

- Now's the time for all good men to get together with one another. We got to iron out our problems and iron out our quarrels and try to live as brothers. And try to find a piece of thing without stepping on one another. And do respect the women of the world. Remember you all had mothers.

- We've got to make this land a better land than the world in which we live.

- And we got to help each man be a better man with the kindness that we give.

- I know we can make it.

- I know that we can.

- I know darn well we can work it out.

- Good morning, good morning. This is Ability Radio, You and Your Health. I am your co-cost Amelia Headley LaMont, joining you for another wonderful, beautiful Saturday morning with...

- Iris Bermudez.

- Good morning, Iris. How you doing?

- I'm fine. Good morning.

- Couple of ground rules. We request that there be no use of names, no personal attacks, no unfounded allegations, product pitches, no profanity and of course we do not give medical advice, so we would not be able to answer questions if there was a concern with respect to that but what we can do and what we have been doing over the past several weeks is providing you with basic, important, concrete information on Medicare and the Affordable Care Act and we've touched upon some very interesting issues and what do we have for us this morning, Iris?

- Well, today, I want to go over, Archie brought out the need for pre-retirees to get together and enroll in a Medicare program. I wanna go over the three enrollment periods that they're, that are available to them and I also wanna go over something that I think a lot of the folks in the Virgin Islands might not know about and that's a Part A premium.

- Now, Part A is...

- Part A is hospitalization institutional care, hospital, hospice, home health and they need to know something about the premiums if they haven't met the 40 quarters that they're required to meet in order to get Medicare Part A premium free. And then we wanna talk about an issue that's of, that's happening on St. Croix with respect to durable medical equipment.

- Okay. Very good. First of all, let me bring to your attention that this program is brought to you by VI Lottery, "Making a difference." If there are any questions that will come up during the course of this program, you can call in at 713-1079 or 779-1079. That's 713-1079 or 779-1079. All right, Iris, let's talk about the...

- Enrolment.

- Enrolment, yes.

- Okay. First, I wanna let the listening audience know that Medicare does not enroll anyone in the Medicare program, that's a function carried out by Social Security. You need to go to Social Security or even go online if you want to enroll in the Medicare program. There are three enrollment periods. The first enrollment period, called Initial Enrollment Period, IEP, begins, it's done during a seven-month period before you turn 65. In other words, before your--the month of your 65th birthday, you have three months

before your 65th birthday, the month you turn sixty-five or three months after your 65th birthday. The other enrolment period, the second enrolment period that's available to you is called the General Enrolment Period. Let's say for example you missed your initial enrolment period, that seven-month window of opportunity, you can enroll during your General Enrolment Period which runs from January to March every year. Now, you have to be careful with that because in some instances, you can, you may have to pay a higher premium and your coverage doesn't start until July 1st. So try to avoid that General Enrolment Period and just shoot for the seven-month enrolment period. Some folks are able to enroll during a special enrollment period which is a third opportunity available to you. Now, what does that mean? That means that you or your spouse are working and you have until you decide, you or your spouse decide to retire, you can wait for this eight enrollment period. What that, what happens is that the month you retire, the month you leave your employment, you have eight months to enroll in Medicare and you won't be penalized, okay? Because that's, you are already working, the law allows you to enroll during this enrolment period because it begins, this period now begins the month you leave employment and ends after, it ends when you leave if, eight months after you leave your job or you retire or you lose your insurance coverage, whichever happens first. For example, when I retired in July, I had that eight-month enrollment period opportunity available to me. So I took advantage of it because, you know, you wanna, you retire, you get a fixed income, you wanna save on that Part B premium. So I waited for a while and then I enrolled in Medicare Part B.

- But I was under the impression that even if you were working and maybe this is just an option you're talking about. Once you hit 65, you, or before, you know, the initial enrollment period process should be in place where the, even, let's say I'm 65 and I'm still working, it's probably best for me to apply because I'm 65?

- You could.

- Yeah.

- You could, you could. There's no, no one can stop you from applying when you, before you're 65 or during the month you're 65. But if you wanna exercise that special enrolment period, you can. As long as you or your spouse is employed and you have health coverage and that's a main point that you have some kind of health coverage so when you retire, then you have that window of opportunity, eight months window of opportunity to enroll during that period, okay? But it's only eight months. If you, if you enroll after the eight-month, then you're gonna have to wait until the second opportunity, General Enrolment Period, to enroll and then you will be subjected to a penalty.

- Now, what are these penalties?

- It's 10% of the, from the time you were eligible to enroll initially and you didn't. So for every month that, you know, for every year that you were not enrolled, then you're subjected to that 10% penalty.

- And for, whatever reason, this is the first year I notice getting some sort of statement relating to health that is shared with the Internal Revenue Bureau.

