



■ The gov't is warning against virus-related fraud, says Wayne van Halem. **See page 2.**



■ **Product Spotlight:** Check out the latest in sleep therapy products like the Luna II Auto CPAP from Dalton Medical. **See page 16.**



■ Did you receive a loan from the Paycheck Protection Program? How will it help your business? **See results on page 20.**

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HME News

THE BUSINESS NEWSPAPER FOR HOME MEDICAL EQUIPMENT PROVIDERS

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A supply chain distress?

Providers report delays, back orders, cancellations, increased prices

BY LIZ BEAULIEU, Editor

A WHOPPING 95% of respondents to a recent HME Newspoll say they're having trouble obtaining new equipment from manufacturers during the coronavirus pandemic.

The equipment they're having the most trouble obtaining: oxygen for 45% of respondents, followed by ventilators for 20% and hospital beds for another 20%.

"Equipment is being delayed, and orders are being cancelled for supplies and standard equipment we normally order," wrote one respondent. "We are attempting to help supply supplemental oxygen to

AAH also compiling report on supply issues.

See page 2

COVID-19 to help with home quarantines, but we are running low on units."

Eighty-one percent of respondents reported lower than usual inventory levels, with about half reporting that they're searching for used equipment to fill in gaps.

Provider Victoria Peterson of Respiratory & Medical Homecare in Texas said her company stocked up on oxygen concentrators in February, expecting issues. But that equipment has flown off the shelves as area hospitals lowered their patient census in anticipation of a flood of COVID-19 patients.

"I understand prioritizing the acute care side, but what happens to those facilities when they are

SUPPLY CHAIN ISSUES SEE PAGE 15

Ventilator project targets shortages

BY THERESA FLAHERTY, Managing Editor

PROVIDENCE, R.I. — Absolute Respiratory Care is part of a group helping to collect CPAP and bi-level machines for hospitals treating COVID-19 patients as part of VentilatorProject.Org.

VENTILATOR PROJECT SEE PAGE 15

Pandemic prioritizes remote tech

BY LIZ BEAULIEU, Editor

ATLANTA — The coronavirus pandemic has driven home the need for referral sources to use e-prescribing for HME, says Brightree's Rob Boeye.

"We're seeing increased utilization with GoScripts, in particular," said Boeye, executive vice president, home medical equipment. "In the past, it was hard

BOEYE ON REMOTE TECH SEE PAGE 19



Ames Walker pivots to making masks

Ames Walker has pivoted some knitting machines from making socks to making masks. The company says it has the capability to produce more than 1 million masks per week. "While we remain committed to our customer's compression stocking needs, we felt it was our duty to further protect our customers because they look to us as a trusted source for products," said Ryan Zell, co-owner and president. "Our customers' health and satisfaction is our No. 1 priority, and we are glad that we're able to step up and be a resource."

Three companies combine to level up

BY THERESA FLAHERTY, Managing Editor

SANDWICH, Mass. — With a territory encompassing seven states and an active patient count of 50,000, the newly formed Spiro Health is a regional powerhouse on the Eastern seaboard.

In April, Cape Medical Supply, Health Complex Medical and America's HealthCare at Home combined under the Spiro



Gary Sheehan



Jack Hogan



Mark Kassir

Health umbrella, with operations in Connecticut, Maine, Maryland,

Massachusetts, New Hampshire, Rhode Island and Virginia, as well as the District of Columbia.

It was an idea the leaders of the three companies mulled for several years, as they looked to grow

to the next level, they say.

"At Health Complex, we've

always been focused on building a great company with a great team," said Jack Hogan, president and CEO of Health Complex and president, New England, of Spiro Health. "We've got admiration for both companies—there's a lot of synergies within the cultures and the staff."

Each company will continue to operate using its own name in

SPIRO HEALTH SEE PAGE 11



AAHomecare takes short and long view

BY THERESA FLAHERTY, Managing Editor

WASHINGTON – AAHomecare is working with Dobson DaVanzo & Associates to package together the results of a recent survey in another push to delay Round 2021 of competitive bidding.

The association in April conducted a survey of HME providers and manufacturers/distributors to assess increased costs and supply chain disruptions related to the coronavirus pandemic.

"It's a different world than what it was (when the bid window for Round 2021 closed)," said Tom Ryan, president and CEO of AAHomecare.

The survey reveals widespread equipment shortages, surcharges and loss of revenue.

Although the HME industry has seen some relief amid the pandemic, includ-



Tom Ryan

ing the implementation in March of 75/25 blended rates for non-rural, non-competitive bid areas and the removal in April of ventilators from Round 2021, stakeholders continue to make their case for an at least one-year delay of the program, which is set to kick off Jan. 1, 2021.

"Capacity is going to be an issue," Ryan said. "We don't know when they will have a vaccine for the virus. This is not a wise time to open up bidding and decrease capacity."

Bigger picture, AAHomecare is also creating a survey to get an idea of what the HME landscape will look like in the wake of the pandemic.

"Once we get through the crisis, there's

VIEW AHEAD SEE NEXT PAGE

Gov't officials warn about coronavirus-related fraud

BY LIZ BEAULIEU, Editor

ATLANTA – The government is already seeing fraudulent scams related to the coronavirus pandemic, says Wayne van Halem, including, unfortunately, a scam involving DMEPOS.

van Halem, an Accredited Healthcare Fraud Investigator and Certified Fraud Examiner, recently participated in a webinar hosted by the National Healthcare Anti-fraud Association, during which special agents from the Office of



W. van Halem

FRAUD SEE PAGE 11

BRIEFS

CMS stops Advance Payment Program

WASHINGTON – CMS has suspended its Advance Payment Program to Part B providers and has stopped accepting new applications for the program as of April 26. Additionally, CMS is re-evaluating the amounts that will be paid under its Accelerated Payment Program, as well as all pending and new applications for accelerated payments. Since expanding the programs on March 28, CMS has approved more than 24,000 applications advancing \$40.4 billion in payments for Part B providers.

NSC waives certain supplier standards

WASHINGTON – The National Suppliers Clearinghouse has waived supplier standards on location access and hours of operation, according to AAHomecare, which has been working with CMS on alleviating some standards during the COVID-19 pandemic. NSC has waived: physical location access (standard No. 7), requirement for primary business telephone (standard No. 9), and minimum hours of operation (standard No. 30). In addition, revalidation visits have been suspended.

AAH releases reimbursement tool

WASHINGTON – AAHomecare has developed a tool to help providers analyze the estimated 75/25 blended rates for non-rural, non-competitive bid areas during the public health emergency. The tool allows providers to choose their state in the dropdown menu, filter by product and find the estimated rate. The blended rates are effective March 6, but CMS has not published the rates yet. In the interim, the DME MACs will reimburse providers at the 100% adjusted rate and will refund them when their claims systems are updated. The CARES Act recently passed by Congress and signed by the president extends the 50/50 blended rate to rural areas and establishes the 75/25 rate for non-rural, non-bid areas—both for the duration of the coronavirus pandemic.

CMS adds CERT to suspended reviews

WASHINGTON – CMS will pause its CERT program and will not send documentation request letters to or conduct phone calls with providers until further notice, according to AAHomecare. An original statement from the agency on March 30 stated MAC, SMRC and RAC reviews would be suspended during the public health emergency. The DME MACs also announced during a webinar recently that they would release all pending TPE reviews and would pay those claims, AAHomecare reports. Providers that have completed a TPE round prior to the emergency and have a scheduled session may move forward with the session or reschedule it, the association says.

PPP relief funds are 'must have'

BY THERESA FLAHERTY, Managing Editor

MORE THAN half of respondents to a recent HME Newspoll say they received funds from the initial Paycheck Protection Program.

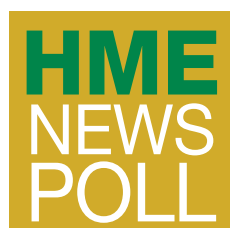
Of those that received funds, 68% received more than \$75,000. Others received smaller amounts: up to \$25,000 (13%), \$26,000-\$50,000 (13%), and \$51,000-\$75,000 (6%).

"It will enable us to continue employing and paying all our employees, make our lease pay-

ments and buy our goods without any interruption to our patients," said John Skoro, president of XMED.

Under the PPP, the Small Business Administration

grants loans to cover payroll and other costs to eligible businesses. After it was quickly depleted of \$350 billion in initial funding, Congress in April passed a bill earmarking an additional \$310 billion.



Other respondents will use the loan to bring back employees who had already been laid off or furloughed.

"We expected a significant cash

flow issue and, since revenue decreased 20% in March/April, the staff we kept working were focusing on revenue-related processes," said Aaron McDonald, owner of Olympia Respiratory Services. "This allows us to bring

back staff and not focus as much on revenue-related processes."

Despite hiccups, including frustration with the process and money going to large corporations, 73% of respondents who didn't receive loans in the first round said they planned to re-apply.

"I applied the first day it was available (the first time) and by the second day they were out of money," wrote one respondent. "I received notification that it was submitted to the SBA when

PPP LOANS SEE NEXT PAGE

VGM makes 'tough decision' to take Heartland online



Clint Geffert

The virtual conference takes place June 15 through July 10

WATERLOO, Iowa – VGM has shifted its Heartland Conference to a virtual event called Heartland At Home in light of the coronavirus pandemic.

"Our goal first and foremost is to keep our guests, our employees and our community safe," said Sarah Conger, VGM's vice president of events and corporate projects, and Heartland

HEARTLAND SEE NEXT PAGE

CMS expands telehealth

WASHINGTON – CMS has made another round of changes to support health care providers during the coronavirus pandemic, including expanding telehealth further and opening up access to continuous glucose monitors.

Among the expansions related to telehealth:

✓CMS is allowing physical therapists, occupational therapists and speech therapists to provide telehealth services.

✓CMS is waiving the video requirement for certain telephone evaluation and management services, opening the door for Medicare beneficiaries to use

an audio-only telephone to get telehealth services.

✓CMS is changing its process of adding new services to the list of Medicare services that may be furnished via telehealth to a sub-regulatory vs. a rulemaking process, allowing the agency to consider requests by practitioners now learning to use telehealth as broadly as possible.

