



Director of Absolute Pharmacy Services Named



Kevin Fearon R.Ph. has joined Absolute Pharmacy as Chief Operating Officer. Mr. Fearon brings over 30 years of institutional pharmacy experience in Ohio and has held national roles in compliance and automation over the last 10 years. "I plan to continue the focus on regulatory compliance, enhancing quality control, and assisting in planning for the development of new strategies to increase Absolute's customer base" said Fearon. Absolute Pharmacy currently provides pharmacy services to 72 nursing and assisted living facilities.

Kevin Fearon, R.Ph.
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CMS Announces Round 2 of the Competitive Bidding Program

CMS has announced the following steps for Round 2 of the competitive bid program including expansion of the following categories:

- Oxygen, oxygen equipment, and supplies
- Standard (Power and Manual) wheel chairs, scooters, and related accessories
- Enteral nutrients, equipment, and supplies
- Continuous Positive Airway Pressure (CPAP) devices and Respiratory Assist Devices (RADs) and related supplies and accessories
- Hospital beds and related accessories
- Walkers and related accessories
- Negative Pressure Wound Therapy pumps and related supplies and accessories
- Support surfaces (Group 2 mattresses and overlays)

Round 2 Timelines:

Summer 2011

- CMS begins pre-bidding supplier awareness program

Fall 2011

- CMS announces bidding schedule
- CMS begins bidder education program
- Bidder registration period to obtain user ID and passwords begins

Winter 2012

- Bidding begins

Jodi Hull, jhull@abshealth.com

TwinMed Adds Dedicated Delivery Vehicles to Improve Service

Provider Purchasing Group is pleased to announce that our contracted medical supply vendor, TwinMed, now has their own fleet of delivery vehicles. The key advantages of this dedicated fleet is that our customers will be assured of the same level of support from the delivery person as they already enjoy from their TwinMed sales associate. In addition, in the event that a product ever needs to be returned to TwinMed, the driver will handle all returns and restocks efficiently without the need for a call tag. Just show the delivery person the item that needs returned and it will be handled from there. TwinMed is a growing full-line distributor of medical supplies and equipment and has placed itself well to serve the needs of LTC operators in this market with recent warehouse expansions in Ohio. Founded in 1998, TwinMed has consistently grown their business year after year with the promise to provide its customers the utmost in quality products, value, and service.



The TwinMed commitment of **"Taking care of you as you care for others"** fits well with the PPG commitment to provide the highest value in products and support to our members. For more information on this program or to explore the full portfolio of products offered by Provider Purchasing Group, please contact

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Who Should Get Vaccinated

On February 24, 2010 vaccine experts voted that everyone 6 months and older should get a flu vaccine each year starting with the 2010-2011 influenza season. CDC's Advisory Committee on Immunization Practices (ACIP) voted for "universal" flu vaccination in the U.S. to expand protection against the flu to more people.

While everyone should get a flu vaccine each flu season, it's especially important that the following groups get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications:

1. Pregnant women
2. Children younger than 5, but especially children younger than 2 years old
3. People 50 years of age and older
4. People of any age with certain chronic medical conditions
5. People who live in nursing facilities and other care facilities
6. People who live with or care for those at high risk for complications from flu, including:
 1. Health care workers
 2. Household contacts of persons at high risk for complications from the flu
 3. Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

Absolute Health Services, Inc. is proud to offer flu clinics at your location. Please call Renee Steurer at 330.418.5073 to set up an appointment.
Shelly Williams 330.498.8218
Skilled Home Health, Inc.
slwilliams@abshealth.com



Absolute

1.800.990.1113
<http://www.abshealth.com>

Implementation of 2012 SNF Policies Effective 10/1/11

Questions & Answers

Q: How is Absolute Rehabilitation preparing for the new assessment schedule?

A: Every manager will receive training on all the policy changes in the PPS Final Rule. We will be prepared to comply with the new schedule. Additionally, because of the transition of this assessment schedule, therapy will be in compliance by 9/25/11. This will assist the MDS nurse in the transition.

Q: How will the new rule on Group Therapy affect therapy delivery?

A: Absolute Rehabilitation believes that individual treatment of patients is the most beneficial mode of therapy delivery. We currently use group therapy minimally, only when it benefits the patient. We anticipate this rule change will not be a factor because our mode of therapy delivery is individual treatment.

Q: How is Absolute Rehabilitation minimizing the need for an End-of-Therapy (EOT) Assessment?

A: An EOT assessment is required to report breaks in therapy treatment of three consecutive days. Absolute has educated therapy teams related to this rule. Minimization of the occurrence of three day breaks is a priority. Scheduling changes that include a more robust weekend and holiday schedule have been implemented to negate situations that can result in a three day break in service delivery.

Q: How will Absolute Rehabilitation manage the Change of Therapy (COT) assessment?

A: While some variances may occur despite all efforts not to change service levels, we anticipate changes will only occur when unavoidable circumstances arise. Absolute has always maintained RUG service levels throughout the skilled patient stay. Adjustments to ensure RUG levels include more robust weekend and holiday therapy coverage.

Q: How will the MDS Department receive the information needed to determine if a Change of Therapy (COT) assessment is required?

A: The therapy manager will be submitting therapy minutes delivered to the MDS nurse on a weekly basis for skilled patients. In addition to the weekly submission of minutes, the therapy manager will discuss any RUG change with the MDS department and explain what unavoidable circumstance occurred.

Q: How can nursing facilities assist therapy teams to minimize the effects of the Final Rule changes?

A: Facility staff can encourage patients to participate in therapy on a daily basis. Also, educating all staff of the clinical and financial importance of maintaining a daily therapy regime would be helpful.