- Your 1099.

- Yeah. So, yeah, the penalty will catch up with you apparently. I mean, not implying a penalty but even if you have any kind of health coverage now, there seems to be some sort of statement that's submitted to recipients of healthcare which was the first time I've seen it.

- I don't know.

- And that might be, yeah, an Affordable Care Act phenomenon.

- Maybe.

- But I've, this is my first year noticing something like that.

- I do know you get a 1099 when you start receiving Social Security.

- Okay.

- You know, and if you're still working, of course you get the W-2.

- Right. Right, right, right.

- Okay.

- Okay.

- But again, the information with respect to enrolment period is in, is on the website. You can call 1-800 Medicare or you can talk to the SHIP, State Health Insurance Assistance Program staff who are very familiar with this whole process and they will, if you have any questions about it, they can explain it to you. One of the things that, the other things that the Medicare beneficiaries or people in the Virgin Islands don't know is that while you have to work 40 quarters in order to be eligible for Social Security and for Medicare, there are provisions for folks who haven't worked the 40 quarters where you can get Part A. If you work the 40 quarters, Part A is premium free, you don't have to pay anything for that because you've already worked it. But if you haven't worked the 40 quarters, let's say you work less than 30 quarters, you would have to pay approximately \$411 a month for Part A.

- Okay.

- If you work between 30 and 39 quarters, you would have to pay in 2016?

- Uh-hmm.

- \$266 per month for Part A which is much less than I think folks are paying now.

- Right.

- So this provision, this regulation is for people who didn't work all their quarters as required by law and want to enroll Medicare. Again, it's an option available to the listening public if they want to get some help with Part A.

- And this is applicable for persons who have a disability and who worked a certain amount of quarters?

- Right, right.

- Okay.

- Because even if they had a disability, they'd have to wait the 24 months.

- Right.

- Like the regular, the other disabled folks and, that have worked the 40 quarters but then they will have to be paying something towards that Part A premium. So it's, if you work less than 40 quarters, Part A is not premium free but it's still available but you would have to pay that premium.

- All right. Well, this is very useful information. I think we're gonna take a little break and we'll be back in a few minutes.

- ...iron out our problems and iron out our quarrels and try to live as brothers. And try to find peace within without stepping on one another. And do respect the women of the world. Remember, you all had mothers. We got to make this...

- I know we can make it.

- I know that we can.

- I know darn well we can work it out.

- [inaudible] every boy and girl's got to [inaudible] yeah.

- I know we can make it.

- I know that we can.

- I know darn well we can work it out.

- [inaudible] would like to say oh, if there's a will, there's got to be way, y'all.

- I know we can make it.

- I know that we can.

- I know darn well...

- We're back, we're back. You're listening to Ability Radio, You and Your Health. I'm your co-host, Amelia Headley LaMont joined by Iris Bermudez. This program is brought to you VI Lottery, "Making a difference." Iris, we pretty much covered now what it takes to be, to enroll in Medicare and how to, how important it is to avoid being penalized because it can be very costly. What about, and I know this has been an issue that has come up in meetings that we've attended, the durable medical equipment and we really have a problem here, particularly in St. Croix in getting that. Can you give us a little bit of, some background as to what it is, what the issues are in that regard?

- Okay. Sorry. Firstly, let me give you some background, medical durable equipment, what it is, what it covers, costs, how much a beneficiary would have to pay and then we'll get into the accreditation process for the provider who wants to become a durable medical equipment provider because it is lengthy and it, and it's a lot of criteria, a lot of things that they have to do to become a Medicare provider for durable medical equipment. Now, there is, the problem doesn't exist in St. Thomas because there is a Medicare certified provider in St. Thomas and there isn't any on St. Croix. I've been asked, "Well, can that supplier help St. Croix?" Basically, I'm sorry. It's very expensive, it's a very expensive venture when providers in the Virgin Islands have to pay for import taxes, customs taxes, whatever other tariffs are required of them to pay for bringing in equipment to the Virgin Islands. So, you know, it could become very overwhelming for one single provider to provide services to approximately 19,000 Medicare beneficiaries that currently exist in the Virgin Islands. You have St. Croix, approximately 8,500 beneficiaries, in St. Thomas, St. John, about 8,500. I'm just approximating because I don't have...

- Right. It's small. I mean, not everyone will require durable medical equipment.

- Exactly. But it's still expensive compared to, if I was in Florida and I needed a wheelchair, I would call, of all the hundreds and thousands of providers in Florida, I would call the one closest to me and it's, he would bring me that equipment right away because we're, he would probably get it from some warehouse, doesn't have to pay an import tax and it's available. And then I would just pay what I'm supposed to pay but not here, we have to cross the ocean to get that equipment over here.

- Right.

- Which why it's very, very expensive. First...