Non-telehealth related changes include CMS not enforcing certain clinical criteria in the LCDs that limit access to therapeutic continuous glucose monitors for beneficiaries with diabetes. HME

AAHOMECARE UPDATE

AAH calls on CMS to preserve Medicaid

WASHINGTON – AAHomecare is asking CMS to ensure state Medicaid program do not engage in cost-cutting measures. In a letter sent to the Deputy Administrator for Medicaid & CHIP Services, the association urges the agency to make sure that the financial pressures and health risks experienced by HME providers in ensuring patients have adequate access to medical services and items during the COVID-19 pandemic are taken into account in assessing any proposed rate cuts. AAHomecare also encourages the agency to issue a letter to state Medicaid directors affirming the continued applicability of medical access monitoring review plan requirements during the COVID-19 emergency. Oklahoma Medicaid is planning to implement rate cuts July 1. Medi-Cal in California has recently implemented rate cuts and is looking to recoup money to new rates back to Jan. 1, 2019.

ASSOCIATION EXPANDS COVID RESOURCES

AAHomecare has added a Third-Party &

MCO Tracking Resource page to its website as a repository for policy changes from major third-party payers during the coronavirus pandemic. The changes are available in a scrollable format on the website or through spreadsheets. Payers included: Aetna, Anthem, Blue Cross Blue Shield Association, CareCentrix, Centene, Excelus BCBS, Humana, Molina Healthcare of Michigan and UnitedHealthCare. This new resource joins a COVID-19 Resources & Guidance page, and a Medicaid COVID-19 Provider Resources and Medicaid Waivers page.

ACCEPTING BOARD NOMINATIONS

AAHomecare is accepting nominations for four open positions on its board of directors. To be nominated, you must be an AAHomecare member in good standing. Board members are expected to be available to other members to answer questions about the association's activities and to recruit new members. Email nominations to Sue Mairena at suem@aaahomecare.org. [HME](#)

HEARTLAND

CONTINUED FROM PREVIOUS PAGE

Conference chairwoman. "Heartland At Home allows VGM members to get the same great education they know from attending previous Heartland Conferences, except this year it'll be in the comfort of their own homes. We're looking forward to leveraging this new and exciting format."

The virtual conference takes place June 15 through July 10 and will feature five tracks covering billing and reimbursement, business operations and leadership, respiratory, rehab and accessibility. One day each week will feature a session from the five tracks.

The conference will also feature Heartland Hangouts, virtual roundtables dedicated to each track, where attendees can share best practices.

"Connection and education are staples of the Heartland Conference," said Clint Geffert, president of VGM & Associates. "I'll admit it, moving Heartland online was a tough decision to make. But I can say with confidence that everyone at VGM is committed to making Heartland At Home an incredibly special experience for all of our attendees."

The conference is available to VGM members at no cost. [HME](#)

VIEW AHEAD

CONTINUED FROM PREVIOUS PAGE

going to be a new normal," Ryan said. "What are we going to do as an industry to help people adjust business operations accordingly? Some of these changes will remain in place for a long time. We want to get an idea from the provider community of, what do they see today that they think will continue."

Adding to the challenge of carving a path forward are regional differences, both in terms of the timelines of individual states re-opening and the rates of COVID-19 infections—and the impact that has had on providers, says Ryan.

"Some areas like oxygen are up 350% but other areas like sleep may be down 60% or so," he said. [HME](#)

PPP LOANS

CONTINUED FROM PREVIOUS PAGE

the second round passed and am waiting. This is a big farce."

But without the help, many small businesses simply will not survive, say respondents.

"It's critical to keep staffing at current levels," said Tori Fleming, vice president of Scooters to Go. "(I'm) troubled that banks are not prioritizing smaller businesses. This is a must have to keep the doors open." [HME](#)

The Heartland Conference Is Going Online



Earn CEUs, learn from leading experts, and get an excellent education on today's hottest topics when you attend Heartland At Home. This new virtual conference will cover five distinct tracks tailored to you and your staff:



Billing & Reimbursement



Accessibility



Rehab



Business Operations & Leadership



Respiratory

Plus, VGM members can attend Heartland At Home at **absolutely no cost!**

You can't afford to miss this year's conference.

View and register for sessions at
VGMHeartland.com/agenda

COVID-19 and HME M&A

CAUGHT UP with Brad Smith, managing director and partner at Vertess, recently and he said the mergers and acquisition market for HME has been “a wild roller-coaster ride” amid the coronavirus pandemic.

First, investors and buyers charged ahead, then they paused and then they stopped, he says.

But by the end of April, Smith had a handful of deals scheduled to close in May.

Investors and buyers were charging ahead again, with the pandemic as “the new normal.”

“They like certainty, whether it’s good or bad,” Smith said, “and they navigate from there.”

But they’re not looking at HME companies the same way, he says.

Their main question: Do they offer a workaround to a challenge created by the pandemic? Does an HME company offering sleep therapy, for instance, have relationships with and get referrals from physicians who use home sleep testing vs. in-lab testing?

This way, they’re still keeping, if not increasing, their market share, even in a pandemic.

“They all want to know what you’re doing to keep people in their homes,” Smith said.

The Braff Group details this same phenomenon in a recent report on “Health Care M&A in the Time of COVID-19.”

“Buyers will once again favor health care investments, but likely in a different manner than we’ve seen in the past,” the report states.

TBG predicts health care dollars will stream toward areas like telemedicine and telepsychology, remote patient monitoring, home diagnostic testing and bio-pharmacology.

So perhaps the bigger issue now is, not a lack of buyers, but a lack of sellers, Smith says.

- M&A activity will fall, but less for smaller deals than larger transactions.
- Reduced access to debt will constrain deal flow and valuation, particularly for larger sized deals.
- Buyers will lean towards smaller investments to mitigate risk.
- Buyers will favor health care to capitalize on the sector’s counter-cyclical nature.

CREDIT: THE BRAFF GROUP

“I had a big pipeline of people who were looking to sell or recap this year,” he said. “Since the pandemic hit, they’re taking more of a wait-and-see approach.”

Other takeaways from The Braff Group include:

- ✓ Deal flow will contract—immediately, and at least for the next three to six months.
- ✓ Credit necessary to finance deals will tighten.

✓ At least some PE dry powder will be used to shore up existing portfolio.

Valuations are going to take a hit.

✓ As buyers cautiously re-enter the market, they will once again start with comparatively smaller deals.

So what’s the good news? The Braff Group closed its report with this: “Well, it can be (good news) if you’re a well-capitalized provider and use the disruption in the market to rescue faltering companies. This doesn’t have to

be a shark-fest. Sellers under such circumstances recognize that they aren’t going to get a premium. But for buyers willing to pay a fair price, and equally important, give the seller’s caregivers and support staff a home, there could be extraordinary opportunity to gain an inside track on such deals, as well as do some good for your business, the seller, their employees, the community, and you.” **HME**



Dispatches from the dining room: Notes on the coronavirus pandemic

MY MOST important task as a reporter when it comes to any crisis happening in the world at large is talking to HME providers to find out what’s happening on the front lines. What are you seeing? What’s been the impact? What are you doing? What do you need everyone (especially policymakers) to know?

We do this fairly frequently (hurricanes, competitive bidding, locusts). In-house, we refer to it as the disaster beat. However, nothing could have prepared us for the disaster unfolding in real time. The coronavirus pandemic has been unlike anything else I’ve covered in nearly 15 years at HME News. Providers are well and truly in the thick of a health care disaster that changes daily and they (and we) are doing our best to keep up.

I’ve been lucky to talk to quite a few of you, in quick snatches of phone calls taken at my dining room table, shouting



THERESA FLAHERTY

into a speaker phone and praying the noise from the kitchen isn’t too loud.

PPE? NOPE.

PPE remains the No. 1 concern for most of the providers I talk to. Brad Heath laughed out loud

when I asked him.

“We have some distilleries making sanitizer for us,” he said. “We have been able to get some gowns. We started using shower caps as shoe covers at one point. As far N95 masks, we have a massive amount of orders and we can’t get those.”

KEEP YOUR DISTANCE

Like the rest of us, HME providers are also concerned about contracting COVID-19, but unlike many of us, lots of those posi-

tions can’t be done from home. At Bedard Pharmacy, they are doing their best on social distancing, says Sean Andrews.

“We have space to segregate each department,” he said. “They each have their own break rooms and bathrooms and they can’t go into anyone else’s.”

DOCUMENT, DOCUMENT

Tyler Riddle has been keeping an ongoing log of the situation as it unfolded in his corner of Georgia.

He’s got an eye to the future.

“At the end of this, we are using all of this information to strengthen our narrative so when we go back to Congress we can say, ‘Hey, competitive bidding is egregious, this is what we do on the front line,’ he said. “Or when UnitedHealthcare tries to cut reimbursement in three to six months. When a third-party says they are going to go back and audit all these claims we have a strong record of everything we did.” **HME**

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Patient experience is top priority in home care

The pandemic has made it clear that health care must follow the path of retail and meet patients at their doorsteps, on their terms. DMEs must be able to get patients what they need, when they need it and where they need it

BY RYAN BULLOCK

PERHAPS A piece of silver lining that has come from the pandemic is the provider's hands-on experience in adapting to change and creating new forms of patient management. Historically, they have provided equipment that is crucial in the care continuum, but now they must evolve and provide more value than tangible equipment, especially when they are offering products that may not be unique.

Care providers will seek DMEs who are complete partners in each patient's health care journey, provide excellent customer and product service, and help patients navigate the evolving health insurance landscape. Each of these is integral to ensuring optimal care and optimal patient experiences.

REDEFINING VALUE

While many in the health care industry have historically associated quality with cost and metrics, if they are to attract care providers, DMEs must associate quality with patient interests, starting with access.

In addition to being a stress test for the health care industry, COVID-19 has been a stress test for our nation's supply chain. DMEs should provide patients with easy access to the equipment they need, whether it's via consignment, local offices, regional distribution networks or most importantly, home delivery. One of the first questions providers will ask is whether a new DME partner has the potential to make patient access easier or more difficult, and whether a DME has access to the insurance contracts that align with the majority of their patient's insurance. By providing them with a solution, especially one that is in their favor, the provider too reaps the benefits.

Safety and patient outcomes are also paramount. The primary objective of care is to either improve patient condition when it is less than ideal, or sustain patient condition when it is ideal. From a provider's perspective, DMEs need to provide high-quality equipment that can improve safety or patient outcomes.

Access and education may be the two most important



RYAN BULLOCK

components of the patient experience, and patient experience may be the most important component of home care. To work cohesively, each of a provider's partners must work toward the same end, and in this case, that means working toward outstanding patient experiences.

