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New Guide on Durable Medical Equipment

Going from hospital or rehabilitation facility to home often means adding new equipment, such as a walker, wheelchair, hospital bed, or oxygen supplies, to a person's daily life. Yet most family caregivers have no experience in sorting out the options among the many types of machines and supplies that fit into the insurance category of Durable Medical Equipment, or DME. A new [Next Step in Care guide](#) is designed to answer the most common questions about DME:


- What exactly is DME? What doesn't count as DME?
- Does insurance cover all the costs?
- What professionals can help make sure the choice is the best one for the person and the available space at home?
- Who will explain how the DME works and how to maintain it, and if necessary, repair or replace it?

DME can be confusing, but once the right DME is in place, it can improve the health of someone with a chronic illness or disability and ease the strain on a family caregiver. Like all Next Step in Care family caregiver guides, the DME guide is free and available in English, Spanish, Chinese, and Russian.

Should Medicare Beneficiaries Sign Up for New Care Coordination Option?

Most changes in Medicare's fee structure don't directly involve beneficiary choices. But one new change—Medicare's Care Coordination Management fee--does require a beneficiary to consent. A [commentary by Carol Levine](#), director of the United Hospital Fund's Families and Health Care Project, outlines what's at stake. Physicians who care for Medicare beneficiaries can now submit claims for a monthly fee of about \$40 for enhanced care coordination service to be provided to patients who meet eligibility requirements that include having at least two serious chronic conditions. The physician does not have to provide these services in a face-to-face visit and can designate another clinician in the practice, such as a physician's assistant or nurse, to perform them. To receive the enhanced service, the Medicare

beneficiary has to sign a consent form, including an agreement to pay the 20 percent monthly coinsurance (about \$8). The commentary suggests questions for beneficiaries and family caregivers to consider in deciding whether or not to sign up.

For more commentary on family caregiving and transitions, join the conversation on our  page!

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