) 7.25" 4.8 lbs. / 2.2 kg. Double-Cell Battery: (L) 8.75" x (W) 3.0" x (H) 9.25" 5.8 lbs. / 2.6 kg.
Oxygen Flow	Intelligent Delivery Technology Five pulse flow settings: 1, 2, 3, 4, & 5
Power Sensing	AC Power Supply: 100-240 V, 50-60 Hz (auto-sensing to allow worldwide use), DC Power Cable for mobile use in car
Battery	Single: Up to 4.75 hours Recharge: 4-8 hours Double: Up to 10.25 hours Recharge: 4-8 hours
Noise	39 Decibels (at setting 2)
Warranty	5 year limited*
Operation	Simple control functions and easy-to-read LCD display
Use	Designed for easy use at home or away!

NEW! 5 Year Warranty

*visit www.oxygo.life for complete warranty details



262

Congressional visits
made during the
Washington
Legislative Conference



54,000

Emails sent to
Members of Congress
through the Action
Center



154

House members
endorsed rural
reimbursement relief
thanks to grassroots
advocacy

When we speak with **ONE VOICE**,
good things happen.

Do something for your business and your industry;
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E-Cart Blow Out SALE

Chrome cylinder cart with adjustable handle. Holds 1 D/E cylinder. Sold in quantities of 4. Includes odor-free handle and heavy duty black wheels.

1100-1911

Your Price = \$8.59 each

When purchasing in multiples of 4. Individual Price = \$24.99 each

DID YOU KNOW ...

A common accreditation violation is drivers improperly handling cylinders on delivery. The most common violation is one that you might not witness! On deliveries, accreditors are writing up drivers who mishandle cylinders. Failure to follow DOT requirements can result in fines of \$2,100 or more.

Make sure you're compliant in 2018!





- 1 # 1100-1924**
Cylinder cart.
Holds 6, M6 cylinders.
39 ½" H x 13" D x 12 ¼" W

Your Price = \$57.39

- 2 # 1100-1923**
Medium duty cylinder cart.
Holds 6, D/E cylinders.
39 ½" H x 13 ¾" W x 16 ½" L

Your Price = \$65.63

- 3 # 1100-1935**
Stationary rack.
Holds 8, D/E cylinders.
8 ¼" H x 9 ¾" W x 19 ½" L

Your Price = \$41.87

- 4 # 1100-1926**
Cylinder cart with removable handle and 3" casters.
Holds 12, D/E cylinders.
36 ¾" H x 20 ¼" W x 22" D

Your Price = \$154.61

- 5 # 1100-1925**
Cylinder cart.
Holds 12, M6 cylinders.
36 ¾" H x 15 ½" W x 19" L

Your Price = \$119.88

- 6 # 1100-1958**
Stationary rack.
Holds 24, D/E cylinders.
8 ¾" H x 15" W x 40" L

Your Price = \$133.20



- 1 # 1100-1933**
Stationary rack (ring type).
Holds 8, M6 cylinders.
8 3/8" H x 8" W x 15 1/2" L

Your Price = \$35.30

- 2 # 1100-1937**
Cylinder rack.
Holds 12, M6 cylinders.
8 3/8" H x 12" W x 15 1/2" L

Your Price = \$56.70

- 3 # 1100-1934**
Stationary rack.
Holds 24, M6 cylinders.
8 3/8" H x 12" W x 31" L

