

OH
ATLANTA!



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COMPETITIVE BIDDING

Front of mind: Round 2

BY LIZ BEAULIEU, Editor

GWCC – What are the lessons learned from Round 1 of competitive bidding? Be accurate and be timely, says Mark Higley, vice president of development for The VGM Group.

Higley outlined tips for providers in Round 2 in a jam-packed session Wednesday.

One tip on how to be accurate: Get a copy of your 855S form and make sure it's up to date. It sounds like a no-brainer, but Higley said a whopping 40% of providers who submitted bids for Round 1 were disqualified due to clerical errors on the enrollment form—things like the wrong name or the wrong social security number.

Providers can be timely by

Invacare urges action

BY LIZ BEAULIEU, Editor

Booth 714 – With Round 2's imminent rollout, Invacare knows a new group of HME providers is scrambling for strategies to deal with competitive bidding. That's why it launched a program at Medtrade called "Act Now, Ask

Me How."

doing things like figuring out who will register to submit the bid now, even though registration isn't open yet. Higley said some providers submitted "panic bids" because they waited too long to make decisions.

Other tips Higley shared with the

Me How."

Wearing buttons with the program's name, Invacare's Mal Mixon and Cara Bachenheimer have set up shop in the company's booth at the show to discuss how providers in Round 1 managed to keep their businesses intact, despite the

INVACARE SEE PAGE 6

audience: Download the affected zip codes (the metropolitan statistical areas and the competitive bid areas don't match up exactly, he said); learn the licensing requirements in the bid areas ("Licensure was a killer in the first round, especially

respiratory licensing," he said); and submit only the required financial documentation—nothing more, nothing less ("Don't do anything to confuse these poor people," he said).

Higley believes CMS will announce additional information on Round 2 in two to three weeks.

As for where the Round 2 single payment amounts will fall, Higley said he doesn't think there'll be as big of a reduction this time around. The original Round 1 came in at 26% below the current fee schedule; the rebid came in at 32%.

"Will we get to 32% this time?" Higley said. "I don't think so. This is my opinion only, but I think we'll see 25%." **HME**

Complex rehab bill has a sponsor

Stakeholders 'crack the congressional barrier'

BY ELIZABETH DEPREY, Associate Editor

GWCC – After nearly two years of effort, the complex rehab separate benefit bill now has a sponsor.

Rep. Joseph Crowley, D-N.Y., is a member of the Ways and Means Committee, one of the two committees with jurisdiction over HME. This makes him a key person to get behind the bill, said Simon Margolis, NRRTS executive director.

Gerry Dickerson, vice president for rehab technology for Medstar Surgical and Breathing in College Point, N.Y., made the announcement as he was being honored with the inaugural David T. Williams Advocacy Award at the NRRTS luncheon Wednesday. Dickerson said the announcement was an

CONTINUED ON **PAGE 6**



'No Turning Back'

People who know Bryan Anderson as Quantum Rehab spokesman have heard parts of his story. But now, with the help of authors Bryan and David Mack, his story is available in book form: "No Turning Back: One Man's Inspiring True Story of Courage, Determination and Hope." The book is officially available Nov. 1, but Medtrade attendees had the opportunity to purchase



advance copies of the memoir Wednesday. Anderson was awarded a Purple Heart for service he gave as a sergeant in the military police in Iraq and is now both the national spokesman for Quantum Rehab and for USA Cares, a nonprofit organization that assists post-9/11 veterans in times of need. **HME**

Golden strives to top last year

BY JOHN ANDREWS, Contributing Editor



BOOTH 1515

GOLDEN TECHNOLOGIES' representatives say the Old Forge, Pa.-based mobility company's Medtrade 2010 booth received more critical praise than any that came before. Yet that positive response only encourages the leadership team to do even better, says Director of Marketing Pat O'Brien.



GOLDEN SEE PAGE 3 **PUT YOUR FEET UP** in one of Golden's lift chairs.

SUPPORT SURFACES

'DO THE RIGHT THING'

BY THERESA FLAHERTY, Managing Editor

GWCC—Wound care costs the health-care system \$11 billion annually and that creates opportunity for providers who want to grow their support surfaces business—if they do it the right way, says Mitch Yoel, executive vice president of business development and government affairs for Drive Medical.