- And I would imagine that the provider has to have a physical location on the island, on any location.

- Absolutely. That's one of the requirements of Medicare that they have to have location, plus, you know, it's not just meeting the federal requirements, they also have to meet the state territorial requirements, and then the Virgin Islands, they would have to go through their Department of Health to get a certificate of need to make sure that that, that certificate is available and that's where they kind of start the whole process. Sorry. And then the research that I've done and I've worked with before, it takes approximately six to nine months to complete the whole process. You know, from pre application to accreditation to onsite visit, then to approval. It's lengthy, the process is lengthy, but it's only because the contractors and CMS want to ensure the quality of durable medical equipment to the beneficiaries because, I don't know if you remember this but at one time, there was a lot of fraud and abuse going on with medical durable equipment, especially with electric wheelchairs. It was like everybody was getting one.

- Oh, really?

- And everybody's neighbors were getting one and, "Hey, what's going on here?" So they had to clamp down and put in place serious regulations because medical durable equipment is medically necessary, has to be medically necessary. Whatever equipment you need has to be prescribed by your physician and then you will be getting it if it's, you know, as long as it's approved.

- Okay. Give us some examples in addition to a wheel, an electric wheelchair. What are some examples, other examples of durable medical equipment?

- Well, durable medical equipment includes hospital beds, walkers, canes, commode chairs, crutches, patient lifts, oxygen equipment and accessories, CPAP machines for people that have, oh, what's that? That sickness with the...

- Respiratory.

- Respiratory illnesses, yes. Sleep apnea, sleep, you know, apnea disorder. Basically, the equipment has to meet the criteria established by Medicare or CMS that the equipment that you're going to receive as a Medicare beneficiary is one, durable, two, used for a medical reason, three, not useful for some who isn't sick or injured and that was what was happening before, four, used in your home and five, has an expected lifetime of three years. That's what makes it durable because they have to last.

- Right.

- Or you're gonna be paying money all the time if every time your wheelchair breaks down and you need one because it's not made of durable material, you know, that's gonna be expensive for you, Medicare beneficiary. Okay, clause. And I've said this before on the radio show that most beneficiaries would benefit from going to a provider that accepts assignment the same thing with durable medical equipment. Unfortunately, we don't have a provider that provides durable medical equipment on St. Croix. So if there was one, the beneficiaries would only pay 20% of the cost of the equipment whether it's a cane, whether it's a wheelchair, whether it was a hospital bed, whatever.

- So we're at a real disadvantage by not having a provider.

- A provider of durable medical, oh, yes, yes, we are. I've heard instances where patients have gone off-island and have gotten equipment off-island in the states Florida, Atlanta, New York because it wasn't available on St. Croix.

- But they have to pay full price or do they get a percentage?

- No, as long as they go to a Medicare participating provider, they don't pay full price, they pay 80%. And again, it depends on the type of equipment they're needing but it's usually 80% that Medicare will cover for that equipment and then the beneficiary is responsible for 20%. Depending on the type of equipment that the medical beneficiary is, will be getting, you can either choose to rent it, buy it or, yeah, rent or buy. In most instances, big equipment like hospital beds, wheelchairs are on a rental basis. If you want to buy, that's your choice, that's your option. You still pay the 20% of that bed. I don't know how much the beds cost or wheelchairs cost at this point in time but that's what the cost will be.

- Again, if you're on St. Croix, you can't, and if it's a sizable item, you don't have the "luxury" to rent anything.

- No. No, which is a serious problem.

- Right.

- We kept getting phone calls about this and I know that there are some agencies here that can provide this equipment. They are available to provide it if the beneficiary is on home health or the beneficiary is in hospice care. They are the only ones allowed to provide this kind of equipment because it's part of their package, okay? Other, if you're a beneficiary that's living at home, you just need a wheelchair because maybe you had hip surgery.

- Uh-hmm.

- It's gonna be hard to come by for you. Now, what we've been doing too is helping beneficiaries who have paid upfront for durable medical equipment. We've been giving them a form, claim so that they can submit it to CMS or to one of its contractors to see if they can be reimbursed based on the problem we're having on St. Croix that there is no Medicare provider here and because they couldn't wait, they needed the equipment, they went and bought it and paid for the whole thing and hopefully, you know, they'll get reimbursed. And I can only say hopefully because usually, you have to go through a Medicare certified provider which we don't have on St. Croix.

- Right.

- And I think that's justification for them to possibly get reimbursed.

- Hmm. Okay.

- Okay? Sometimes folks out there think that well, why can't we have a durable medical provider, what's the problem with that? Well, like I said before, it's a lengthy process for you to become a durable medical provider and you have to go through an accreditation process to make sure that you meet what they call the DMEPOS, Durable Medical Equipment, Prosthetic, Orthotic and Supplies Provider, that they meet the quality standards established by Medicare, by CMS and by a CMS approved accreditation organization.