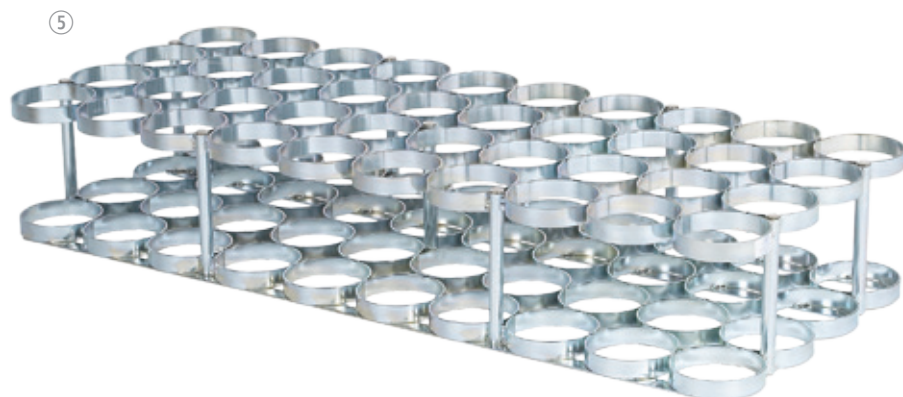
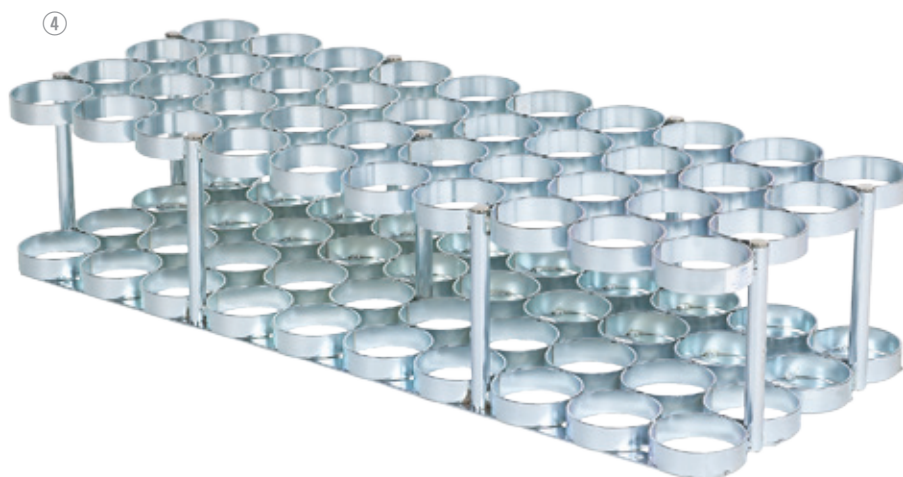
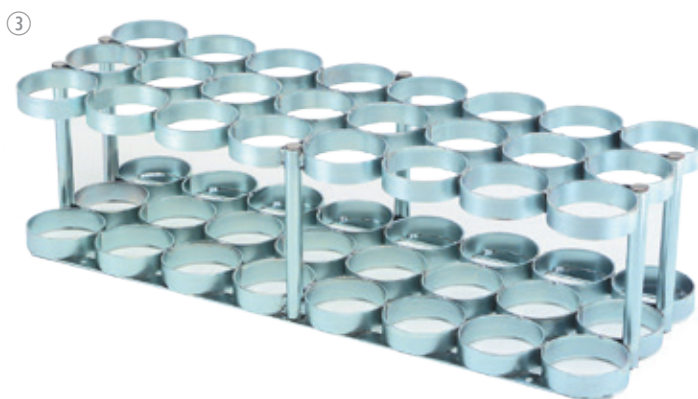
Your Price = \$117.33

- 4 # 1100-1940**
Cylinder rack.
Holds 40, D/E cylinders.
8 3/8" H x 20" W x 50" L

Your Price = \$217.45

- 5 # 1100-1938**
Cylinder rack.
Holds 40, M6 cylinders.
8 3/8" H x 15 1/2" W x 38 3/4" L

Your Price = \$163.53





- 1 **# 1100-1886**
Cylinder cart with 6" casters.
Holds 40, D/E cylinders.
45" H x 25½" W x 46½" D
Your Price = \$395.97
- 2 **# 1100-1920**
Cylinder rack.
Holds 12, D/E cylinders.
8¾" H x 15" W x 20" L
Your Price = \$71.00
- 3 **# 1100-1928**
Cylinder cart w/removable handle.
Holds 60, M6 cylinders.
36¾" H x 29" W x 40" L
Your Price = \$326.08
- 4 **# 1100-1927**
Cylinder cart.
Holds 24, M6 cylinders.
36¾" H x 32" D x 15½" W
Your Price = \$190.57
- 5 **# 1100-1874**
Cylinder cart with four casters.
Holds 24, E cylinders.
42" H x 30" D x 20" W
Your Price = \$181.86

Check Out Our “*Rattle-Less*” Carts And Racks

Do you deliver to nursing homes, hospital or hospices? Be a favorite delivery of your customer by keeping your noise down. Our carts are covered with a proprietary coating that protects cylinders from damage and reduces noise.