“Brand your company as a knowledge resource,” said Yoel, during his session: “Therapeutic Support Surfaces: Matching the Right Product to the Right Patient.” “There’s a bigger opportunity than

just filling orders.”

That means understanding the differences between Group 1 and Group 2 support surfaces; knowing the advantages and disadvantages of the various products; and being able to match specific product features with specific patient populations.

“Each product has its niche in the market, whether it’s a gel overlay or an alternating pressure mattress,” said Yoel. “You don’t need to be a clinician but you need to understand how these products work.”

There are several ways provid-

ers can establish themselves as a “knowledge resource,” said Yoel. Those include quality assurance questionnaires; documentation education; and home environmental assessments.

The No. 1 referral source for support surfaces: certified home health agencies, followed by wound care centers.

“Go to the right place, identify the decision makers and tell them something they didn’t already know,” said Yoel. “Identify yourself as a knowledge resource, do the right thing by the patients, and you will grow your business.” **HME**

Are providers understaffed?

Food for thought: Each employee should generate \$100,000 to \$160,000 in average annual revenue.

BY JOHN ANDREWS, Contributing Editor

GWCC—With a down economy and reduced reimbursement, HME providers have likely cut down on staff, but are there signs that they’ve cut too much?

There is no magic formula for determining the “right” level of staffing in an HME company, but there are some guidelines to consider, consultant Miriam Lieber told attendees Wednesday.

“There is no real rule of thumb to determine the ‘right’ level of staffing,” she said. “No two companies are the same and job functions vary widely.”

Yet Lieber offered a ballpark figure of \$100,000 to \$160,000 in average annual revenue per employee as a starting point. Looking at that dollar range, companies can use it as a benchmark, but she added that “it’s all relative and you should measure it against yourself.”

Because HME companies tend

to be small and personnel are often asked to multi-task in different areas, Lieber says it may create the impression that a business is understaffed. And while that is usually not the case, some of symptoms of being understaffed include a growing DSO level, phones ringing repeatedly, untimely billing, cash posting delays and no insurance verification.

Conversely, what may seem like understaffing might actually be plain old inefficiency, where an employee is confused and directionless, unmotivated or unproductive, Lieber said. A

common excuse staff members use for falling behind on tasks is being interrupted by “too many phone calls” during a shift. To determine whether that is true, Lieber suggests pulling that employee off phone duty to see if it makes a difference.

Lieber also recommends recording calls to see how staff members are handling customer calls.

“This is a wealth of information,” she said. “If someone isn’t getting the service they deserve, you need to know about it.” **HME**

Show shorts

A seven-week online sales course with Michael Sperduti, president and CEO of **Emerge Sales (Booth 2753)**, is now being offered by The VGM Group. The “Seven Step Sales Process” course, designed specifically for HME companies, offers a step-by-step approach to improve sales performance...Invacare Supply Group has entered into a mutual marketing agreement with **Agape Medical Management (Booth 1050)** to offer providers a “bid to billing” solution for Round 2 of competitive bidding...**AAHomecare (Booth 1921)** honored Tom Ryan of Homecare Concepts and Joe Lewarski of Invacare with the Homecare Champion Awards at its Stand Up for Homecare reception last night. The award recognizes AAHomecare members for their contributions to the homecare community...**Brightree (Booth 1445)** launched an interactive voice solution at the show. The company says the solution integrates patient interaction and revenue management into a single platform...**Drive Medical (Booth 1334)** launched a portable oxygen concentrator (POC) at the show: the Oxus Reliability Plus... Kenny Ho, the 52-year-old president of **Heartway (Booth 1351)**, passed away Oct. 24 after fighting lung cancer.

QUESTION OF THE DAY?

What’s a product or program that has most impressed you at the show this year?



The Pride Quantum booth has the new Q6 wheelchair. It’s Bluetooth capable and you can program it with a phone. The Bruno “Chariot” is great. Sometimes people with a small car have to use a scooter trailer, and this replaces that.

—Jeff Miller, MS Dept. of Rehab Services, Hattiesburg, Miss.