To do that, DMEs will be expected to offer dedicated product contacts and support specialists. This

way, you are helping patients directly, both expediting patient service and freeing up your provider partner's resources so they can be shifted toward the front lines of care.

Health insurance can be very complicated for patients on their own, but DMEs with robust insurance service departments that can help patients navigate this landscape have a leg up on the competition. On their own, patients may often pay out of pocket for medical equipment, but your insurance specialists will help them get the same products at little or no cost through insurance. DMEs must get this point across to potential provider partners, since it addresses a major patient concern and offloads another valuable area of expertise from care organizations to partners.

KEEPING PACE

Of course, care providers must also consider their own experience when working with DMEs. Care providers and organizations have made major technological strides in recent years and throughout the COVID-19 pandemic. While some may return to previous operations, many will be changed forever.

The most attractive DMEs will be the ones that use electronic health records (EHR) and digital contract management systems to automate and simplify processes for care providers. These systems allow DMEs to quickly and accurately address providers' requests, which in turn allows providers to quickly resolve patients' inquiries and increase patient satisfaction.

The pandemic has made it clear that health care must follow the path of retail and meet patients at their doorsteps, on their terms. DMEs must be able to get patients what they need, when they need it and where they need it. This is a significant part of the access equation we mentioned earlier.

Telehealth may be the biggest game changer to emerge from the pandemic. Partners offering telehealth services will no longer be the exception, but rather the expectation. This was once reserved for patients with agoraphobia or patients living in very rural areas but going forward, it must be a core competency of your partners. When providers assess potential DME partners, they will look to ensure that DMEs can help patients set up or troubleshoot their equipment virtually.

Many think an engaging web presence goes without saying in 2020, but they may be surprised how often this is lacking. Some DMEs are so focused on their supply chains that they neglect to make their websites user-friendly, frustrating patients and negatively impacting outcomes. One of a DME's primary goals is to make patients' lives easier and in many cases, that begins where patient and supplier first meet: the website.

HOW BETTER PATIENT JOURNEYS IMPROVE EVERYONE'S BOTTOM LINES

Since better patient journeys will result in higher patient satisfaction, increased patient retention and more referrals, you can expect care providers to always strive to improve the patient experience from start to finish. Logically, they will enlist partners who are looking to do the same.

The most successful DMEs will be those who are involved in patient journeys from first contact until the end of treatment, take some of the work off of their care partners' plates in the form of excellent product and insurance service, prioritize patient interests and realize that value is more than monetary. These are the kinds of partners who will truly add value to providers and allow them to thrive in the new era of care. [HME](#)

Ryan Bullock is chief operating officer of AeroFlow Healthcare and vice chair of the American Association for Homecare's (AAHomecare) Payer Relations Council.

DON'T UNDERESTIMATE THE 'SIDEKICKS'

Providers can take this negative and turn it into a positive, not only from an employee morale standpoint, but also increased revenue generation

BY SARAH HANNA

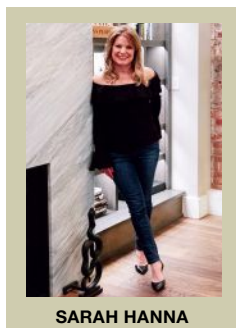
WITH COVID-19 permeating every aspect of our lives and our media experience, we look for the good in our communities and continue to celebrate the front-line workers: health care staff, truckers, grocery store clerks, gas station attendants and the list continues. They are the heroes tirelessly working so we can stay at home and abide by the stay at home orders.

Have you wondered about the "sidekicks" who are behind the scenes making sure the heroes and heroines have what they need to save the day? Those who keep the "caped crusaders" going?

Some of the most famous of the "dynamic duos" are: Batman and Robin, Aquaman and Aqualad, Batwoman and Batgirl, Mermaid Man and Barnacle Boy (you had to watch SpongeBob SquarePants to get that reference).

During a recent all-staff video conference with my team, I told them that if they ever doubted their importance in the health care continuum or viewed their jobs as just "paper pushers" now is the time for a paradigm shift. That's right, your revenue cycle staff are the behind-the-scenes partners to the front-line health care workers. Think about it: They are the invisible sidekicks that keep the superheroes going. You see, they are your intake, medical documentation, and billing and collections arms of your company.

Gaining payment has always been important, but now



SARAH HANNA

with the world's focus on the health care delivery system and the respiratory health of our population, your revenue cycle staff can truly feel the weight and importance of their day-to-day jobs. Without collections, your front-line team members and the patients they serve can't receive the lifesaving equipment and service. The collections of your revenue cycle staff fund your ability

to purchase equipment to serve your patient base, pay salaries when many are out of work, and keep your superheroes outfitted in the PPE armor that protects them in the midst of a pandemic, just to name a few.

Now is the time for a mindset reset of your "sidekicks." They need to truly understand their importance in the front-line defense in health care. Throughout history, people have risen to the occasion in the face of great national tragedies and war. Patriotism goes on high and people come together for a common cause.

This new perspective can drive performance and increase collections. Amid this global tragedy, you can pull your in-house team together to make things work and click like never before. When people feel like their job has meaning, they work harder and look for ways to make a difference.

This is a perfect time to show your team that their jobs are important and that they, too, are part of the success of the health care delivery system fighting COVID-19.

Payers are easing up claims processing restrictions, certain audits have been suspended, Medicare sequestration cuts have been removed, timely filing limits extended, etc. With payers loosening their grips on our claims, it frees up some of the time of your staff to work on viable claims and improving production. Providers can take this negative and turn it into a positive not only from an employee morale standpoint, but also increased revenue generation.

And while this is occurring, your management can take note of processes that are necessary for day-to-day workflows and those that are in the words of today's economy "non-essential" to a productive work product. Then take these notes and act upon them when the environment moves to our new post-COVID-19 normal.

The American spirit is strong, and we always rise to the occasion. Show your "sidekicks" that you couldn't go through this without them. Make them feel like their job has more value than they ever imagined. You will see them rise to a new level of performance and fight the good fight, along side your superheroes. [HME](#)

Sarah Hanna is CEO of ECS North. She can be reached at sarah.hanna@ecsbillingnorth.com or 888-811-2250.

CONTRACTING



Consider three key questions

BY ARMANDO CARDOSO

Q. What should I consider before renegotiating payer contracts?

A. Renegotiations don't need to feel like you're facing Goliath—you've got more than a slingshot and it's

not one-on-one combat.

WHAT ARE YOUR GOALS AND HOW CAN YOU NEGOTIATE TO SUPPORT THEM?

You should identify how each potential payer negotiation could support your organization's broader goals. These goals can differ by payer, offering and service area. While there are many ways to categorize your goals, they are commonly sorted into financial, operational and strategic goals.

HOW DO YOUR CURRENT CONTRACTS COMPARE?

Begin by gathering historical claims data for each payer in your portfolio. You can gather 12-36 months of data but allow for a 60-90 day run-out period for claims to settle. Undoubtedly, you will need to consider any adjustments to the data for notable issues. Structurally, you should understand the effective date of each agreement, the renewal struc-

ture, inflators, termination rights and the last increase you received. Contractually, there are terms that you should understand, as well, like timely filing windows. For reimbursement, ensure you understand your allowed amount relative to your charges and your paid amount relative to your allowed amounts (i.e. yield).

WHAT PORTION OF YOUR REVENUE DOES EACH PAYER REPRESENT?

When evaluating your payers and understanding their impact on your business, you can't overlook what portion of revenue each represents. You should understand the effects of terminating any of your agreements, offering steep discounts or obtaining significant increases. **HME**

Armando Cardoso is CEO of Healthcents.com. Reach him at acaradoso@healthcents.com.

HME News

STRATEGIC PLANNING



Emphasize visibility

BY BILL PAUL

Q. What are good operation management strategies during challenging times?

A. When faced with exceptional events, leaders need to take a hard look at their now. Steering company operations during uncertain times requires an analytical approach with an emphasis on visibility, control and agility.

With that said, people are your greatest asset. Communication is critical. In times of crisis, people are worried. The more visible you are with clear goals and objectives, the better your team understands where they stand and what they need to accomplish. Management by KPIs is particularly important when dealing with economic uncertainty. You cannot manage what you can't measure. Give your people the information they need to establish acceptable performance indicator measurement. Let the people know what is happening in the business, even when the news isn't great. Communication will help reduce turnover.

Do we have the controls needed to establish operating procedures and systems to work from home? To evaluate the ability to transition to this new model, analyze available technology. Using cloud-based software where people can have an ability to measure KPIs at their fingertips gives them control of their own performance. The more vested you are in technology, the smoother the operations flow.

Crises are challenging, but they don't last forever. Eventually, there is a new normal. Some companies are agile and able to strategically position themselves for growth, others struggle to stay in business. This is a time when businesses must be creative.

Consider this time of disruption and slowdown to be a perfect time to implement new innovative strategies and technologies. **HME**

Bill Paul is CEO at ATLAS-RPM Professional Services. Reach him at bpaul@ATLAS-VUE.com.

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WORK FROM HOME



Equip your employees

BY JOHN STALNAKER

Q. What do my employees need to work from home?

A. Now that most of us have a home-based workforce, we need to equip the home office with every-

thing our employees need to get the work done effectively and efficiently. ACU-Serve transitioned to a work at home model three years ago and now manages employees in almost every state, as well as a large offshore workforce. We manage everything from our corporate office in Akron, Ohio, with the mantra of "one to many." ACU-Serve currently manages 500-plus remote FTEs with five managers and one executive vice president

of operations. We have spent years developing our workflow and the logic that drives claim work queues. This identifies who should engage with a claim and why. By utilizing this type of logic, we can let technology help us manage more resources without adding management staff.

The first piece of the puzzle is Internet speed. Before sending your employees home, be sure they have enough bandwidth to do the work without painful wait

times. You can easily do an Internet speed test using a smart phone.

Next is the hardware they will use in the home office. ACU-Serve uses AWS (Amazon Web Services) for its cloud-based presence and pre-configures the AWS workspaces and zero-client workstations prior to sending them to remote employees. This allows them to hit the ground running when they receive their "office in a box." We use a 10Zig zero client

that acts as the processor, as well as the device that FTEs plug monitors, mice and keyboards into. The device is HIPAA-compliant and takes up very little space. We also send everyone three monitors (including a stand), softphone and headset, and the necessary cables and miscellaneous supplies. **HME**

John Stalnakar is vice president of sales at ACU-Serve Corp. Reach him at jstalnakar@acuservecorp.com.