- 1 **# 1100-1420**
Holds 12 D/E Cylinders
Your Price = \$89.63
- 2 **# 1100-1437**
Holds 12 M6 Cylinders
Your Price = \$74.68
- 3 **# 1100-1427**
Rattle-Less Cylinder Cart,
Holds 24 M6 Cylinders.
36.75" H x 32" D x 15.5" W
Your Price = \$219.11
- 4 **# 1100-1423**
Rattle-Less Cylinder Cart,
Holds 6 DE Cylinders.
39.5" H x 16.5" L x 13.75" W
Your Price = \$89.84
- 5 **# 1100-1424**
Rattle-Less Cylinder Cart,
Holds 6 M6 Cylinders.
39.5" H x 13" D x 12 1/16" W
Your Price = \$77.78





Plastic Valve Seals

OXYLOK

Large Plastic Valve Seal

White, Bag of 1,000

1109-0048

Was \$85.00 **Your Price = \$76.50**

OXYLOK MINI

Small Plastic Valve Seal

White, Bag of 1,000

1109-0053

Was \$75.00 **Your Price = \$67.50**



Multiple Use Washers

Multiple Use Brass & Viton Yoke Washers (Bag of 50)

1109-1017

Was \$48.00 **Your Price = \$43.20**

Single Use Nylon Yoke Washers (Bag of 1,000)

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Was \$116.27 **Your Price = \$96.28**



Cylinder Seals

Standard Size Cellulose Wet Bands

30.5 mm x 25 mm.

1109-0014 Bucket of 1,000

Was \$97.26 **Your Price = \$87.53**

1109-0019 Bucket of 2,500

Was \$176.53 **Your Price = \$158.87**

1109-0074 Bucket of 4,000

Was \$250.19 **Your Price = \$225.17**

1109-0075 Bucket of 11,500

Was \$569.24 **Your Price = \$512.31**

Lot Stickers

OXYMARK Lot Stickers

750 per roll

1109-0002 Blank

1109-0002A Lot and Exp. Date

1109-0002B Lot and Liter

Was \$19.95 **Your Price = \$17.96**

OXYMARK Replacement Ink Roller

1109-0002IR

Was \$6.38 **Your Price = \$5.74**



Calibrations

NEW High Pressure Gauge (with calibration)

1120-0057C

Was \$58.54 **Your Price = \$52.69**

NEW Vacuum Gauge (with calibration)

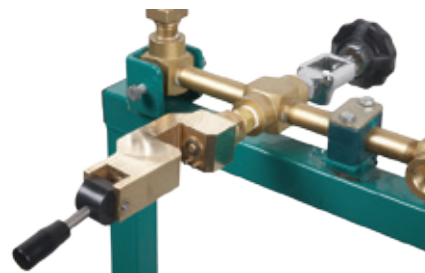
1110-0420C

Was \$58.54 **Your Price = \$52.69**

NEW Digital Thermometer (with calibration)

1108-0115-1C

Was \$76.66 **Your Price = \$68.99**



Quick Connectors

High Speed OXYFILL Oxygen Quick Connector (1/2" NPT)

2.5 times as fast as a yoke!

1109-9932-1

Was \$144.99 **Your Price = \$130.40**

AWARD-WINNING Liquid^{TO} Gas



Applied's # OF-7000 shown

- ✓ **EASY AND LOW-COST MAINTENANCE**
User-changeable gauges only need to be calibrated annually.
- ✓ **INTERNAL PUMP + ACCESSIBLE MANIFOLDS**
Start filling faster and use less gas. Manifolds on the front and side of the system allow you to fill continuously.
- ✓ **FILL ANY SIZE CYLINDER**
You can fill any size cylinder with Applied's # OF-700R & OF-7000 Liquid to Gas System.
- ✓ **MOBILE FILL RACKS**
Applied's Mobile Fill Racks allow you to expand your filling, as needed.
- ✓ **BUY IN BULK**
Save even more by purchasing bulk oxygen from your supplier.
- ✓ **SAVE AS MUCH AS 60%!**

Typical Cost from Supplier			
Size	# / Week	Cost	Total
M6	150	\$3.00	\$450.00
E	25	\$3.00	\$75.00
D	25	\$3.00	\$75.00
C	10	\$3.00	\$30.00