A lot of the software companies have come up with solutions to our being in business with different companies. They’ve integrated them together into one product, so you don’t have four or five programs that don’t talk to each other.

—Victor Kessler, Matheny Rehab, Peapack, N.J.



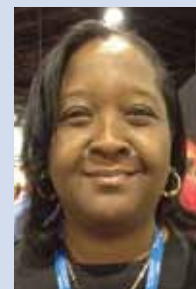
The retail design center was great—all of the different displays and different products. I especially liked the movable displays and nontraditional ones.

—Kandy Raether, Home Care Medical, New Berlin, Wis.



Home modifications. It’s been great to see all the different ideas, like the bathroom counter that raises and lowers so people who might not usually have access can have the opportunity to use it.

—Timothy Bates, Premier Home Healthcare, Orlando, Fla.



The knee walkers—if you hurt your ankle or leg, it lets you keep weight off your cast. The new ones have a weight capacity of 350 pounds and they only weigh 22 pounds. You could almost pack it in a suitcase.

—R. Stephens, Desloge Home Oxygen, Tallahassee, Fla.

SHOW NOTES

Mark your calendar

■ Medtrade Spring 2012 will take place April 10-12 at the Sands Convention Center in Las Vegas. For more information, visit www.medtrade.com.

New Product Pavilion

■ Go to the New Product and Industry Trends Pavilion at the end of aisle 2634 to vote for your favorite new product.

SPEAKER SPOTLIGHT

Market carefully

BY JENNIFER KEIRN, Contributing Editor

PICK UP any of the best-selling marketing titles at the bookstore, and you'll find loads of creative ideas for capturing customers. Unfortunately, plenty of those strategies are illegal in the HME industry. Carrie Bryant, the compliance officer at American HomePatient, and Bill Mathias separated the dos from the don'ts in their Medtrade session "Legal Limits on HME Marketing," on Monday. Here's a recap.



Bill Mathias

principal and attorney, Ober | Kaler

Services provided:

Legal and compliance advice for the DME industry

Contact: 410.347.7667 / wtmathias@ober.com

Golden

CONTINUED FROM PAGE 1

"Last year's booth was the most well-received booth we've had in terms of layout and product content—it worked well for us and for our customers who visited," she said. "Every year I think that Golden can't possibly top the previous Medtrade with more new products or accessories."

Golden is moving its Compass Test Track from the center of the booth to the outside corner so that it will be easier for attendees to see how the company's Compass power bases maneuver on a track surface. It is this type of interaction that keeps Medtrade vital to Golden's marketing efforts, O'Brien said.

"While we can create great sales materials, nothing beats sitting in a lift chair, riding a scooter or trying out a power wheelchair to see how it feels and performs," she said. "You can't do that through a website or a sales sheet. The best experience is in person, and trade shows allow people to do that."

The tremendous changes in the HME industry have altered Golden's approach to Medtrade, O'Brien said, as the company focuses on cash products for providers to sell.

"We hope that our presence at Medtrade shows our commitment to all dealers that we support them and our industry," she said. **HME**

people to influence their decision-making.

HME: For example?

Carrie Bryant: Where telemarketing is an accepted form of marketing in other industries, there is a prohibition against telemarketing to patients by DME companies. It's the details of these regulations that make it difficult to understand what is acceptable in health care.

HME: What are some of the challenges you see providers face in

complying with these statutes?

Mathias: What I hear is, "You tell me that I can't do this, but I can give you the names of five of my competitors who are doing that very thing." You can call the government and raise your concerns, but think about how good your own practices are. If your competitor finds out it was you, they're going to report you right back.

HME: Does creating a marketing strategy these days require profes-

sional help?

Bryant: Any business in health-care should consult a professional regarding marketing strategy. In today's changing regulatory environment, marketing initiatives should be reviewed for compliance.

HME: What's one piece of advice that you have for providers?

Mathias: Think before you act. If you were the government, is there a way you could construe this action as a payment for referrals? **HME**

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Somebody is getting busy

BY VAN MILLER

This is a story about four people: Everybody, Somebody, Anybody and Nobody.