- Now CMS stands for...

- Centers for Medicare & Medicaid Services.

- Right.

- In other words it's like, CMS is like the Department of Defense.

- Okay.

- That you are required to, when congress passes a law, the law comes to whatever agency it belongs to and that agency writes up the regulations, the policies or procedures and then contracts the work out to other entities to do. This is what CMS does too.

- Okay.

- CMS contracts with providers, different type providers, durable medical equipment providers, part, contractors to pay for the services that are provided by and covered by CMS. CMS cannot do that. There's too many, we're talking millions of beneficiaries, we're talking millions, a lot of, millions of providers all over the United States, so that work has to doled out to different contractors to help us with, which also includes quality of care organizations which is another one of our, well, CMS contractor that looks at different entities to make sure they're providing quality care. So it's the same thing with CM, with medical durable equipment. I want to emphasize though because this is what we've been hearing out in the street. We cannot force anyone to become a provider of durable medical equipment. The person has to wanna go through that long, lengthy process to do that. Just like we can't force a provider to become a Medicare participating provider, that's a choice individuals make or that's a choice entities make if they want to provide the services that CMS requires. CMS will work with them. The contractors will work with them to make sure that they're trained, they know how to build Medicare for services and that they're working within the conditions of participation established by law that the agency also monitors. So no one, no one, no one, no one, can be forced to become a Medicare provider. In order to become accredited, they have to submit, one, a Medicare enrollment application, which is quite lengthy. You know the federal government.

- Sure, right.

- It's very lengthy. Application to the National Supplier Clearinghouse. The accreditation process includes a pre-application, okay? An application review and then an onsite survey. They're not gonna tell you when they're coming, they're just gonna show up to make sure...

- That you're legit.

- That you're legit, that you have the proper location where you're storing the equipment, where you're processing the documents, that you have the equipment you need to submit the claims to Medicare for your to get reimbursed and any other requirements that they need to see physically but they won't tell you when they're coming. This process can take up to six to nine months.

- Wow.

- It's quite lengthy. Let's see what else. Like I said, the pre-app. If they, the supplier has to contact the accreditation organization and what's good about the accreditation organization is that they help the person who wants to become a provider. They help them set up the standards, they help them set up the procedures, they help them set up anything that's required that they need to muster in order to become a provider. That's what the accreditation application organization does for the people who are interested in becoming a supplier.

- So, okay, if somebody makes the application, you know, wants to provide, be a provider under Medicare program, does that prevent them to, from providing on the private side? Let's say somebody who's not a Medicare eligible wants to procure durable medical equipment, is there issue there or...

- I'm not sure. I know this is all applicable to Medicare.

- Okay.

- On the private side, they, I would think that they would have to contact or state entity.

- Uh-hmm.

- And I don't know, they might need to get certified or accredited by an accreditation organization, I don't know.

- Yeah, one would hope.

- Yeah. Yeah

- If you are selling it privately, that there are some standards for the equipment and, you know, making sure that it's, some warranties, you know, you don't wanna end up selling things and then it's, you know, substandard and somebody gets injured as a result.

- Right. That's a good question. And maybe the Office of the Insurance Commissioner might know the answer to that because they're responsible for insurance companies and what products they provide in the Virgin Islands.

- Right. I mean, that's a very important thing to regulate.

- Yeah, yeah, because you don't want any insurance companies to come in here and sell, not sell quality equipment as well. And I know, you know, the government employees, they have insurance.

- Uh-hmm.

- Private sector has insurance, so they wanna insure that that's accredited.

- Right. Absolutely.

- Whatever they're getting is credited.

- Absolutely.

- Okay. Like I said, it takes six to nine months to apply. When the on-site survey is conducted, it's unannounced. And then, after they get all the information together, all the verification, the, it's, like I said this before, it starts with the Virgin Islands Department of Health, the certificate of need, then it goes through that whole lengthy process of contacting the accreditation organization, then when they're ready, they'll send a surveyor to go out to the site. And then, after that, you know, all that documentation and all that information is bundled, it's packaged, and CMS makes a decision. So it is a long, lengthy process and I'm hoping that anybody that's out there listening to this is interested and, you know, if they need more information, they can contact the contractor, and I don't have the specific information with me but I can certainly send them to who they need to contact for that.

- All right.

- Okay?

- Well, we can take another break and we will follow up with some more information from Iris Bermudez.

- Okay.

- ...try to find the piece within without stepping on one another. And do respect the women of the world, remember you all have mothers. We got to...

- Make this land a better land than the world in which we live.

- And we got to help each man be a better man with the kindness that...