EQUIPMENT MAINTENANCE



Calculate hidden costs

BY JIM WORRELL

Q. What are the hidden costs of DIY respiratory equipment service?

A. When you think about servicing your ventilators in-house, O2 concentrators and other respiratory equipment, it seems pretty simple and cost-effective. When you begin to examine the not-so-obvious expenses related to performing these services, however, you may decide after all to send them out for service. Let's take a look.

TECHNICIAN EXPENSE

You have the management and overhead costs of interviewing and hiring the right technician. Ventilators must be serviced by a factory certified technician. As you might expect, you must send the technician to the OEM for training. O2 concentrators are easier to service, but still require weeks of on-the-job training.

PARTS MANAGEMENT EXPENSE

Someone must consistently review and report on parts inventory. Depending on how many different models of vents and concentrators you have, the number of SKUs needed can easily exceed 100 unique parts. Then consider inventory shrinkage and monthly and annual inventory cost, and the administrative costs become pretty clear. Also, someone needs to test incoming parts and return bad parts to the vendor for credit.

POOR QUALITY EXPENSE

Service quality can be fleeting, depending on the technician, their training, and how they feel on any particular day. In the respiratory equipment business, poor quality of a ventilator repair can cost a patient their life. Now that can be very expensive.

Most well-managed HME companies focus on what they do best—patient care. Their businesses have fewer moving parts, are easier to manage and, ultimately, are more profitable. **HME**

Jim Worrell is chief commercial officer at Quality Biomedical. Reach him at jworrell@qualitybiomedical.com.

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HEALTHCARE



AdaptHealth sees oxygen 'broadly up'

Provider reported net revenue of \$191.4 million for Q1 2020—a 60% increase over last year

BY THERESA FLAHERTY, Managing Editor

PLYMOUTH MEETING, Pa.—It's impossible to predict the full impact of the COVID-19 crisis on its business, but AdaptHealth remains confident about its strategy and its prospects, company executives said during an earnings call.

"The past 60 days have been unlike anything I've experienced in my 15 years in the HME industry," said President and COO Josh Parnes. "In six days in March, we transitioned more than 75% of employees to work from home. We've continued to meet the needs of patients and referrals on a daily basis."

AdaptHealth reported net revenue of \$191.4 million for the first quarter of 2020—including \$33.9 million from Patient Care Solutions—a 60% increase over the same quarter last year.

The company has seen increased patient demand for ventilators and oxygen concentrators, and increased sales and rentals to hospitals and other health care providers in hard hit areas like New York and New Jersey, said CEO Luke McGee.

"We're seeing oxygen broadly up, very much related to the impact in New York, with discharges up more than 100% in April and continuing into May," he said. "We expect there to be a secular shift in the need for home oxygen. Some of these patients are going to need oxygen for quite some time."

AdaptHealth's CPAP resupply business remained strong in the first quarter, driven by heightened awareness for respiratory hygiene, while demand for "elective" products like new CPAPs and orthotics, decreased due to the crisis, said execs.

Other impacts from the crisis:

In response to shifting demands in volume, AdaptHealth reduced its workforce by 6% in April.

In the first quarter, the company incurred

ADAPTHEALTH SEE PAGE 11

Aeroflow Ventures searches for synergies

BY THERESA FLAHERTY, Managing Editor

ASHEVILLE, N.C.—Aeroflow Healthcare's new division Aeroflow Ventures is a vehicle for growing the company's core businesses through acquisitions and investing in other companies that could benefit from its strengths, says CFO Scott Sonnene.

"We see a lot of opportunity where we are not in that business, and they are looking for capital," he said. "There have to be synergies—maybe we can help with marketing or our development and technology platforms can accelerate what they are trying to do."

Where it makes sense, we'll make an equity investment."

Those opportunities include businesses both within and outside of health care, and could range from a local business in its own backyard of Asheville, N.C., to something located elsewhere in the U.S., says Sonnene.

Aeroflow Healthcare, which has landed on the Inc. 5000 list of fastest growing companies for the past three years, also hasn't ruled out expanding into other areas of HME. While it started in 2001 as a home oxygen company, these days its three major businesses are mom

AEROFLOW SEE PAGE 11

What's it like for an HME RT during the pandemic?

BY THERESA FLAHERTY, Managing Editor

WATERBURY, Conn.—Respiratory therapist Patricia DeMaida has spent her entire career taking care of patients, both in the hospital and in the home, but she's never seen anything like the COVID-19 pandemic, she says.



Patti DeMaida

"The hospitals are overwhelmed," said DeMaida, sales and clinical manager for Health Complex Medical in Waterbury, Conn., just outside of New York City, which has emerged as an epicenter of the disease. "There's not enough equipment and there's not enough workers."

DeMaida spoke with HME News recently about what it's like working the front lines of a public health emergency.

HME NEWS: What is the situation like where you are?

Patti DeMaida: We're seeing (COVID-19) spread from New York City and into Connecticut here. They say our cases are coming down but now we are starting to see more employees and health care workers starting to test positive. We are seeing about 80% of the hospital admissions being discharged home, which is really good. The majority (of patients) are going home on oxygen, if not some other DME.

HME: What do you want people to know about how things are on the front lines right now?

DeMaida: How overloaded these hospitals are and how important it is to respect social distancing to prevent the spread as much as we can. The hospitals are

DEMAIDA SEE PAGE 10

BRIEFS

Tomorrow Health launches online medical equipment store

NEW YORK—Tomorrow Health has launched a home-based care platform with more than 40,000 home medical products, including respiratory, mobility, wound care, urologicals and nutritional products, and two-day delivery. "At a time when keeping patients healthy at home has become mission-critical, we aim to serve as a partner and advocate for millions of Americans in need of home-based healthcare," said Vijay Kedar, co-founder and CEO. The company works with Medicare and more than 100 private insurers.

CareCentrix acquires Turn-Key Health

HARTFORD, Conn.—CareCentrix has acquired Turn-Key Health, a community-based palliative care company serving health plans, hospitals and physicians. Its proprietary Palliative Illness Management program (PIM) will be fully integrated into the CareCentrix platform. "Health plans and patients are looking for home-based palliative care that honors the hard choices that patients and families need to make as well as gives them the opportunity to remain at home," said CareCentrix CEO John Driscoll. "The acquisition of Turn-Key is the next step in CareCentrix's commitment to provide more home-based services for all patients as delivering care at home becomes the new norm." CareCentrix has partnered with Turn-Key for the past year.

Vertess makes new hire

FORT WORTH, Texas—Vertess has added Matt Moebius to its business development team. Moebius brings a long history of HME experience in all aspects of the business from sales and operations, to logistics and business development. Despite the ongoing COVID-19 crisis, Vertess has seen continued M&A activity. "Although the M&A markets have been a bit choppy, we still see great prospects for 2020," said Bradley Smith, Vertess managing director/partner. "We are excited to expand our team and, thereby, our reach to the healthcare community."

Paragon hires former Pacific Pulmonary exec

NEWTOWN, Pa.—Paragon Ventures has named Samantha Lincoln, formerly director of business development for Pacific Pulmonary Services, as managing director. "Our sell-side investment banking advisory business continues to grow nationally, and we are committed to having the highest caliber of talent across our team to best serve our clients," said Marc Rose, president and managing partner. Lincoln assisted with the sale of PPS, the fifth largest home respiratory company in the country, to Teijin Ltd. At PPS, she led strategic acquisition activity—sourcing, valuing, negotiating and leading integration on 20 acquisition transactions ranging from \$2 million to \$30 million.

PROVIDER SPOTLIGHT

Bluegrass Oxygen fills compliance niche

Provider uses latest in remote monitoring technology and good old-fashioned education

BY TRACY ORZEL, Contributing Writer

LEXINGTON, Ky.—When Mike Marnhout, who has worked in home care since 1980, opened his first HME company in 1982, his parents took a second mortgage on

their house and loaned him the money with one condition: that he would never turn anyone away, whether they could afford to pay or not.

To this day (2020 marks 40 years in the industry), he's kept his word, said Marnhout, CEO of Bluegrass Oxygen.

Founded in 1996, Bluegrass Oxygen accepts all insurance, including Medicare and Med-

icaid, and offers home ventilator care, as well as oxygen therapy, sleep therapy and neb aerosol therapy. Its four locations service more than 75 counties in Kentucky, Indiana and Tennessee.

Over the last seven or eight years, Bluegrass has re-focused its attention from



Mike Marnhout

oxygen to sleep, which makes up 60% of its business.

"We're at 80% compliance post-90 days and we've got about 12,000 patients," said Marnhout.

To keep patients compliant, Bluegrass Oxygen uses ResMed's

BLUEGRASS OXYGEN SEE PAGE 10

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EARNINGS

Great Elm hits new high with PAP patients

WALTHAM, Mass. — Great Elm Capital Group reports that its DME revenue grew 20.2% year over year in the third quarter of its fiscal year 2020, with growth in all major product categories.

The company says new patient set-ups for PAP devices, a key cat-

egory, grew 19% year over year in the quarter, and total PAP patients hit a new high.

“Our DME business has been meaningfully impacted by the COVID-19 pandemic,” said Peter Reed, Great Elm’s CEO. “Nevertheless, DME’s scalable platform

has enabled it to adapt to challenging market conditions.”

For the three months ended March 31, 2020, Great Elm’s DME operating companies generated \$14.1 million in revenues, \$1.4 million in net loss and \$2.5 million in adjusted EBITDA.

Great Elm says it continued to invest heavily in building a scalable infrastructure in the third quarter that’s capable of supporting multiple acquisitions per year. It also consolidated multiple billing databases, implemented mobile delivery technology and

upgraded its payment processing technology in the quarter.

Great Elm did note that physician referrals started to decline toward the end of the third quarter in response to stay-at-home orders, and that that decline is continuing into the fourth quarter.

Great Elm, a publicly traded holding company, also has interests in investment management and real estate. **HME**



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DEMAIDA

CONTINUED FROM PAGE 8

overwhelmed—they’re running out of beds. There’s not enough equipment and there’s not enough workers. Sleep techs and pulmonary rehab therapists are all being pulled to be on the front line in hospitals for testing, treating and managing these patients.

HME: What is the biggest need you have right now to do your job?