Total Cost / Week = \$630.00

Applied's Liquid to Gas System			
Size	# / Week	Cost	Total
M6	150	40¢	\$60.00
E	25	65¢	\$16.25
D	25	50¢	\$12.50
C	10	45¢	\$4.50

Total Cost / Week = \$93.25

** Save \$536.75 per week!*

* without filling carts

Trade in your old system for the latest tech! **25% MORE Efficient!**

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Filling your own oxygen cylinders can save you a significant amount of money and headaches: Cylinders can be filled for less than \$1, and you don't have to wait for suppliers or worry about missing cylinders. Typically, an oxygen filler can pocket up to 2 dollars a cylinder or more by filling the cylinders themselves (a typical E cylinder fills for about 65 cents).

How Does It Work?

Filling with a Liquid System is very simple! After purchasing your liquid oxygen in bulk, the system will warm the liquid, which builds pressure and changes the liquid into gas.

What Do I Need to Fill?

In order to fill with a Liquid to Gas System, you will need the system itself, a paramagnetic oxygen analyzer, and filling supplies such as cryogenic safety materials (apron, gloves, face shield), along with labels, lot stickers, a cryogenic hose, and valve seals. Liquid to Gas Systems are usually about 3 ft x 5 ft*, so they don't take up very much room. You will need to register with the FDA and complete required training yearly. All of which Applied provides to you when you purchase your system!

What's the Difference Between Liquid to Gas and Gas to Gas?

Put simply—speed and cost. A Gas to Gas System is ideal for fillers who fill less than 100 cylinders a week. It's less expensive and can fill about 20 Es an hour. A Liquid to Gas System is ideal for fillers who fill more than 100 a week. It can fill 70 Es per hour, since you purchase liquid oxygen, you'll also get your oxygen supply for less.



\$10.99*

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Yes... That really is the price.

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* When you buy 20 units. Only \$10.50 each when you buy 100. Available in 0-8 and 0-15 lpm.

OxyGoFIT™



Every OxyGo FIT Comes With:

- A durable, black protective bag
- Carry strap
- AC charger, and DC car charger
- Easy to follow instructions!

SPECIFICATIONS

Size, Weight	With Standard Battery: (L) 5.91" x (W) 2.68" x (H) 7.2" 2.8 lbs. / 1.27 kg.
	With Double Battery: (L) 5.91" x (W) 2.68" x (H) 7.79" 3.29 lbs. / 1.49 kg.
Oxygen Flow	Flow per setting: 1 (210ml/min), 2 (420ml/min), 3 (630ml/min)
Power	AC Power Supply: 100-240 V, 50-60 Hz (auto-sensing to allow worldwide use), DC Power Cable for mobile use in car
Battery	Single Battery: Up to 2.7 hours Recharge up to 3 hours with AC or DC power
	Double Battery: Up to 5 hours Recharge up to 5 hours with AC or DC power
Noise	40 Decibels (at flow setting 2)
Warranty	3 year lifetime limited *
Operation	Simple control functions and easy-to-read LCD display
Use	Designed for 24/7 use, at home or away!

* See OxyGo Warranty Statement for details

NEW!



Backpack Now Available!

Contact your OxyGo rep to order!



HOW TO Recruit a DME Technician AND GET RESULTS.

by Rob Saltzstein, Contributing Editor

Some classified ads are better than others.

Here is one of the best—an extremely well written classified ad for a DME technician that was posted on a popular job site. It's an example of precision writing that could also function as a fine-tuned, first-rate job description for many equipment technicians working for DMEs.

There's no doubt that trusting your gut will lead you to the right candidate... but a great job posting can help draw them to you.

POSITION: Durable Medical Equipment Technician

The DME Technician drives a box truck and receives a new route daily. Regular and reliable attendance at the employer designated work site is an essential function of this job. This person delivers, exchanges, sets up and picks up durable medical equipment, respiratory equipment and supplies at the patients' physical location (e.g., residence, adult care home, assisted living, long term care facility, etc.). Technicians generally make 10-15 stops per day. They are the "face" of the company. They provide excellent patient care by delivering and setting-up medical equipment, and instructing patients and/or caregivers on the proper use and care of equipment in a compassionate and respectful manner. As part of a customer service team, technicians also maintain an awareness of patients' conditions and needs, and communicate that information to the appropriate staff.