- [inaudible] though we cannot back in time, we can make our future better by using the spirit of community. Let's look out for our neighbors and all the children in the VI. Together, we can make our island see [inaudible]. The VIP, who is leading the move, are making changes to serve you better. One

of those changes [inaudible] complaint and compliment process which gives you the opportunity to evaluate the department. Complaint and compliment forms are available in the lobby of our police stations, our public libraries, some government businesses, and from any patrol officers. Desk officers can associate the completed form. Secured boxes are on police station lobbies. Just insert the form and [inaudible] agent will process your compliment and complaint [inaudible] and clearly.

- The Virgin Islands lottery, imagine the possibilities. The community supports the VI Lottery and VI Lottery supports our community, contributing to areas in sports and fitness, arts and culture, science and academia, music and community education. The VI Lottery believes in preparing and promoting our youth for the future while also supporting community awareness of social issues. Enriching lives throughout the community. With VI Lottery, everybody wins.

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- The VI welcomes Chronixx and Zincfence Redemption live in concert at Tortola Pier Park, Saturday, March 12, 2016, alongside Sistah Joyce, Shine, I-Ritical, Maccabee, hosted by Gadiethz, music by DJ Dre. Gates open 8:00 p.m. Presale tickets available at Digicel Stores, Hazem's Beauty Supplies, Bolo's, and ZROD worth \$35. At the gate, it's 40. Powered by Digicel 4G, co-sponsored by [inaudible] Hotel, Heineken, Coca-Cola [inaudible] Da Vybe 107.9 FM, ZROD 103.7 FM, and ZVCR 106.9. March 12, Tortola Pier Park, Chronixx and Zincfence Redemption. Prepare your hearts and minds for this revolution.

- We can.

- I know darn well we can work it out.

- We can work it out.

- Yes, we can, can, yes, we can, can, why can't we if we wanna get yes we can, can.

- I know we can make it.

- I know that we can.

- I know darn well we can work it out.

- [inaudible]

- We're back. You're listening to Ability Radio, You and Your Health with Amelia Headley LaMont and Iris Bermudez. This radio program is brought to you by VI Lottery, making a difference. One thing I do wanna add, in the event that there's some point that was made during this broadcast or in any of our broadcasts, we do have podcasts that you can go and refer to. It's located on our website, which is drcvi.org. That stands for the Disability Rights Center of the Virgin Islands, drcvi.org. I understand we have a call so let's find out who's on the phone. Good morning.

- Good morning, Amelia.

- Hey, good morning.

- Good morning, Iris.

- Good morning, morning.

- How are you doing this morning?

- Good, good, how are you?

- Great. Great. It's a little windy over here but, hey, I can, I can hang.

- [laughs]

- I was wondering, I was listening to this show and Iris has given a lot of great information, but it wasn't clear to me, do we, Virgin Islands doesn't have any durable medical equipment provider, and if there is one on St. Thomas, can't they also supply St. Croix?

- Well, to her, to the provider in the Virgin, in St. Thomas' benefit, they were assisting. They were assisting with providing durable medical equipment to the beneficiaries on St. Croix, but then it became overwhelming because they were the only provider in town, and not only do they have to pay tariffs or import fees, or whatever it is you're supposed to pay to bring the equipment into the Virgin Islands, she also would have to ship them over to St. Croix, so that was, like, a double whammy, you know, for the agency and it became too overwhelming for them. And only that, there's only a regulation that requires that if you're going to provide durable medical equipment, you need a location on-site. That would have been, that would have been cutting into their overhead as well, you know. So, it, it's very costly if you wanna become a provider. One of the things that we had suggested, that was only a suggestion, was that they reach out to the supplier organization in Puerto Rico. They have two organizations over there. And under the organization, they have a lot of durable medical equipment suppliers, but they would, too, need a location on St. Croix and go through, I don't know if they have to go through the same process to become accredited to provide services on St. Croix or if it could become a satellite of the office in Puerto Rico, but that was something that we had suggested to the, some entities here, and I think for now, unless somebody, we do know that there is someone working to become a Medicare certified provider for St. Croix, but like I said already, the process is lengthy and we would probably have to wait and see where he's at or where the person is at with that process.

- Wow. It seems like the, and the other question I had was it, does it have to be a for-profit organization or could a non-profit organization be a medical provider?

- It could be anybody. It could be anybody. It could be me, it could Amelia, it could be you, as long as you follow the Medicare regulations to become a provider and you pass the muster, you're fine. You're fine.

- And do you have any idea what they consider on-site? Because I've been up in, you know, the States and there's not one in every little town. You know, some people are traveling an hour or two hours for their medical provider, because that's the way it is in rural areas in United States and I just wondered what do they consider on-site if there's, somehow the islands are being treated differently, but not fairly.