There was an important job to be done and Everybody was sure Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about that, because it was Everybody's job. Everybody thought Anybody could do it, but Nobody realized that Everybody wouldn't do it. It ended up that Everybody blamed Somebody when actually Nobody asked Anybody.

I had a card printed with that story on it, and I hand it out when people need to focus on individual responsibility. We are facing serious difficulties in the HME industry, and I thought we could use a refresher course on the universal truth in this adage.

I'm a little tired of the pleas for us to "call our congressman." Most of us realize that calling our congressman is the equivalent of complaining about the weather. We might feel better, but otherwise, it doesn't accomplish much.

Someone else has probably been calling that same congressman telling him, "We insist that you create an impossibly complicated bidding system to cut at least 70% of the already competitive, skilled and conveniently located HME providers out of the system." Our problems didn't originate with our congressmen, and it looks like they won't be solved by providers talking to them.

So, most of the HME providers become or stay the "Nobody" in the story. They wait for the ax to fall—deer in the headlights, lambs to the slaughter. Our experience shows that less than one in

five providers takes a consistently active role in advocating for reform and support of patient needs.

Many do support organizations (with membership and dues) that are trying to right the ship. Beyond that is a "thin red line" of effective advocates on the front lines since the drums have begun to roll for our industry (my apologies to Kipling). Here's what's being done right now. They are not waiting for Anybody.

The Midwest Association of Medical Equipment Suppliers and People for Quality Care (P4QC) spearheaded an August telephonic town hall meeting in the Kansas City bid area. They engaged more than 50,000 households in an interactive discussion of home health issues. A panel of experts, including an equipment user with disabilities, took questions from beneficiaries.

Town hall meeting participants were beneficiaries and most importantly, voters. They asked questions, reported problems and were immediately connected with their congressional representatives. Their information was collected automatically for follow-up correspondence. Hopefully, they will become warriors in our battle with the bureaucracy and Congress. HME providers in the bid area helped by gathering volunteer patients to participate and relate problems with the new system. There are immediate plans to expand this to other bid areas.

Kelly Turner and Beth Cox, both of P4QC, have been traveling the country, videotaping real beneficiaries who have real-life concerns about what competitive bidding will do to their lives. Check out

www.peopleforqualitycare.com. Contact them at 1-800-260-7913 to join the effort.

The Center for Regulatory Effectiveness, a Washington, D.C.-based investigative and advocacy group, had Multinational Legal Services, CRE's legal affiliate, act as counsel to a home medical equipment trade association and an oxygen supply company in a VGM Member-supported lawsuit (through member contributions to Last Chance for Patients Choice) against CMS for 1) not conducting a notice-and-comment rule-making on the agency's financial qualification standards; and 2) failing to disclose the standards at all.

DME suppliers are required to meet unstated standards for bids to be even considered by CMS's competitive bidding program.

That suit recently was dismissed by the U.S. District Court on the primary basis that CMS and its contractor, as an agent of the sovereign government, cannot be sued even if it is wrong and abusive in its implementation. That decision is now on appeal to the U.S. Court of Appeals.

At VGM we are supporting, encouraging and initiating efforts like these. We believe that current trends will change and that soon, the rage of the HME beneficiary at being relegated to second or cheapest class citizenship in the Medicare world will erupt and Washington, D.C., will have to respond.

Don't be a Nobody in the fight: There are effective things that can must be done. Now. [HME](#)

Van G. Miller is CEO and founder of VGM Group, Inc.



VAN MILLER

You will have to change

Whatever happens with competitive bidding, be a better company for it

BY WAYNE GRAU

The DME industry is dealing with many issues, but competitive bidding remains the biggest threat to the health of our industry. While The MED Group

continues to advocate for repeal through support of H.R. 1041, we recognize the importance of helping our member partners prepare for the bidding process and the new business environment that competitive bidding will bring to our industry. Even though our efforts remain focused on eliminating competitive bidding, we understand the importance of prudent planning, thus preparing our businesses to operate in the most efficient and profitable manner.

The bigger question is, what are providers

doing to prepare their companies to compete in the new environment if competitive bidding cannot be eliminated or significantly modified by the summer of 2013? MED has been working to understand what Round 1 companies did to prepare for competitive bidding to share that information with our members competing in Round 2. Here are key recommendations:

START NOW

You will have to change your operations—this does not occur overnight. Achieving success will require 24 months of planning, implementation and execution.