Responsibilities include the following:

- With general supervision, receives a daily route and assignments and prepares the truck for delivery by scanning and pulling stock. (e.g., wheelchairs, hospital beds, bathroom aids, medical supplies, etc.), staging equipment for delivery based on the order of the route, and loading equipment on the truck following safety standards and standard operating procedures.
- Participates with supervisor/manager to conduct a daily assessment and verification (Pre-Trip Inspection) of the truck, equipment and supplies and confirm basic safety operations (e.g., lights, brakes, mileage, vehicle appearance, etc.).
- Follows the daily route to accomplish timely delivery, pick up and/or exchange of requested hospice equipment. This includes the use of Company scanning systems to track equipment; unloading and set up of authorized equipment to the point it is fully functional and meets customer expectations; breaking down, loading and segregating returning and outgoing equipment and supplies onto the truck and following established safety procedures (which includes but is not limited to identifying hazmat symbols, wearing protective safety gear and red-bagging and handling contaminated equipment in a safe manner).
- In a courteous and respectful manner, reviews basic equipment operation and instructs patients and/or caregivers on the proper use and care of equipment as well as performs safety assessments of each patients environment following the standard safety checklist.

- Maintains continuous communication with the customer service team to relay a change in an order status or non-compliance with prescribed orders, position in routes, stock availability and confirm delivery and pick up of equipment. This includes but is not limited to communicating check-in/out of equipment, re-routing, availability of rolling stock, and location information via smart phone communication. Additionally, escalates issues or potential issues to the customer service team as appropriate.
- On a daily basis, completes and maintains the driver log, the vehicle check out, the vehicle inspection and the oxygen manifest to ensure compliance with the Department of Transportation.
- Responds to emergency calls and new patient orders to deliver equipment as needed during regular business hours and during on-call rotation as defined by respective leadership.
- Upon completion of routes, unloads returned equipment following safety and handling procedures.
- Stocks delivery trucks with rolling stock to ensure “ready” condition for the next delivery.
- Following standard operating procedures and safety procedures, assists with warehouse functions to include cleaning and sanitizing equipment, following standard operating procedures for safe handling and decontamination.
- Participates in on-going staff meetings, training activities and continuing education to maintain relevant understanding and knowledge of equipment, new procedures and processes.

Required knowledge, skills and abilities to perform the role include the following:

- A high school diploma or equivalent is required.
- A current state issued driver’s license is required.
- Ability to pass a motor vehicle records check (MVR) having it show no major violations (including DUI) in the past 3 consecutive years, no more than 2 minor violations or at-fault accidents in the past 3 years and no more than 1 moving violation in the past 3 years. If between the ages of 21 and 25, MVR must be clean with NO violations and have a valid drivers license in effect for at least 3 consecutive years.
- At least six months experience in which incumbents regularly interface with customers is essential to perform customer services functions as described.
- Experience in the healthcare or medical fields in which incumbents have worked with durable medical equipment is preferred.
- One year previous delivery or warehouse experience.

Specialized Knowledge, Skills & Abilities:

- The ability to operate a 14-16 foot box truck in a safe manner is essential.
- The ability to follow a city map and navigate a new daily route is required.
- Strong interpersonal skills and customer service skills are necessary, as is the ability to remain customer service oriented during situations in which patients or caregivers may be frustrated or upset.
- Spanish speaking skills are desirable but not required.
- The ability to read, write and follow written and oral instructions is required to ensure accurate completion of DME deliveries, exchanges and pick-ups.
- Working knowledge and experience with smart phones is required to relay information to customer service and perform on-call coverage.
- Ability to utilize basic tools e.g., wrench, screwdrivers etc. to set up durable medical equipment.

Physical Requirements and Demands:

- This role entails prolonged sitting, standing, walking, pushing/pulling and climbing in and out of the truck.
- Must have the ability to lift and carry durable medical equipment that weighs up to 75 lbs. for a moderate period of time (25% – 50% of the day).
- For those sites that dispense liquid oxygen, incumbents are required to occasionally lift pull, push, and carry containers up to 100 lbs.
- Frequent bending, twisting, grasping and squeezing and occasional kneeling, climbing stairs, reaching above the shoulder is required to transport and set up medical equipment as described.
- Regular and continuous eye-hand coordination and manual dexterity is required to set up durable medical equipment. ■





DME Holiday Wish List

“Be careful what you wish for, it might just come true.” ... We’ve all heard that warning from time to time. With the holiday season here and lots of gifts being exchanged, we asked four DMEs what industry “presents” they would like to open if opening those gifts contained wishes that would come true in 2018. Here are the gifts at the top of their lists.