- That's a great question. Yeah.

-That's a great question, Reggie, I mean Archie, and the, and the, and the response to that is that perhaps, since the powers to be aren't too familiar with the geographic makeup of the Virgin Islands, they're assuming that we're all connected some kind of way, but we're not and that's one thing that one of our, I think last year when we came down, when I was working with CMS and we came down, one of the providers was talking about the problems that they were having with providing interisland services, you know, having to take a plane to go to St. Thomas, go taking a ferry to go to St. John, and it was suggested, we, we've suggested, CMS suggested that during periods of comments, because CMS provides that, during periods of comments, providers or entities in, anywhere can comment on things like, "It is too expensive to provide services in the Virgin Islands because of the geographical position. The costs are prohibited to provide services in the Virgin Islands, we feel that there is a need for reimbursement." Now the thing, I mean the higher reimbursement rate. The thing is that you have to have documentation and you have to be able to justify. We need, we have to go from St. Croix to St. Thomas to St. John to provide this service. What we need, some kind of relief or some kind of increase in the

reimbursement rate and CMS has to look at it, but the entities have to comment and they have to have documented proof that, yeah, it's costing too much for you to provide services in the VI, especially durable medical equipment where they have to import the items that can be trucked into the Virgin Islands.

- Correct. That's another thing. Yeah.

- Yeah, yeah. They have to be brought in either via ship or whatever, and that's costly. That's very costly.

- And as the more and more persons are going onto the Medicare world, it seems like this issue is only gonna increase, and the problem is only gonna increase.

- Exactly, which is why our administrator last year suggested, and he was the one that suggested, "You need to document." You need to justify your expenses for providing these types of services in the VI. CMS will listen to you. They will listen to you, but if, you know, there's like a thing in the, in the states where they really don't understand the geographic makeup of the Virgin Islands. They don't understand the cost of living in the Virgin Islands so we have to make them listen. We have to make them see, "Look, this is our reality."

- Uh-hmm.

- "This might not be yours, but it's ours. You can get equipment to your office trucked in, we can't." So this could make a difference.

- Well, it sounds like there's a medical durable equipment taskforce that needs to be pulled together led by our delegate.

- Well, that's a good idea.

- Hmm. That's excellent suggestion.

- Yeah, that's [inaudible]

- Because my understanding, they're looking at issues that would benefit the entire Virgin Islands and I've always heard problems with durable medical equipment, but you've explained it very clearly today to the entire community that this is a serious problem.

- It is. And like you said, Archie, it's gonna get more serious when more people needing these services start receiving, you know, Medicare and need the service.

- Can you also explain to me why I felt so many little schoolers are coming off that?

- [laughter]

- [inaudible] that before. Seems like there was just a rush of them for a few years. They were everywhere.

- Yeah, that's why.

- Thank you again.

- Thank you for those...

- Yeah. Hopefully, we'll, you know, this message will be out to the community that, hey, there's a problem, let's fix it. We, yes, we can.

- Yes, we can. Thank you for that. That's a great question. Thank you, Archie.

- Take care.

- You, too.

- Well, once the supplier becomes accredited and starts providing services in the community, then he has access to Medicare Durable Equipment contractor, one of the CMS' contractors that provides training to that supplier, provides information, provides clarification when, as needed. The one thing with the durable medical equipment is that they mostly work with, directly with the providers. Beneficiaries can contact the contractor, but they're not gonna get all the information they probably need so what they, Medicare suggests, CMS suggests is that that beneficiary on St. Croix, who doesn't have access to durable medical equipment, call 1-800-MEDICARE, and that's a good way of starting to document the need for either working with the Virgin Islands to help, you know, get, maybe shorten the process, or let, see what can be done for the beneficiaries in the Virgin Islands if they start hearing from beneficiaries because they're the ones that are being directly impacted by the need to have a durable medical provider on St. Croix. But if they don't complain, it falls on no ears. I can't even say deaf ears.

- Right. Right.

- Falls on no ears because nobody's hearing about it, or maybe they need to start complaining loud and clear to 1-800-MEDICARE, "Hey, I need a wheelchair. I can't get it on St. Croix. I need a bed for my mother, my aunt, my grandmother. I can't get it on St. Croix." You know, "What can be done about this?" And then they'll listen. They'll listen.

- And, yeah, I guess you're implying that there will be some documentation at the other end of the phone line.

- They always document. Any complaint 1-800-MEDICARE receives is documented.

- All right.

- Trust me, it's documented.

- So as you may recall, we did attend a meeting where there was some discussion about not having access to durable medical equipment and the rallying cry there was, "I'm discriminated against." Well, now we at least have a better handle as what the facts are on the ground, what some of the barriers and limitations are, but what we need to do next. And I think what was suggested by our caller this morning and by you, Iris, is to, let's organize a taskforce, bring this to the attention of the powers that be in Washington, but also, more immediately, call 1-800-MEDICARE.