IMPROVE EFFICIENCY/PRODUCTIVITY

Members realized they would be doing many of the same activities under competitive bidding but at much lower reimbursement. The members had to do it better, more efficiently, and for less revenue.

MAXIMIZE CASH FLOW

Focus on cash flow and collections, coupled with strategic investments in efficiency

and productivity tools. These investments were made early in the process to ensure that the tools were fully implemented by the time competitive bidding started.

FOCUS ON SKILLS THAT IMPACT CUSTOMERS

Outsource functions or change operational models to focus on products and services that bring value to customers. Options include outsourcing portions of billing and supply fulfillment; and implementing a limited delivery model for oxygen and other products. This allows for more attention on customer service, quality patient care and caregiver experience.

ENGAGE OUTSIDE SOURCES

Realize you cannot get where you need to be by yourself. Work with group purchasing organizations, outside consultants and other providers to learn how to effectively change the organization.

FORM TEAMS

This initiative is too big for a single person. Forming a good team with people from different parts of the company helps to create buy-in and also opens up new ideas and processes. The most important aspect: Full support and direction from senior management. Senior management must

CONTINUED ON NEXT PAGE



WAYNE GRAU


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Roscoe shows 'More'

BY JOHN ANDREWS, Contributing Editor

FROM AN interactive product showcase to details about a new provider profit program, Strongsville, Ohio-based Roscoe Medical is sharing everything and "more" with Medtrade 2011 attendees at Booth 1845. Pivoting off the theme "There is More to Roscoe Medical Than Ever Before," company officials want to demonstrate how the organization has grown since it started in 1993 as a respiratory parts distributor.

Over the past two decades, Roscoe has expanded its product portfolio into durable medical equipment and sleep therapy products to accompany its respiratory business. The complete line of Roscoe products will be on display in the center of the booth, where

visitors will be encouraged to take part in live demonstrations.

Roscoe Medical will also be promoting its HME Profit Builder tool, which analyzes a provider's current product mix and expenditure rate to create a customized cost-effective program based on volume purchases to help reduce overall expenses.

New CEO Paul Guth will be on hand to discuss Roscoe's tailored approach with its HME provider customers.

"We want providers to feel like they have a true partner they can count on to help them overcome the increasing pressures they face in our industry," Guth said.

"Our approach to serving our customers' business isn't based on cookie-cutter strategy, but rather on creative and flexible solutions that meet their unique needs."

The booth will also have a festive atmosphere, as magician David Harris will perform tricks while telling customers about the new products and promotions for the show. There is also a raffle for customers that place an order on the show floor, with six iPad 2s being given away as top prizes. **HME**



EXPECT a festive atmosphere at Roscoe's booth this year.

medtrade **BOOTH 1845**
CONNECTING THE HME INDUSTRY

Infopia causes 'Splash'

BY JOHN ANDREWS, Contributing Editor

INFOPIA USA is continuing the nautical theme of last year and adding a different twist for its Medtrade 2011 booth. While last year the Titusville, Fla.-based company's booth "Rocked the Boat," this year the events team wants to make a "Splash" at Booth 2845.

medtrade **BOOTH 2845**
CONNECTING THE HME INDUSTRY

"We decided to bring back some of the most popular elements from last year and incorporate them into our new attractions," said Christina Brown, Infopia America marketing and events director. "This year, attendees can expect to step off the show aisle onto our boardwalk and be surprised with what we have in store for them. Visitors can meet our live mermaid, who will be telling the tales of our newest products and services. It will also feature the popular 35-foot pirate ship from last year's award-winning booth."

The "Splash" theme relates to the "changing tide of the industry," Brown said, which means the booth will spotlight new technologies and programs available to HME providers tailored for the new environment.

For instance, Infopia's Eocene System for chronic condition management is designed to provide sufficient audit protection documentation and serve as an effective physician referral tool. The company is also touting the benefits of its HME Providers

membership, which offers discounts for supplies, help with customer retention and other programs designed to grow the provider's patient base.