DeMaida: We are running into a lack of equipment, both DME and PPE. The PPE is so important to protect our delivery drivers who are going into homes to set up these patients that are COVID-positive and there are also family members in the home. That’s a challenge right.

HME: How do you hope the pandemic changes how respiratory services are covered in the future?

DeMaida: I hope it can come to light the need and the amount of people we maintain in the home with chronic respiratory diseases. There’s no code for an RT to go into the home to provide education and these are the patients we want to keep at home. We can cut costs by keeping them at home. **HME**

BLUEGRASS

CONTINUED FROM PAGE 8

patient monitoring programs and good old-fashioned education.

As to whether Bluegrass Oxygen will reinvent itself again, Marnhout says he’s happy with where the company is.

“We’re filling a niche—not many people do compliance like we do,” he said. “Four out of five people are going to be compliant, so that’s one of the things that gets us most of our referrals.”

When Marnhout opened his first business 38 years ago, there wasn’t much competition, he says. That’s as true today as it was then.

“The big boys—the Lincars and the Aprias—are going to last; the regional companies are going to last; and little mom and pops are going to be gone,” said Marnhout. “What we’re doing—the resupply business—is the best thing for us.” **HME**

Tactical Back Office offers remote, turn-key employees

BY TRACY ORZEL, Contributing Writer

MINDEN, Nev. — As more people are ordered to stay home due to the coronavirus, Tactical Back Office's business model fits the world "like a glove," says Todd Usher.

"The coronavirus hasn't affected us," said Usher, president and CEO of the remote personnel staffing company, and co-founder of Home Oxygen Co. "It's been seamless because we're already working from home, but at a lower cost."

Tactical Back Office's services include CMN collection and filing, A/R aging, patient intake processing, dispatching and logistics, bookkeeping, sales support and everything in between. While the company services all industries, including physician offices, sleep labs and PT and OT offices, more than 80% of its business is HME-based.

The idea for the business came to Usher in July 2016 when his Home Oxygen Co. was deeply affected by Medicare reimbursement cuts related to competitive bidding. Rather than close the doors, he transitioned to remote, Philippines-based personnel by the



Todd Usher

end of 2017.

"So it was born out of necessity," said Usher. "Then a friend who owns a company in Fresno asked to be part of this, and that's how Tactical Back Office was born."

Not only is it operationally efficient, but also "it saves a ton of money," said

Usher.

"And from a business owner's perspective or COO's perspective, that's vital in this day and age," he said. How it works is, once an agreement is signed, Tactical Back Office will ask the client for a detailed job description and then train personnel based on that description for four to eight weeks, before onboarding them with the client.

"This is their employee," said Usher. "This is not a smoke-filled room of people in a dark, underlit office, working their A/R. This is John Smith (interacting with) their office on a daily basis, 8 to 5, Monday through Friday, 21 work days a month, 2,080 hours a year." **HME**

AEROFLOW

CONTINUED FROM PAGE 8

and baby, urological and sleep therapy.

"There are segments we can see getting into in the future," he said. "Certain businesses, like oxygen, you have to have physical assets and people on the ground, but with diapers (for example), we've got FedEx."

The sleep division, in particular, has grown through acquisition in the past three or four years, and that's something the provider will continue through the new division, says Sonnone.

"I think everybody knows, if they want to sell their CPAP business, we are on their short list," he said.

The launch of Aeroflow Ventures during the COVID-19 pandemic, however, has meant slowing down activity as the company waits to see how things shake out in the coming months, says Sonnone.

"We have a pipeline, but we're not actively soliciting acquisitions," he said. "Unfortunately, there are some companies this has taken a toll on. If we can help them and it's a win-win, great. We'll probably see more investment opportunities from companies that didn't need cash before all this happened." **HME**

ADAPTHealth

CONTINUED FROM PAGE 8

additional costs to acquire personal protective equipment for patient-facing employees, and increased its inventory in anticipation of increased equipment demands.

The company received \$47 million in advance payments and \$17 million in COVID-19 relief funds.

AdaptHealth affirmed its guidance for 2020 of net revenue between \$790 million to \$808 million, adjusted EBITDA of \$160 million to \$164 million, and adjusted EBITDA less patient equipment capex of \$98 million to \$101 million. **HME**

SPIRO HEALTH

CONTINUED FROM PAGE 1

existing markets, with a primary focus on sleep health and wellness.

"All have great brands in the markets they operate in," said Gary Sheehan, president and CEO of Cape Medical Supply and CEO of Spiro Health. "They will continue to do what they do well. These businesses are all doing certain things differently and offering different products and services. Over time, we will evaluate that."

The first order of business is to look

at processes, such as billing and accounting, as well as technologies, across the board to see what can be consolidated, streamlined and adopted across the platform, says Hogan.

"Gary and Mark (Kassir, president and CEO of America's Health-Care at Home and president, Mid-Atlantic, of Spiro Health) and I have spent a lot of time on best practices and seeing what each company is doing," he said. "We are adopting those as fast as we can."

Leadership at all three companies looks forward to when they can all get around the same table, something that hasn't been possible with the current public health emergency caused by the COVID-19 pandemic, which has forced a shift in gears, says Sheehan.

"We had a lot of those plans drawn up in 2019 and I laugh when I look at them now," he said. "Right now, we are just providing the best support possible for our front line people and working in the background to put the structure together." **HME**

GOV'T WARNS AGAINST FRAUD

CONTINUED FROM PAGE 2

Inspector General/Office of Investigations reported Medicare beneficiaries are being told in unsolicited phone calls that they are required to have COVID-19 tests and must provide their Medicare numbers. Two weeks later, they say, these beneficiaries receive DMEPOS, usually orthotic braces.

Here's what van Halem, president of The van Halem Group, had to say about how CMS might have opened Pandora's Box in its attempt to remove obstacles to care during the pandemic.

HME NEWS: Why are we seeing increased fraud during the pandemic?

Wayne van Halem: There have been all of these safeguards in place (to limit fraud)—you have to be accredited, you have to have criminal background checks, you have to be fingerprinted, you have to obtain a surety bond. You had to have all these things, and they've been lifted during the public health emergency. Anyone can get into the program as a supplier right now. That worries me. It doesn't worry me that a bunch of people

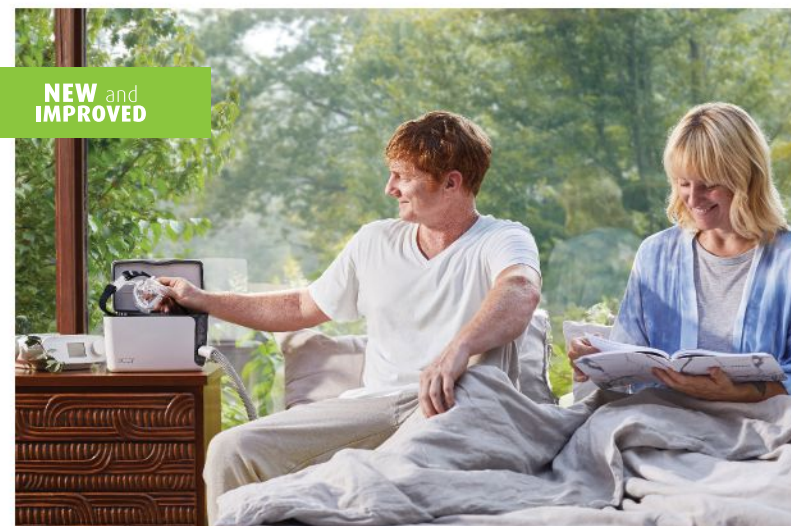
who have been in business for a long time are going to start billing like crazy; but it worries me that people coming in from the outside will.

HME: Have you heard that CMS has seen a spike in enrollment during the emergency?

van Halem: I don't have the answer to that, but I would love to know. CMS did say that they would be watching the claims submitted by these new companies closely and that once the PHE is lifted, they would have to meet all the requirements within 30 days. But if you're a criminal all you need is a short period of time to submit a bunch of claims and take off.

HME: Did the special agents say where they were focusing their investigative efforts?

van Halem: They're definitely focused on phone solicitation. I'm working from home today and I got a call for my mother from a company saying she was able to get diabetic supplies and a CGM machine. I asked where they were calling from and it was a DME company from New Jersey. I'll certainly be reporting that. **HME**



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COVID-19

Dickerson on what happens post-virus

BY LIZ BEAULIEU, Editor

NEW YORK CITY – Gerry Dickerson, an ATP and CRTS who works the New York City area for National Seating & Mobility, says telehealth has moved from luxury to necessity amid the coronavirus pandemic. Here's what Dickerson, also the president of NRRTS, had to say about how "the whole flavor of stuff" is going to change due to the crisis.



HME News: What's it like in your area?

Gerry Dickerson: I live in western New Jersey, about a 45-minute drive from the George Washington Bridge, and my last day going into the city for work was March 12. Every outpatient clinic that I know of in the city has been closed for a month.

HME: How is NSM addressing the needs of patients in the New York City area?

Dickerson: We have a couple of guys that are still going out all PPE'd up. We had a tech deliver a Permobil to a patient's home recently. The tech called me and said we did this and this and this, and we dialed in the OT involved. We all agreed everything looked great.

HME: It must be difficult for you

GERRY DICKERSON SEE NEXT PAGE

CMS opens up telehealth

Occupational, physical therapists can bill remote services, including for 'wheelchair management'

BY LIZ BEAULIEU, Editor

WASHINGTON – CMS announced in late April that it will allow occupational therapists and physical therapists to provide telehealth services during the coronavirus pandemic, a big win for complex rehab stakeholders.

The agency has waived the limitations on the types of clinical practitioners that can furnish Medicare telehealth services. Previously, only doctors, nurse practitioners, physician assistants and certain others could provide these services.

"This has been a major request from us, along with others," said Don Clayback,



Don Clayback

executive director of NCART, during a recent webcast. "This opens up significant opportunities for OTs and PTs, not only for complex rehab but also other areas."

What's more, CMS announced that it added CPT 97542—a code used by OTs and PTs for "wheelchair management"—to the list of approved codes for telehealth services.

The agency paved the way for this to happen by changing its process of adding new

telehealth services to a sub-regulatory process, instead of a rulemaking process, allowing it to consider requests by practitioners.

"It's a positive that they're opening up a new system... that will enable them to be more responsive to practitioners actually using those codes," Clayback said.

NCART will take these latest changes from CMS and share them with state Medicaid programs that have not already allowed OTs and PTs to provide telehealth services.