- 1-800-MEDICARE, let them know you don't have access to a wheelchair or you don't have access to a hospital bed. Your mother's being discharged and she can't get a hospital bed, what, you know, that's...

- That's huge.

- That's huge and it's not good. It's not a good thing. Like I said before, a Medicare coverage is based on benefit categories established by Congress, and that's why it's good that Archie mentioned that we need a taskforce led by the delegate because she's right there in Congress and she can bring this to, you know, the HHS' attention, "Hey." You know, "This is a problem in the Virgin Islands." Like I said, there are supplier requirements they have to go through. There are coding options. There are specific medical criteria, and there are testing requirements. Whenever you go to your doctor and he tells you...

- Or she.

- Or she, he or she tells you, you need diabetes supplies, you need diabetes equipment, that's not such a huge problem here because I think, I know that the pharmacies provide that, but the problem comes with

the wheelchairs, the hospital beds, the oxygen. Oxygen concentrators are dire need in, on St. Croix and that's not really being provided so, you know, if we have, we don't have this equipment, our beneficiaries are gonna be going in and out of the hospitals because they don't have that equipment to regulate their oxygen intake and be, and be able to stay home for longer periods of time. So, the doctors, when they prescribe a need for a medical equipment but it's not available, you know, people are running around trying to do the best they can under the circumstances, but it's hard. It's hard. And the doctors or the physicians are the only ones that can prescribe, you know, the, your need for some kind of a medical equipment based on your medical condition.

- Uh-hmm.

- Okay? So, you know, I'm pretty sure it's very frustrating for the physicians as well when they're trying to help a patient get better or even, you know, help them to get stabilized, but yet what they need is unavailable. Like I said, beneficiaries must call 1-800-MEDICARE and lodge their complaints and let's see what happened.

- Uh-hmm. That's what this is about, advocacy. You know, patient-centered healthcare.

- Yes.

- And what we're trying to encourage among our listening audience is that you don't necessarily have to accept things the way they are, we can do things better for everyone.

- Exactly.

- All right. We'll take another little break and we'll be right back.

- Oh, yeah, we can make it, y'all. Oh, oh, try, yeah, you know we can make it, y'all. Sometimes, it's hard.

- You know when it's so good it makes you wanna scream? Sometimes, you have no other way to show to what extent you want it than to scream.

- [screams]

- When you close your eyes, you see it, you can taste it, so you have to scream. Yeah. I scream, you scream, we all scream for Armstrong Ice Cream. Satisfy your ice cream craving. Armstrong Homemade Ice Cream, 772-1919. Three generations of ice cream deliciousness.

- At Champion Feed and Supplies, they know your pet's language. Uh-huh. That's a [inaudible] breed. Yeah. That little fellow of yours is going fast. You're welcome. That's one grower and one layer, you folks making plans? You're always in a rush. Hey, what's up? Yeah. We have Alfalfa Cubes. Oats and race ready. What are you gonna do? Yeah, you're right. Champion Feed and Supplies, 777-7749, they know your pet's language. Of course, we have cockatoo feeds.

- Get those hooks in the water, it's time to go fishing. We have big prizes at the Spanish Town Fisherman's Jamboree. Hit the weekend in Virgin water, Friday March 25th and Sunday March 27th. It's fishing fun at the 20th Annual Wahoo Madness. There will be prizes for the heaviest wahoo, second heaviest wahoo, heaviest overall wahoo, catch the star angler, the female angler, outstanding youngest angler, prizes, prizes, and more prizes for all. Over \$20,000 in cash prizes, plus the [inaudible] Spanish Town Fisherman's Jamboree, March 25th to March 27th in Virgin, Gorda. A weekend of music, food, dance, and good friends and great fisherman's prizes for all. Get in all the fun for a great [inaudible] 284-495-5252. One of those great prizes could be yours. Get registered, call 284-495-5252. Sponsored by [inaudible] Bar and Grill [inaudible]

- Have you experienced Hotel Caravelle located on the Boardwalk in Downtown Christiansted. Hotel Caravelle [inaudible] tiled floors, dreamy beds with satellite TV and free Wi-Fi. Enjoy dinner at the award-winning restaurant [inaudible] plus there's easy access to dining [inaudible] and other activities. Hotel Caravelle in Downtown Christiansted, St. Croix. [inaudible] of business and pleasure in the middle of it all. Call 7732-687 for reservations.

- I know we can make it. I know we can. I know darn well we can work it out. Oh, yes, we can, I know we can, can.