Infopia will also sponsor and present to consumers during Medtrade's Consumer Advocacy Day on Thursday, Oct. 27. The topic will be the effects of competitive bidding to the consumer, focusing on diabetic supplies.

Despite the serious state of affairs in HME right now, Brown says her company tries to make the booth light-hearted and fun for Medtrade attendees.

"We use our creative entertainment and atmosphere to draw visitors into our booth then it's our sales team's job to listen to their needs and provide solutions," Brown said. "We believe that the trade show floor should be fun and a place where suppliers and vendors can share ideas not pressured into sales from the aisle." **HME**



INFOPIA'S booth aims to educate, entertain and help providers manage the industry's "changing tides."

HME NEWS TV

Ten most interesting people in the HME industry, Version 2.0

BY LIZ BEAULIEU, Editor

WE'LL BE taping HME News TV interviews every half hour during the show floor hours Tuesday through Thursday, with a 1-hour break for lunch each day. In all, it'll be about 30 interviews.

We usually tape the interviews in our booth (569). But not this year. This year, with Medtrade's help, we're going all out. We're taping the interviews by the last set of escalators that you take to get down to the show floor. You can't miss us: We'll have a stage, lights and a large TV airing the interviews.

We'll also have Jennifer Keirn, one of our contributing editors, taping the interviews. She's just as, if not more, capable than me, and she's definitely more telegenic.

All this scheduling got me to thinking about a list of the 10 most interesting people in the HME industry that we put together for 2010. We based the list on how many times their interviews were viewed on HME News TV on our website.

Here's the list for 2011:

- 1 MIKE PFISTER, THE SCOOTER STORE, 813 VIEWS**
Power wheelchair giant explains its competitive bidding strategy
- 2 TY BELLO, TEAM@WORK, 339 VIEWS**
The rise of "hospitalists" and what these new referral sources mean for HME providers
- 3 JIM GREATOREX, BLACK BEAR MEDICAL, 290 VIEWS**
An HME retail guru explains what it takes to pump up cash sales
- 4 MIKE SICILIAN, MANAGED HEALTH CARE, 252 VIEWS**
MHA acquires The MED Group and

sees potential in the HME industry

5 JANE BUNCH, JANE'S BILLING AND CONSULTATION SERVICES, 242 VIEWS

Intake is everything: Here's how to do it right

6 JEFF BAIRD, BROWN & FORTUNATO, 236 VIEWS

What are Internet sales leads and how can they build your business

7 ERIC KLINE, ELINT TECHNOLOGY, 209 VIEWS

Sales compensation: How to stay profitable and keep your reps happy

8 CARA BACHENHEIMER, INVACARE, 206 VIEWS

CMS has put ACOs on a fast track. Your next move: Wow hospitals with how you contribute to better outcomes

9 LISA WELLS AND CRAIG STEVENS, UROMED, 205 VIEWS

UroMed revved up its website and boosted sales

10 HARVEY DIAMOND, DRIVE MEDICAL, 201 VIEWS

The best manufacturers show providers how to make money

It's a good group. There's one familiar face: Eric Kline was on the list for 2010 and he's on the list again for 2011. We were scheduled to interview him yesterday.

The themes, in terms of topic, are similar last year and this year: sales, billing, competitive bidding, but mostly sales. Hence the popularity of Kline and other sales gurus. I'm surprised audits aren't a topic represented in the list. Denise Fletcher was on the list in 2010 talking about just that.

Also of note: Doug Harrison of The Scooter Store topped the list last year; Mike Pfister of The Scooter Store topped the list this year. **HME**

Build a better company

CONTINUED FROM PREVIOUS PAGE

lead and push this initiative to legitimize the importance of what the changes mean to the company both today and into the future.

EVALUATE ALL PRODUCT CATEGORIES AND REFERRAL SOURCES

Conduct a full evaluation (financial, resource allocation) of the product lines offered to customers. Evaluate the referral sources to see which ones required high levels of service with limited profitability. Product lines or referral sources that meet the new requirements are implemented or enhanced and those that do not are eliminated.