"The fact that Medicare is opening that up officially should make those states more comfortable," Clayback said. **HME**

SURVEY: CLINICIANS ADAPTING

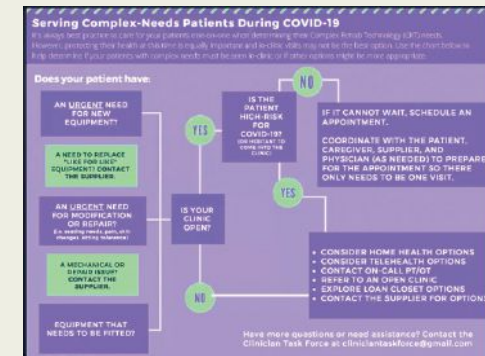
BY LIZ BEAULIEU, Editor

MORE THAN half of the respondents to a second survey from the Clinician Task Force say they're starting to use telehealth, Cathy Carver says.

Of the clinicians who are using telehealth, 30% say they're using a HIPAA-compliant version of Zoom, 12% are using Microsoft Teams and 8% are using Doxy.Me.

"That's a big change from our last survey," said Carver, executive director of CTF. "There's more use of telehealth."

More than 150 clinicians responded to CTF's second



survey.

CTF has also developed a decision tree to provide clinical guidance on how to continue serving patients during the pandemic. The decision tree walks clinicians through questions like, is there an urgent

need for equipment, is your clinic open and is the patient at high-risk for COVID-19? Answers include scheduling an appointment and coordinating with patient and caregiver to prepare for the

CTF SURVEY SEE NEXT PAGE

PROMETRIC RESTARTS RESNA ATP TESTING

BY LIZ BEAULIEU, Editor

YARMOUTH, Maine – Prometric reopened its test centers on May 1, allowing complex rehab professionals to once again sit for RESNA's ATP exams after an almost two-month hiatus due to the coronavirus pandemic.

"The good news is, the ATP falls into that category of essential workers and (passing the exam) is a requirement for Medicare and others," said Julie Piriano, vice president of clinical edu-

cation and rehab industry affairs and compliance officer for Pride Mobility Products, and chairwoman of RESNA's Professional Standards Board. "This is a very good step in the value of the certification in the continuum of health care."

Prometric is taking a number



Julie Piriano

of measures to address safety, including cleaning high-touch areas twice a day, and requiring test takers to wear masks and allowing them to wear gloves.

RESNA and Prometric have reached out to professionals who were scheduled to take the exam between when the centers closed mid-March and opened back up May 1 to reschedule and waive any related fees, Piriano says.

"They're looking for days and times to slot people in on a go-forward basis," she said.

The pandemic hit as RESNA was coming off a strong 2019, when it saw more people sit for and pass the ATP exam than in previous years, and an impressive start to 2020, Piriano says.

"This has put a bump in the road, but the net of all of it is, we'll still be in a better position today than we were," she said.

That's all good news with a large number of ATPs near or at retirement age, according to a 2018 survey, and with the

EXAM SEE NEXT PAGE

BRIEFS

Wisconsin strengthens complex rehab benefit

MADISON, Wis. – Gov. Tony Evers has signed a bill that expands access to complex rehab technology for individuals with disabilities by adding power seat elevation or standing components for power wheelchairs to the state Medicaid program's definition of CRT. "This is an important step to ensuring access to this critical standing technology for those with disabilities," Evers said. "These tools can help individuals with disabilities live more comfortable, healthier and more independent lives." Senate Bill 605, now known as the 2019 Wisconsin Act 186, also requires the Wisconsin Department of Health Services and managed care plans to act on prior authorization requests for CRT within 10 working days of receiving the relevant documentation needed to make a determination.



NSM expands Colorado presence

NASHVILLE, Tenn. – National Seating & Mobility has acquired the complex rehab division of Hartman Brothers Medical Equipment in Grand Junction, Colo., increasing its service area in Colorado's Western Slope. "NSM remains committed to offering mobility and accessibility services nationwide," said Bill Mixon, NSM CEO. "We look forward to serving individuals in the Grand Junction area." Hartman Brothers, owned by Kirk and Jay Hartman, is a full-service DME provider with multiple locations. The rehab team from Hartman, led by ATP Brian Severson, will join NSM following the acquisition. NSM is a provider of customized mobility, home and vehicle accessibility, and full-service equipment maintenance and repair solutions supporting independence for individuals with mobility challenges. Founded in 1992, the company has grown from five locations providing complex rehabilitation therapy to a comprehensive network of mobility and accessibility experts across the U.S. and Canada.



COVID forces RESNA to cancel event

WASHINGTON – RESNA has canceled its annual conference scheduled for July 7-10 at the Hyatt Regency in Arlington, Va. "As you can imagine, this decision was incredibly difficult," said Mary Ellen Buning, RESNA board president, in an email to members. "We are looking at ways we can provide the key components of RESNA 2020 virtually...(and) hope to be able to announce a virtual conference program and events in just a few weeks." To help its members navigate the pandemic, RESNA has a COVID-19 resources page* on its website.

Cathy Carver of CTF shares documentation tips

BY LIZ BEAULIEU, Editor

A BIG QUESTION for complex rehab providers in the middle of the coronavirus pandemic in April: What is the documentation you need to have on file to bill for a claim?

Stakeholders were pleased to see CMS waive a number of requirements in the wake of the pandemic, but they were waiting for the agency to provide some kind of guidance on how to operate in a more relaxed environment.

"We understand and appreciate the waiving of the in-person encounter (for physicians)—that does go a long way toward allowing access to continue," said Don Clay-

back, executive director of NCART. "But suppliers are still on hold in terms of what documentation needs to be on file."

During a recent webcast, Cathy Carver, executive director of the Clinician Task Force, provided these tips:

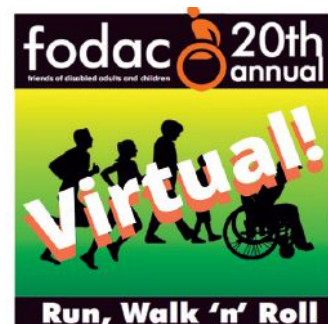
- ✓ Document who you talk to, when and how (phone, email, tele-video and if in-person, where)
- ✓ Document the nature of the call
- ✓ Document actions taken
- ✓ Document recommendations
- ✓ Document any follow up needed
- ✓ Document who else was in communication
- ✓ Document use of PPE protocols if in-person

cols if in-person

"From the clinicians out there, we're doing everything we can," she said. "We're feeling pressure from suppliers to keep doing all that we can to keep them in business but also feeling pressure from our patients to help them get what they need in a safe manner. Everyone is doing their best."

Stakeholders expected guidance to be forthcoming, with the DME MACs in April advising them to watch out for listserv updates and other announcements.

"They have us on their radar screen," Clayback said. "It's a matter of soon we will get the information we need." **HME**



Roll away from crowds

Friends of Disabled Adults and Children reformatted its 20th Annual Run Walk 'n' Roll into a virtual event. The event, one of FODAC's main fundraisers, called on participants to run, walk or roll at a place of their choosing, away from crowds, on May 9. FODAC aimed to raise \$20,000 through the event, with 100% of funds raised earmarked toward providing HME.

Q&A: GERRY DICKERSON

CONTINUED FROM PREVIOUS PAGE

not to be out in the clinic.

Dickerson: Every place is different, but in New York City, it's Ground Zero. Everything is shut down. So at least here, nothing is really transacting in the CRT world from a clinical level and it's gut wrenching.

HME: Telehealth is a big buzzword these days—does it have a place in the provision of complex rehab?

Dickerson: There are some things we do with it already and I think there's a lot more we can do. We need to resolve some issues but I'm fired up about it. It could easily be used for the initial evaluation. Think about if there were software incorporated that was capable of measurement. A smart phone could be used to scan a home and have all the info you need.

HME: Do you see providers using the connected capabilities of certain wheelchairs more?

Dickerson: I see us jumping on the connected wheelchair. It's

amazing what you can determine. Think about how much it costs to go to someone's house only to realize their chair was unplugged. If it's connected, you can see when the last time it was charged without going anywhere.

HME: How are providers in hard hit areas like yours going to get through this period of slow or no referrals?

Dickerson: I just pray that everyone involved survives and thrives. These are good, hardworking people.

HME: Outside of telehealth and remote technology, what has the complex rehab industry learned from the crisis?

Dickerson: I think there will be a broader and much better pandemic response organizational structure. Everyone from the president of this country to the ATP in the field was caught in this without a compass. **HME**

SURVEY

CONTINUED FROM PREVIOUS PAGE

appointment; considering telehealth options; and deferring appointment to a later time.

"It's really centered around the patient," Carver said. "You can have two patients side by side with the same diagnosis and one is scared to come face to face with you and the other is willing to take the risk. It's one of those individualized conversations."

Additionally, CTF has provided guidance to clinicians on patients who have tested positive for COVID-19: They need to test negative twice and be asymptomatic before they receive a face-to-face appointment.

"It's something (clinicians) need to be aware of; it's something we're facing," Carver said. "Don't freak out about it; just be prepared and educated." **HME**

Removing barriers to care during pandemic

BY LIZ BEAULIEU, Editor

AT THE height of the coronavirus pandemic in the U.S. in April, NCART, NRRTS, U.S. Rehab and the Clinician Task Force were hosting weekly conference calls for the providers and clinicians trying their best to continue serving patients during the crisis.

Here are a few notes from those calls:

PRIOR AUTHORIZATIONS PAUSED

Stakeholders received confirmation in mid-April that prior authorizations for power mobility devices are not required during the crisis. Providers may continue to submit PA requests if they want, but if there are situations where these requests aren't feasible, they're still allowed to submit claims—they just have to use the CR modifier and mention COVID-19 in the narrative.

"These claims may be selected for post-payment review, however, so keep that in mind as you're gathering information and making decisions," said Don Clayback, executive director of NCART. "ADMCs are still available."

TRIAGING NEEDED

Providers have the tendency to think their more complex clients are their more urgent cli-

ents, but they may need to flip that mentality on its head during the crisis, stakeholders say.

"We want to make sure we're getting those other people taken care of sooner, so that once this does open back up, the backlog of people who require immediate atten-



tion (can be a priority)," said Rita Stanley, vice president of government relations for Sunrise Medical. "If we can get

those more basic products taken care of now vs. then, we'll be a little more prepared when the times comes."

