

Harmar Mobility

Pinnacle Premium Platform Lift

Harmar Mobility's Pinnacle Premium Stairway Lift offers a helical drive system with a modular gear rack. The drive system features a standard 16-foot track length, with lengths available up to 70 feet. When folded, the lift measures 11 inches wide. The Pinnacle Premium Stair Lift is also easily changeable from the left to the right side, without having to access the internals of the unit.

WWW.HARMAR.COM



Can-Am Care

Clickfine Pen Needles

Can-Am Care's Clickfine Pen Needles are compatible with all major brands of insulin pens, including the Solostar, Flexpen and Kwikpen and other injection pens including Byetta Pen and SymlinPen. They are available in three sizes to meet the individual needs of those with diabetes. Clickfine Pen Needles are easy-to-use for people with manual dexterity problems or visual impairment.

WWW.MYCLICKFINE.COM

American Medical Alert

MedSmart

American Medical Alert's MedSmart medication dispensing system ensures that a patient takes the proper medications at the proper time. If a dose is missed, the system will send a signal that ensures caregivers are promptly notified via text, voice or e-mail message. Easy-to-fill Medtrays can be loaded ahead of time and the device will notify caregivers when refills are needed.

WWW.HEALTHYAGINGSOLUTIONS.COM



VGM Insurance

Surety Bonds

VGM Insurance is providing education, support and a solid solution to the surety bond requirement for DMEPOS suppliers. VGM offers an easy 10-minute online application that requires a minimal amount of information and a quick turnaround time so you can meet this requirement and get back to focusing on your business. Bonds start below \$200. Don't lose your billing privileges. This requirement is too important to leave to chance. Start the application process online or call our bond hotline at 866-497-0472.

WWW.VGMINSURANCE.COM

Spellex

PocketMed

Spellex's Pocketmed is a handheld spell checking wizard designed for the health-care industry. The PocketMed contains more than 300,000 medical, pharmaceutical and English words. Other features include a databank for storing names and phone numbers, a scheduler, a calculator, a currency converter and a world clock.

WWW.SPELLEX.COM



Mason Medical Products

Air-Cell Cushion

The Air-Cell Cushion is constructed of independent flexible interconnected air cells designed to immerse the patient and help disburse pressure evenly, which will increase blood flow to assist in the treatment and prevention of pressure sores. The waterproof, four-way stretch cover provides low shear to help maintain sensitive skin tissue while the air pump will be used to adjust individual patient comfort. Non-skid bottom and adjustable strap offers additional security.

WWW.MASONMEDICAL.COM

Pride Mobility Products

Q-Logic Drive Control System

The fully programmable Q-Logic Drive Control System features a display that provides users with more information. A new reminder feature allows clients to program alerts to let them know when it's time to weight shift, take medicine, charge their battery and more. Speed, battery condition, odometer information and time are presented in an easy-to-read color display. In addition, Q-Logic offers more programming options, allowing for a new level of customization.

WWW.PRIDEMOBILITY.COM

Globtek

NCART

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background, but we feel strongly that we needed someone with industry experience," said Gary Gilberti, president of NCART and CEO of Chesapeake Rehab Equipment. "Don has the experience of being a provider and of working with manufacturers through The MED Group. He has the overall knowledge we need. We think this will step up NCART's game a little bit."

Clayback, who has served on both NCART's executive committee and its board of directors, has more than 22 years of industry experience. For the past six years, he has served as vice president of government relations for The MED Group.

Before that, he was an industry consultant and a vice president at two HME/rehab companies.

Bringing Clayback on board is the first of a three-pronged approach to increase NCART's profile, Gilberti said. The other two: adding administrative support and contracting with a lobbying firm, he said.

"We have some major projects on the table," Gilberti said.

Those projects include creating a separate benefit for complex rehab, repealing a 9.5% reimbursement cut and revising the new billing policy for wheelchair repairs.

As executive director of NCART, Clayback hopes to work on these projects with increased participation from advocacy groups like the ALS Association and con-

sumers, he said.

"We've been making inroads in that area, but I think it's something we need to put more time and energy into," Clayback said. "We need to develop these relationships on a deeper level, so we can work hand-in-hand. Because on a surface level, our issues seem like provider issues, but they're really access issues that will affect consumers."

Clayback also hopes to improve NCART's communication efforts—both internally to its members and externally to the industry at large—through increased e-mails and teleconferences.

Additionally, he plans to update the coalition's Web site to make it more informative for members, policymakers and consumers. **HME**

Medtrade undergoes makeover

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must change, say industry leaders.

Medtrade's willingness to address industry needs head-on convinced Invacare to return to the show after passing on last year's event, said Carl Will, group vice president for HME.

"It wasn't anything against Medtrade," Will said. "We just weren't getting the bang for our buck. This way it is a good investment."

Medtrade's new agreement with AAHomecare could also pay big dividends. The deal provides the industry's flagship trade association with increased financial incentives in exchange for helping out with the show's education, advocacy and exhibitor enrollment. The more money Medtrade earns, the more AAHomecare receives for its lobbying and advocacy work on behalf of the industry.

"We pulled out of Medtrade when we realized it wasn't working anymore, but we are anxious to help AAHomecare, and that is the reason we are talking and reconsidering going back to the show," said Harvey Diamond, Drive Medical's president. "At the same time, we're trying to come up with an exciting program that

will be good for the whole industry."

Kirsten Delay, a senior vice president at Pride Mobility, agreed.

"The more participation we have at Medtrade, the more we are supporting AAHomecare," she said.

When it comes to education, Delay added, it "needs to be about earning CEUs and things that help providers become accredited—not just having experts in the industry give seminars."

And, said Ron Bendell, president of The VGM Group, it's about time the HME industry reached out to clinicians and consumers.

"Let's show them what we are all about," he said. "I think our industry would be better positioned today in Washington if we had more involvement from consumers."

Show Director Kevin Gaffney called industry efforts to help improve the show "exciting."

"Medtrade is a reflection of the industry," he said. "As such, we want to listen to what the industry is looking for and develop programs that will help. We want to address concerns and provide an opportunity that makes sense." **HME**



H. Diamond



Ron Bendell

O2 drop-off

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Joe Lewarski, vice president of the Respiratory Group, at Invacare. "But discussions with providers and the noticeable trend in the rise of stationary-only patients over the last five to 10 years suggests to me that the cap number was going to be higher than initially predicted. I think the cap impacted at least 28% to 30% (of patients), which is consistent with the data."

The number of allowed beneficiaries dropped 31% from 213,972 to 148,114 in Jurisdiction D; 27% from 183,421 to 134,787 in Jurisdiction B; and 27% from 129,032 to 93,822 in Jurisdiction A.

Contributing to the drop-off, industry stakeholders say, was the lack of guidance from CMS. As a result, providers held off submitting claims in the first few months after the cap went into effect.

That was the case at Andover, Ohio-based Seeley Medical.

"We hesitated, because the rules weren't very clear," said Joe Petrola, president. "We talked to other providers, and they were doing the same thing. Everyone was in wait-and-see mode."

Industry stakeholders expect the number of allowed beneficiaries for oxygen concentrators to creep back up in March and April, when CMS issued additional guidance on the cap. **HME**