“I would love to open a gift that contains the future of the industry as it will be in 125 years. I would love to open a gift where providers are more forward thinking. The industry is full of great opportunities, even in the volatile environment that currently exists. I believe the provider community has the ability to control the outcome of our future if we can embrace effective change. A more obvious response would be the gift that contains my notice that the “Competitive Bid” program is terminated and we will go back to the 2015 Medicare fee schedules.”

~ LISA WELLS

Director of Compliance, Med-South, Inc. | Birmingham, AL

“I would like to open up presents that help us grow e-commerce in 2018 and also find a new location with a show room for displaying our retail products such as wheelchairs and mobility products. I would also like to see more friendly insurances from Medicare and the like, many are not friendly to DMEs. Baby boomers are not as savvy on e-commerce as is the younger generation. We need to shine on customer service and we need to let people know better that we do repairs and rentals. One of my biggest wishes for 2018 is that the economy stays strong and that we grow with it.”

~ TIM FREDERICK

Manager of E-Commerce and Retail, Midwest DME Supply
Farmington Hills, MI

“One of the top presents I would like to open would be simplification of the billing codes. They take a lot of legwork to follow and we get declined over and over for small mistakes from code books we have to wade through that can be 700 or 800 pages in length. For a small company to have to deal with quarterly modifications to the billing codes is very difficult. We also need to get paid faster by Medicare. Faster payments would be a very nice gift.”

~ MIAL SAMSOONDER

Complete Home Healthcare | Baltimore, MD

“I would like to open a love note from Medicare stating that competitive bidding is obsolete. Regardless of location and demographics, the majority of our home health care patients are on very limited incomes and many are without social security benefits. The price for medical equipment should be consistent across the board. Another nice gift would be simplification of the audit process. We have to resubmit claims and ask for reconsideration way too often. It’s a wasteful process.”

~ KIM SHERMAN

Pulmonary Associates | Romney, WV

Happy Holidays & Best Wishes

for a Happy and Prosperous 2018!
from everyone at Home HealthCare Today

EVENTS



It's never too early to plan to attend key home healthcare shows and events that can help your professional advancement!

We would like to list your 2018 homecare state meeting and top scheduled events in a future issue of *Home HealthCare TODAY*. Please send the information to: rsaltzstein@homehealthcaretoday.org

Alliance for Continuing Education in Healthcare:

DECEMBER 26 - 29

San Francisco, CA

ElevatingHOME National Leadership Conference

MARCH 7 - 9

Washington, D.C.

VGM Heartland Conference

JUNE 19 - 21

Waterloo, IA

Filler Required*

Applied Training Seminar

JANUARY 9

Raleigh, NC

Filler Required*

Applied Training Seminar

MARCH 20

Cleveland, OH

Filler Required*

Applied Training Seminar

AUGUST 21

Seattle, WA

Digital Health Summit

JANUARY 9 - 12

Las Vegas, NV

Filler Required*

Applied Training Seminar

MARCH 27

Las Vegas, NV

Filler Required*

Applied Training Seminar

SEPTEMBER 18

Kansas City, MO

ATiA 2018

Assistive Technology Industry Assoc.

JANUARY 31 - FEBRUARY 3

Las Vegas, NV

Filler Required*

Applied Training Seminar

APRIL 17

Sacramento, CA

ElevatingHOME Public Policy Leadership Conference

SEPTEMBER 26 - 28

Washington, D.C.

Filler Required*

Applied Training Seminar

FEBRUARY 20

Philadelphia, PA

NHPCO Management & Leadership Conference

APRIL 21 - 25

Washington, D.C.

Filler Required*

Applied Training Seminar

OCTOBER 2

Oklahoma City, OK

NCPA Multiple Locations Conference

FEBRUARY 28 - MARCH 4

Bonita Springs, FL

Filler Required*

Applied Training Seminar

MAY 15

Chicago, IL

NHPCO Interdisciplinary Conference

NOVEMBER 3 - 7

New Orleans, LA

*Annual requirement per FDA, state and accreditation

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