TELEHEALTH ADVISORY

NCART in April was in the process of posting to its website a CRT Telehealth Advisory to summarize the importance of telehealth in serving patients who need complex rehab.

"We are not saying every (patient) should be eligible for telehealth," Clayback said. "But it's important to have as an option and let medical professionals decide if it's appropriate for the client situation. There are in fact situations where for many clients it's a positive and workable situation." **HME**



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EXAM BACK ONLINE AFTER TWO MONTHS

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pandemic possibly speeding up that trend.

"Companies are giving people choices for staff reductions and a lot of ATPs could not come back (after the pandemic)," said Gerry Dickerson, an ATP and CRTS for National Seating & Mobility,

and president of NRRTS. "We're going to have a need, especially the minute the doors open a little."

RESNA is benefitting from complex rehab companies doing more to foster the next generation of ATPs, Piriano says.

"A number of the larger CRT companies have programs to groom and educate their in-house workforce to move into this as a new role as they become more educated," she said. "That's very different pathway into becoming an ATP than we've had in the past." **HME**



HOME INFUSION

COVID-19 raises stakes

BY THERESA FLAHERTY, Managing Editor

WASHINGTON – Home infusion stakeholders have asked CMS to issue an 1135 blanket waiver to allow coverage for all home infusion therapies during the current public health emergency.

Without such coverage, hospitals can't discharge patients to free up hospital beds for COVID-19 patients, and patients go without needed treatment, says Connie Sullivan, president and CEO of the National Home Infusion Association.

"This is not any different than what we have proposed (in the past), but with the PHE, it's getting more attention," she said. "There's a lot of interest in home infusion because patients are concerned about being exposed to COVID-19."

Specifically, stakeholders are asking CMS

to: expand the definition of home infusion drugs to include items and services provided in coordination with an infused drugs covered by Medicare Part D, and allow payment for the date on which a home infusion drug is administered, regardless of whether a qualified home infusion therapy supplier was physically present in the home on such a date.



C. Sullivan

Commercial payers, including Medicare Advantage plans, have long offered comprehensive coverage for home infusion, but Medicare Part B only covers a limited range of therapies, says Sullivan.

"This is a gap in the health care system that has existed for a long time," she said.

HOME INFUSION SEE NEXT PAGE

Amid panemic, 'Innovation comes from necessity'

Option Care Health is working closely with hospitals to safely and efficiently discharge patients, says Booker

BY T. FLAHERTY, Managing Editor

WHILE MUCH of the current focus around the coronavirus pandemic focuses on respiratory complications, home infusion providers have been busy doing their part to help hospitals "clear the decks" and free up hospital beds for COVID-19 patients, says Harriet Booker, COO at

Option Care Health.

"We can work with them on a host of disease states to determine if the patient is suitable for home infusion," she said, "and how quickly and safely we can get them discharged."

Booker spoke with HME News recently about how Option Care Health is facing the health crisis head on and looking at innovations for the future of infusion care.

HME NEWS: What sort of patients are you dealing with during this crisis?

Harriet Booker: Option Care Health stands ready to assist when hospitals experience

patient capacity issues including freeing up beds in advance of COVID patients. In many instances, patients may be well enough to discharge but have complicating factors which require home infusion therapy. Or, we could have a healthy patient who contracts coronavirus and at the same time develops comorbid conditions like pneumonia or who happens to have previous underlying conditions, such as cardiovascular or GI disorders.

HME: As an infusion provider, did you feel well prepared to

OPPORTUNITY SEE NEXT PAGE

BOC gives 'OK' to virtual course

BY TRACY ORZEL, Contributing Writer

OWINGS MILLS, Md. – For the first time ever, the Board of Certification/Accreditation has given the green light to a 100% online mastectomy fitter course.

Historically, the certified mastectomy fitter (CMF) and certified orthotics fitter (COF) courses combined online learning with in-person labs, but due to social distancing restrictions related to the COVID-19 pandemic, BOC has revisited its policy.

"CMF and COF certificants are very important professionals in the health care communities they serve," said Matthew Gruskin, BOC's credentialing director, "and we didn't want COVID-19 safety considerations to create barriers to entering these fields."

Designed and conducted by CFS Allied Health, the course is made up of two parts. Part I is self-paced and includes narrated PowerPoint lectures, lecture notes, lab assignments, study activities and self-assessments. Part II requires students to demonstrate a complete mastectomy fitting using a mock patient to the instructor via Zoom.



Shelley Phillips

FITTER COURSE SEE NEXT PAGE

BRIEFS

MedPAC finds no change in health outcomes

WASHINGTON – Medicare spending for diabetes testing supplies decreased by 88% between 2010-2017, according to a new report from the Medicare Payment Advisory Commission, but health outcomes have remained stable. Since the national mail-order program was implemented in 2013, the use of diabetes testing supplies is down overall, but retail sales of supplies is up, says the report, "Examining Impacts of the National Mail-Order Program on Medicare Service Utilization and Beneficiary Health Outcomes." MedPAC found that health outcomes have stayed the same for diabetics and insulin users, and rates of hospitalization emergency room visits and mortality have stayed the same for those users since the program began.

NHIF, NHIA present awards

ALEXANDRIA, Va. – The National Home Infusion Foundation has announced that Stacey Jensen, RN, BSN, MBA/HCM, is the recipient of its 2020 Lynn Giglione Women in Leadership Award. The award recognizes and honors trail-blazing and emerging women leaders who have demonstrated exemplary service to patients and their peers. Jensen is COO of Optum Infusion Pharmacy and served on the inaugural board of the NHIF...The National Home Infusion Association has announced that Lisa Sackovich, RN, BSN, CRNI, is the recipient of its 2020 Gene Graves Lifetime Achievement Award. The award recognizes those that embody energy, innovative spirit, leadership and commitment to home infusion patients and quality care. Sackovich is owner/president of ARJ Infusion Services.

Insulet extends financial assistance to 'Podders'

ACTON, Mass. – Insulet, maker of the OmniPod system, has expanded its U.S. financial assistance program for current customers who have been negatively impacted by COVID-19. Customers receive up to a six-month supply (60 pods). "Our coronavirus response plan is guided by our fundamental principles of protecting the health and safety of our employees...and ensuring that customers have continued access to our life-sustaining medical therapy," said Shacey Petrovic, president and CEO. "Our Podders are part of our community."

Medtronic offers pandemic assistance

DUBLIN – Medtronic has expanded its Medtronic Assurance program for U.S. customers who lose their jobs and health insurance due to COVID-19. Current eligible customers can receive a three-month supply of sensors, infusion sets and reservoirs at no cost. "Medtronic wants to ensure during this stressful and challenging time that we can be there for our customers when they need it most," said Sean Salmon, president of the Diabetes Group at Medtronic.

ADS steps up for retail pharmacies

ADS is now a trusted source for continuous glucose monitors for Price Chopper/Market customers

BY THERESA FLAHERTY, Managing Editor

CARLSBAD, Calif. – Advanced Diabetes Supply aims to fill a gap in the workflows of retail pharmacies through a recent partnership with Price Chopper/Market 32.

Per the partnership, the company will offer its line of continuous glucose monitors to the pharmacy's Medicare Part B patients.

"Retail pharmacies really don't like to

bill Part B because of all the documentation requirements," says Tim Cady, president of ADS. "They know how onerous it is to get the medical records from the physicians with all the various components to qualify for CGM and it doesn't fit into their workflow."

The Schenectady, N.Y.-based Price Chopper/Market 32 supermarket chain has 82 pharmacies throughout the Northeast.

By partnering with ADS, Price Chopper/Market 32 puts its patients in trusted hands for CGMs, and Price Chopper/Market 32 retains satisfied customers, says Cady.

"People with diabetes are very important customers to retail pharmacies for all their prescriptions and other items they buy," he said. "They don't want to say 'no' to the patient. Now they can say, 'We can't bill Part B, but we have a partner in ADS that are experts that can help you.'"

Once a patient with a valid prescription consents to being contacted by ADS, the provider follows up within 24 hours to begin the intake process. The patient receives regular updates on the status of their order, as well as anticipated costs of the CGM and supplies

DIABETES SEE NEXT PAGE

MONEYLINE

Option Care Health sees 'robust' growth

BANNOCKBURN, Ill. – Option Care reported net revenue of \$705.4 million for the first quarter of 2020, an increase of 48% compared to the same quarter in 2019.

Gross profit was \$158 million or 22.4% of net revenue, an increase of nearly 61% compared to one year ago, and net loss was \$19.9 million or 11 cents per share. Adjusted EBITDA was \$40.2 million.

"We are very pleased with the strong financial results generated in the first quarter, including robust revenue growth and solid cash flow generation," said CEO John Rademacher. "More importantly, as the COVID-19 pandemic arose in the latter part of the first quarter, I could not be prouder of how the team of more than 5,000 professionals that comprises Option Care Health continue to rise to the challenge to combat the coronavirus."

In March, the provider created a command central to focus on a collaborative and coordinated response to, among other things, ensure the health and safety of employees and maintain continuity of care for patients.

Option Care in April received approximately \$11.7 million from the Public Health and Social Services Emergency Fund. With

the extent that those funds offset the negative impact of the COVID-19 pandemic undetermined, the company is unable to maintain previously communicated guidance for 2020.

VIEMED REPORT INCREASES IN FIRST QUARTER

LAFAYETTE, La. – Viemed Healthcare reported net revenue of \$23.8 million for the first quarter of 2020 and net income of \$4.2 million, an increase of 31% and 117%, respectively, compared to the first quarter of 2019.

The company saw its active vent count grow by 25%, compared to the same quarter one year ago.

"We believe the first four months of the year have demonstrated how important the Viemed mission is to the future of our country's healthcare system," said Casey Hoyt, CEO. "Our clinicians have come through to share their expertise with others to assist with COVID-19 solutions. In addition, we have established long-term relationships with hospitals and physicians that we expect will only be strengthened in the future as we continue to do our part in supplying ventilators and keeping hospital beds free for the patients who have become ill with the coronavirus."

The company expects to generate net revenue of \$42 million to \$44 million during the second quarter of 2020, including approximately \$20 million of sales related to the COVID-19 pandemic. **HME**

SUPPLY CHAIN

CONTINUED FROM PAGE 1

unable to properly discharge patients," she said. "Our local case managers are already struggling and our county only has about 250 cases. I can't imagine what's happening in New York or Michigan."