PARTNER WITH MANUFACTURERS

Get away from the "deal of the day"

manufacturers and focus on developing partnerships with manufacturers that provide the best overall value not necessarily the cheapest price. Value manufacturers that offer consumer marketing capabilities, financing, and outside direct sales teams to assist with training that helps to maximize productivity and earn an acceptable margin.

As one member told me, the one thing that is certain regardless of the outcome of competitive bidding: Providers need to evaluate all aspects of the operation and change accordingly to compete in whatever environment exists in the future. **HME**

Wayne Grau is vice president of contracting, business services and government affairs.

Scooters

Drive Medical Bobcat 3 Wheel Compact Scooter

Drive Medical's Bobcat Compact Scooter is lightweight and easy to operate. It comes with a height-adjustable seat with flip-back adjustable arms, and a large carry basket. The compact, four-piece design allows for tool-free assembly and disassembly. It has a top speed of 4 mph and a cruising range of 7.5 miles and is intended for both indoor and outdoor use.
www.drivemedical.com
BOOTH: 1334



Golden Technologies Buzzaround XL

The Buzzaround line expands with the four-wheel Buzzaround XL. With a 300-pound weight capacity, the Buzzaround XL offers end users more foot room with indoor maneuverability and the enhanced stability of a four-wheel scooter. Featuring a delta tiller with wraparound handles, completely wireless disassembly and two sets of easy-to-change shroud panels in red and blue.
www.goldentech.com
BOOTH: 1515



Afikim Electric Vehicles Breeze S

Breeze S is available in three- or four-wheel models; single or extra wide seat. It is designed for outdoor driving, with functionality and quality. Features include LED lights, LCD control panel, state-of-the-art electronics allowing software control, reinforced chassis and fully adjustable orthopedic seats.
www.afiscosoters.com
BOOTH: 1513



ActiveCare Medical Spitfire 1420 EX Travel Scooter

The improved Spitfire 1420 EX has several new features including wraparound delta handles for easier driving, even for those with limited dexterity; stylish two-tone seat upholstery; armrest reflectors to make the scooter more visible when traveling in low light conditions; black, non-marking, flat-free tires for worry-free travel, and a backlit battery gauge.
www.activecaremedical.com
BOOTH: 755

Invacare Invacare Leo Scooter

The Invacare Leo Scooter line now includes a three-wheel option. It features a 350-pound weight capacity, standard full lighting package, a quick adjust tiller, intuitive control panel, built-in splash guards to protect the electronics and transaxle, comfortable seating that swivels and slides and flat free tires.
www.invacare.com
BOOTH: 714



Pride Mobility Go-Go ES Scooter

Pride's lightweight Go-Go ES Scooter features easy disassembly, a convenient charger port on the tiller, 275-pound weight capacity and black, non-scuffing tires. Designed for durability, it features a crushproof front basket and a front frame-mounted seat post for maximum stability. Convenient, off-board dual voltage charger, allows user to charge battery pack on- or off-board. It easily disassembles into six lightweight pieces for convenient transport and storage.
www.pridemobility.com
Booth: 1019

Women's Health Intromark Seez-It

Intromark's Seez-It labels are re-usable, switchable labels that organize the inside of a handbag or diaper bag. Pre-printed labels save time and frustration when looking for something. Great for women going through medical treatment, Alzheimer's patients and busy moms on the go. Contains 14 pre-printed, and two blank, low-profile labels.
www.InventHelpStore.com
BOOTH: 2212

