

ATTENTION: HOME HEALTH NURSES AND THERAPISTS

IMPORTANT REMINDERS FOR WHEN TREATING PEOPLE WITH FECAL OR URINARY OSTOMIES AND PEOPLE WHO USE UROLOGIC SUPPLIES





on your responsibility when treating people with fecal or urinary ostomies and people who use urologic supplies

CHALLENGES WITH IDENTIFYING THIS POPULATION:

When the ostomy or bladder impairment is not the identified primary problem such as:

- > Patient with Multiple Sclerosis admitted for decreased function related to exacerbation of disease or hospitalization who also performs intermittent self catheterization and requires specialized catheters related to her functional level
- > Patient admitted for knee replacement or post hip surgery with pre-existing fecal or urinary ostomy
- > Patient with SCI admitted for wound care, has an existing ostomy and/or self-catheterization or indwelling catheter

REMEMBER TO ASK AT THE TIME OF ADMISSION:

- >WHAT supply products do you use (i.e., product codes and sizes)?
- >WHERE/WHOdo you get your supplies from?
- **HOW MANY** products do you have in the home?
- >HOW OFTEN do you order?



CLINICIAN must provide the patient's appropriate supplies in order to have 2-5 day leak-proof wear time in order to avoid hospital readmission.

Be aware if these supplies are not in your agency's formulary you may need to special order the supplies.

UNDER MEDICARE GUIDELINES

for both new and established fecal or urinary ostomy and/or urological patients, the Home Health Agency (HHA) is responsible* for obtaining ostomy and/or urological supplies for duration of Home Health episode.

* In some instances if the Home Health Agency uses supplies that they did not provide (i.e., patient supplies already in the home or recently ordered by the patient from a DME), then the agency may be billed by the Durable Medical Equipment supplier for reimbursement.

REIMBURSEMENT OR PAYMENT IS DETERMINED BY PRIMARY PAYOR SOURCE:

TRADITIONAL MEDICARE

PAYMENT to the home health agency is made for a defined episode of care and is based on the patient's clinical, functional, and service levels. Payment is not based on number of visits or disciplines involved in care.

Non-routine medical supplies are included in this bundled amount and the HHA is responsible for providing the beneficiary with the necessary amount of his/her Medicare covered medical supplies while under their care.

MANAGED CARE/MEDICARE ADVANTAGE/MEDIC-AID/COMMERCIAL INSURER

INSURANCE companies contract with the Home Health Agency for skilled visits by the home health staff. The negotiated payment amount is typically for the staff visit only and **does not include any equipment or medical supplies.**Medical supplies necessary to provide the physician ordered care are obtained by the patient or, if requested by the patient, the agency will obtain through a provider for direct shipment to the home. The provider who handles billing will coordinate with the agency to provide the required products in accordance with the terms of the relevant contract

MOST OSTOMY AND/OR UROLOGICAL PATIENTS require

a unique combination of specialized supplies with different features for proper management of their ostomy and/or urological needs. When the patient's ostomy or urologic supplies are not on the Agency's formulary, the result is they receive what is available versus what they have been prescribed for their particular medical need. This can threaten the patient's ability to self-care, remain independent or even remain at home. For example:

- >THE PATIENT IS AN ELDERLY WOMAN newly discharged from acute care after surgery for an ileostomy. She is visually impaired and has functional impairment from severe osteoarthritis. The stoma is flush to skin level and located in a skin crease requiring the need for a flexible one-piece pouching system with a convex skin barrier. The patient was discharged with a special ordered one piece convex pre-cut pouching system. The home health agency does not have this type of pouch and gives her a two-piece pouch, cut to fit system. She is unable to manage the two-piece system by herself and develops irritant dermatitis from ongoing leakage.
- ▶ PATIENT IS SPINAL CORD INJURED and has limited dexterity and uses a specific catheter to maintain independence. The agency provides a different catheter that the patient is unable to use thus losing independence and has to rely on a caregiver to help them catheterize.

REMEMBER **PRIOR TO DISCHARGE** FROM THE AGENCY TO:

- >HELP patient get set-up with next supply shipment
- >ENSURE the patient has enough supplies on-hand (at least 4-5 changes) until patient receives next shipment
- >ENSURE patient receives proper instruction on ordering supply process and locating providers for medical supplies including supplier contact phone numbers
- > ENSURE patient understands that there are many different product choices and they can, if needed, received customer assistance services, including samples, from the manufacturer
- > ENSURE patient has a way to reach a nurse or another resource such as a manufacturer or qualified supplier, if something goes wrong





United Spinal Association's Access and Care Coalition consists of patient, clinician, physician, consumer and disability advocates, as well as urological and ostomy medical technology suppliers and manufacturers. Our mission is to advocate for policies and programs that ensure consumer access to medical supplies under Medicare, Medicaid and private insurance.

We collaborate to secure health policy that facilitates the provision of high quality care and maximizes function and independent living for people with disabilities and chronic conditions. We focus on helping to provide people with disabilities and chronic conditions with their choice of, and access to, the prescribed and medically appropriate urological and ostomy medical technology and supplies.

https://www.unitedspinal.org/access-care-coalition/



























