- We're back. You're listening to Ability Radio, You and Your Health. This program is brought to you by VI Lottery, making a difference program. I'm your cohost, Amelia Headley Lamont joined by Iris Bermudez. Iris, we've learned a lot today about durable medical equipment, service providers, what's involved in being a service provider, and how, oh, my goodness, it's a risky undertaking. It's a risky venture, not only are you required to, you know, meet certain regulations and standards, but, you know, it's a, it's a business that fraught with a lot of risks.

- Exactly. As a matter of fact, I didn't touch on this, but the, all DME providers and suppliers, besides complying with Medicare programs' quality standards, they have to meet supplier standards, they have to pay a surety bond amount not less than \$50, 000, they must submit an enrolment application and they usually use what we call the internet-based PECOS System which is Provider Enrollment, Chain, and Ownership System. And any change that they experience has to be updated in that system. For example, if they sell, if they change ownership, if they move location, that all has to be reported to CMS. They have to pay the Medicare application fee, which is unused by the secretary to make sure that the quality of care is being provided by the supplier, and then they have a site visit, which is unannounced so if you don't have all these things in place, you're not gonna get certified if you go through that whole process.

- Right.

- You know, so it's very hard on the providers and the suppliers as well as it is hard on the beneficiaries not being able to receive what they really need, you know, that's the problem here.

- Which is, frankly, it lends to your quality of life.

- The quality of life. Exactly. Exactly. That's what it lends to, quality of life.

- Now are these providers routinely visited or monitored? You'd made mention of the initial survey, but, okay, once their business is underway and they have customers, what's the oversight?

- The oversight is that they get surveyed, you know, very, very often. It's like the hospitals here. It's like home health. It's like hospice care. It's like Medicare providers, the physicians. Everybody gets surveyed, monitored, or looked into...

- Routinely and it's...

- Routinely.

- And is it announced or unannounced? How does that work?

- That, I, you know, that's a good question, Amelia, because I haven't gone that far. I do know the first one is unannounced. I don't know if the other ongoing site visits are unannounced.

- Okay. All right. Well, I had an article, which is it's way too late in the program now to talk about, but one of the things that we have, Disability Rights Center of the Virgin Islands has a Facebook page and periodically, I check and see we post, you know, articles with incredible stories that you always wanna know whether it's piqued anyone's interest. And one of them, and we'll talk about this at some later program, had to do with dialysis. And the name of the, or the title of the story is, "Learning to Say No to

Dialysis." So I think this is a topic that will require a program in and of itself, but I was struck by the fact that we had over 400 people who read the story. And since that service is something that is done quite regularly here in the territory, I think that requires some conversation that's people's choices, as you said, the Affordable Care Act talks about it being patient-centered.

- Right.

- Patients need to be in the driver seat much more often, so we will table that discussion for a later time, but tell us what do we have in store for the next few programs?

- For the next few programs, we're gonna be talking about autism. We're gonna be talking about services that the parents, practical things that the parents can do with children, for their children that have autism. We're also gonna be talking about special education. We have invited folks from special education to talk to us about what they're doing, Early Childhood Intervention.

- Excellent.

- We're gonna be talking about diabetes, which is really, it's on the radar here in the Virgin Islands since diabetes is high here. We're gonna be talking about podiatry services. We're gonna be talking about nutrition counseling so we have a lot of things on the agenda coming forward and I must say I'm very pleased and we're very pleased with the guests that we have coming on the program because they provide a wealth of information, a wealth of information. We've been lucky so far that we've gotten some really good knowledgeable people in the Virgin Islands to talk about what they're doing directly with our community.

- All right. You know, I've been very, very, grateful. I've learned a lot myself, from you, and from our guests. And we've got a whole lot more to do. Again, remember that if there's something you've missed and, you know, granted that this is a lot to absorb, we do have these programs as a podcast on our website, drcvi.org. I encourage you to check it out. You can hear Ability Radio, You and Your Health for, right now, I think we have 11 episodes, so this is our 12th episode.

- Our 12th episode.

- So we're proud and we're honored to have the support of Da Vybe 107.9 FM and VI Lottery, making a difference. So this is, I'm signing off for today. This is Amelia Headley Lamont. Thank you so much for listening. Thank you, Iris.

- Oh, you're welcome.

- And we'll see you, or talk to you next week.

- Next week.

- The children of the world because they're our strongest hope for the future, the little bitty boys and girls. We got to make this land a better land than the world in which we live. And we got to help each man be a better man with the kindness that we give.

- I know we can make it.

- I know that we can.

- I know darn well we can work it out. Oh, yes, we can, I know we can, can. Yes we can, can, why can't we if we wanna, yes, we can, can.

- I know we can make it work. I know that we can it if we try.

- Oh, yes, we can, I know we can, can. Yes, we can.

- Great, got your money.

- Yes, we can, I know we can, can.