Anita International Post-Surgical Camisole

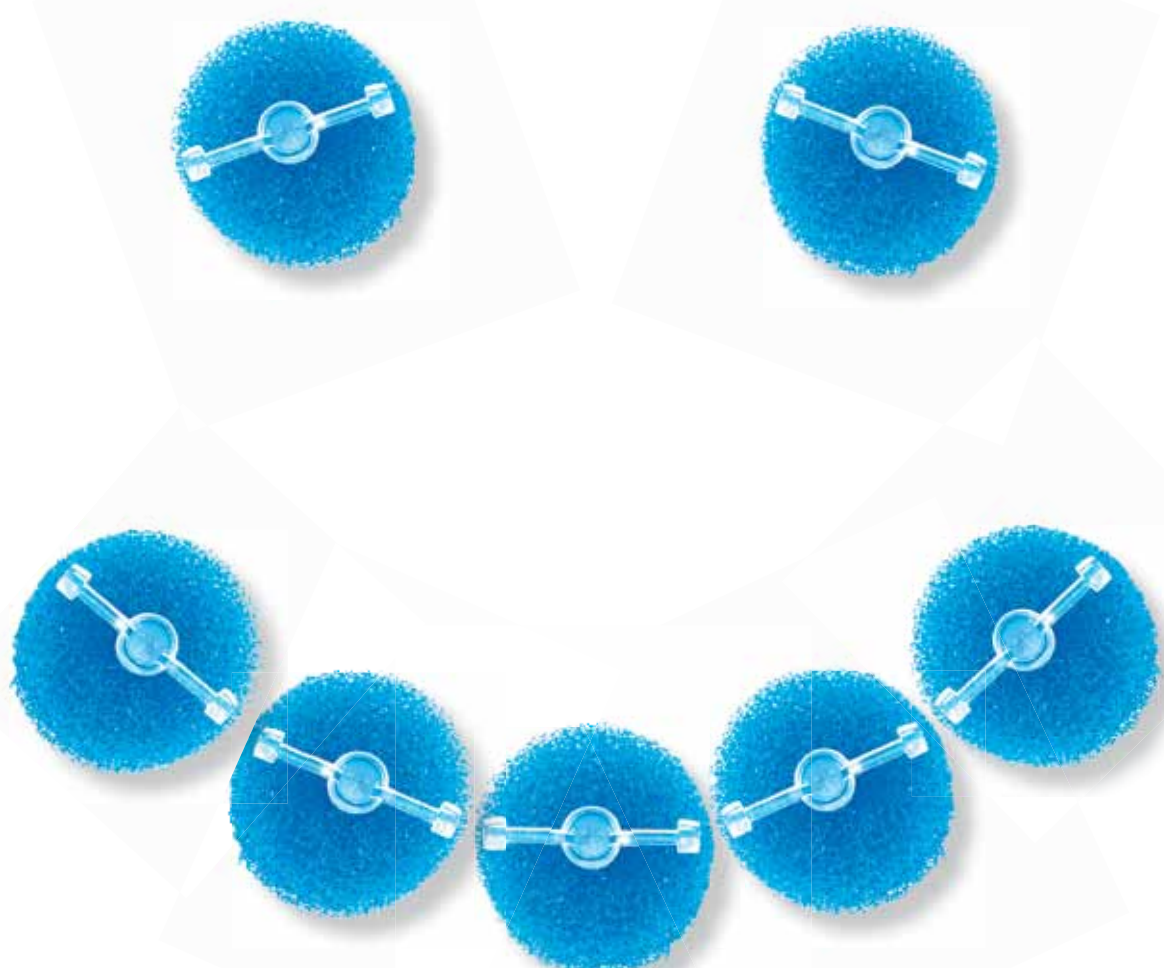
Anita International's Post-Surgical Camisole is made of soft cotton/Lycra fabric designed for comfort, function and fit. Smooth side seams prevent irritation to sensitive skin. This camisole includes one large pouch for aid in drainage. Included are two soft, fiberfill leisure forms constructed to give support and confidence in post-op recovery. Cups feature a supportive underbust-band and straps are extra wide to provide support and prevent irritation.
www.anita.com
BOOTH: 357

American Breast Care Massage Form

American Breast Care's Massage Form massages, cools and hugs the chest wall. More than 80% of wearers believed the Massage Form to be comfortable or extremely comfortable. Available as a symmetric and asymmetric breast form.
www.americanbreastcare.com
BOOTH: 1269



Waterless CPAP humidification: Hello *HME. Goodbye hassle.



Transcend's patent-pending HME technology provides all the warm, moist air needed for a comfortable night's sleep - no water required! The tiny disposable HME provides portable, hassle-free humidification virtually anywhere.

**CHECK OUT
BOOTH #1632**



Visit: www.MyTranscend.com

* Heat moisture exchange (HME) humidification system is hospital-proven to provide warm, moist air during ventilation therapy.



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