For vents, respondents report not only difficulty obtaining new equipment but also difficulty obtaining PM kits, creating significant delays in the preventative maintenance of their inventory.

"As a result, we have had to rent ventilators, with difficulty, to fill the demand," wrote the respondent. "However, this has resulted in increased costs to the business."

Speaking of costs, when respondents are finding new equipment, it's sometimes more expensive due to surcharges and comes with "more rigorous payment terms."

"Lead times of six weeks or more (and) increased prices from manufacturers has made it necessary to ration and triage certain equipment," wrote one respondent.

Other respondents report having sufficient stock, since there are no longer elective surgeries or doctor office visits feeding them referrals.

"Most of our new business has slowed by more than 70%," one respondent wrote. "Therefore, we are not going through inventory as we normally do." **HME**

FITTER COURSE

CONTINUED FROM PREVIOUS PAGE

The mastectomy course had actually been filmed two years prior, but was shelved until two weeks ago, says Shelley Phillips, a certified mastectomy fitter with CFS.

"They recently put their orthotics fitter course online and I was like, 'If you could teach orthotics online we could teach mastectomy online,'" said Phillips. "And especially with the coronavirus going on and everybody staying home, we decided that now is the time to do it."

Going virtual has other benefits, too. Between food, airfare and hotel expenses, applicants can spend upward of \$1,000 to attend traditional in-person labs, says Phillips.

"It adds up a lot," she said, "and I really think that restricts a lot of people from taking these courses." **HME**

"We didn't want COVID-19 safety considerations to create barriers to entering these fields."

Matthew Gruskin, BOC

VENT PROJECT

CONTINUED FROM PAGE 1

Dana Lesperance, director of marketing and sales for the Johnston, R.I.-based company, hopes the initial 120 machines are just the start.

"Health care systems are so short on everything," he said. "It's exciting to be a part of this, from a donation (of equipment) standpoint and donation of time, as well."

Lesperance got involved with the effort after being contacted by Alex Hornstein, founder of VentilatorProject.Org, and co-founder and CTO of a technology company not related to health care.

Hornstein saw a use for the approximately 2.9 million sleep apnea machines currently sitting unused in American homes.

"There are so many machines around and people get new devices all the time," he said. "We're in a respiratory crisis. There are uses for these devices, and as more doctors share new ideas (on how to use these for treating COVID-19), we are starting to collect them in one place."

Ventilatorproject.org is working with other organizations, including the University of Rhode Island and the Rhode Island Department of Health, as well as fire stations, where the donated machines are collected.

For his part, Lesperance is advising volunteers on how to sanitize, refurbish and test the devices. Processes are documented



AN INITIAL COLLECTION EFFORT netted more than 120 respiratory devices—a number provider Dana Lesperance expects to climb.

on a laminated card that is attached to the machine to instruct hospital staff who may be unfamiliar with devices typically used in the home.

Response has been positive so far, and Lesperance expects that to increase.

"I think we are going to see an outpouring of donations from patients," he said. "My wife and I shared this on our personal Facebook and already had people contacting us. And our industry is always willing to step up." **HME**

'OPPORTUNITY FROM NECESSITY'

CONTINUED FROM PREVIOUS PAGE

maintain infection control standards?

Booker: Since day 1, we have aligned ourselves very closely with the Centers for Disease Control and have daily calls with our teams to ensure that our infection control guidelines—from our pharmacy operations to our employee PPE—are aligned with CDC best practices. We feel extremely well prepared to protect the safety of our patients, our health care partners and our Option Care Health team.

HME: Have you find payers are willing to work with you during this crisis?

Booker: We work carefully with insurers to provide timely authorizations, for the often-complex compounded pharmacy medications we provide. We also collaborate closely with hospitals and physicians

to safely and efficiently discharge patients as soon as they are ready to go home. We have leveraged our significant investment in telehealth technology to deliver expanded nursing care and are working with insurers on appropriate reimbursement for these innovative new ways to care for patients.

HME: Will COVID-19 have an impact on how infusion care is provided in the future?

Booker: There is that opportunity that innovation comes from necessity and our ability to get into the hospital system to provide (care) and teach patients has been limited. We have had good early success in doing that through video conference. I see no reason why that would go away. **HME**

HOME INFUSION

CONTINUED FROM PREVIOUS PAGE

"We have demonstrated success in (treating home infusion patients) in the commercial sector, and it's one of the few things that would be saving the health care system money."

More than 160 infusion stakeholders, including the ALS Association, Partners Healthcare System, Massachusetts General Hospital and the National Association for Home Care & Hospice, have announced their support for the waiver, as well as potential draft legislation if regulatory relief isn't forthcoming.

More than 200 members of Congress have also signed letters calling on HHS and CMS to lift restrictions on home infusion during the pandemic. **HME**

DIABETES

CONTINUED FROM PREVIOUS PAGE

based on their insurance.

Demand by Medicare beneficiaries for CGM devices is on the rise, driven in large part by targeted TV advertising campaigns during programs like "The Price is Right" and "Jeopardy," says Cady.

"They are going straight after the Medicare customers," he said.

Newer technology like CGMs and insulin pumps have meant consistent growth for the past several years for ADS, which pivoted toward the products after losing half of its business on July 1, 2013, when the national mail-order diabetes contracts took effect, says Cady.

"We had a really horrible 2013, but we've gotten into (these product categories) and so we've been able to build back up and we are growing," he said. **HME**

PAP compliance comes into sharper focus

BY JOHN ANDREWS, Contributing Editor

THE SLEEP therapy market continues to evolve with enhanced clinical awareness, better CPAP system technology and deeper understanding of obstructive sleep apnea and related disorders. The key to progress in efficacy and positive outcomes, sleep specialists say, remains patient compliance. The more patients who commit to using CPAP, the

CATEGORY

Sleep therapy

COMPLIANCE KEY

■ **Studying sleep:** As clinical awareness of obstructive sleep apnea increases and more CPAP therapy is prescribed, various health organizations are studying the challenges of compliance and potential solutions.

GENERATING DATA

■ **Optimal outcomes:** Because it is a cellular connected device, CPAP is a gateway to the patient management system and can draw critical outcomes data from other diagnostic equipment for uploading to the cloud.

E COMFORT

■ **Mask factor:** Air leaks and contact dermatitis are two main reasons for non-compliance, but mask comfort covers can solve those issues.

more benefits the industry generates.

CPAP compliance has been the focus of various studies over the years and sleep clinicians like Angela Giudice review the data methodically to get a clearer understanding of patient adherence factors. For instance, the American Academy of Sleep Medicine conducted a study that demonstrated if a CPAP patient misses two consecutive nights of therapy, there is a much greater risk of discontinuing use of the device.

Giudice, director of clinical education for Winter Haven, Fla.-based 3B Medical, adds that, “there are studies that show that catching a patient early enough can salvage compliance. For example, bedtime variability is a significant predictor of CPAP adherence, and compliance data easily shows if a patient is at risk.”

By analyzing compliance data, Giudice says clinicians can identify risk factors, “which provides ways to work smarter, not harder, so they can spend more time with patients that need an early intervention.”

Advanced CPAP technology enables the devices to collect outcomes data for determining optimal critical care pathways for each apnea patient. The capability of linking real-time data from the patient to clinician, while sound, has been woefully underutilized to date, Giudice said.

“CPAP machines are cellular connected devices—there are multiple data points

that conceivably could piggyback data on the CPAP device,” she said. “In that sense, the CPAP could be viewed as the gateway to a patient management system.”

Moreover, other data-generating health care products, such as blood pressure, pulse oximetry and glucose monitors, could transfer via Bluetooth to the CPAP and then be relayed during the data uploading to the cloud, Giudice said.

“In the future, viewing the CPAP as the central hub for personal patient medical data would help determine optimal critical care pathways for apnea patients with overlapping medical conditions and comorbidities,” she said.

IMPROVING COMFORT

Camas, Wash.-based CPAP Comfort Cover is dedicated to offering a product line designed for enhanced CPAP compliance, specifically addressing the issue of mask discomfort. General Manager Norman Paulk is a CPAP user himself and found the inspiration for his company after developing severe red facial pressure marks and sores from his mask.

“I tried a commercial cotton cloth

product to place over my mask before placing it on my face, but it was not as effective as I would have liked,” he said. “So my wife Vicki and I went to work on developing a solution that would work for me and other CPAP users.”

Because he’s not a physician or licensed sleep technician, Paulk consulted sleep specialist Steve Scheer, M.D., about the potential effectiveness of the CPAP Comfort Cover. Scheer acknowledges that mask fitting and comfort has long been “a troublesome issue.”

There are various conditions that cause CPAP mask discomfort, Scheer said, such as the sense of being tethered, awkward feel and the sound of air leaks.

“Sadly, this often causes a downward spiral that can lead to patient mortality,”

he said. “Accordingly, any innovation that leads to improved patient compliance will save lives.”

Contact dermatitis—the persistent pressure contact between mask material and a patient’s face—presents another burdensome problem for mask wearers, Scheer said. While the introduction of mask liners helped with mask fit

CPAP THERAPY SEE NEXT PAGE

CPAP

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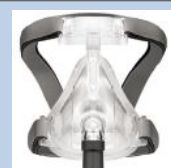
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- Package includes mask, two different sized headgear, hose clip and our Feather Weight Tube.
- Soft, quiet, skin friendly, durable, easy-to-clean, economical, and compatible with most CPAP/Bi-Level machines.

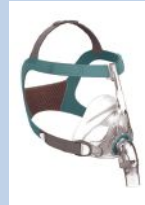
<https://info.circadiance.com/3d-starter-kit>



Fisher & Paykel Healthcare

F&P VITERA

- Full-face CPAP mask with RollFit XT seal that allows it to dynamically adapt.
- VentiCool technology helps to keep patients cool and comfortable during sleep.
- F&P Vitera has Dynamic Support technology for stability and adaptability.



www.fhpcare.com

Philips Respironics

DREAMWEAR HEADGEAR WITH ARMS

- Experience the headgear with staying power.
- With its unique, slip-resistant design, DreamWear headgear with arms keeps patients’ masks in place throughout the night.
- Provides more stability and an improved fit and seal without compromising the comfort that your patients expect.

www.usa.philips.com

ResMed

AIRFIT N30

- ResMed’s first-ever nasal cradle mask with front-end tubing—the slim, short tube is designed for stability and comfort.
- Small, lightweight and simple design with a slip-on headgear puts patients at ease during setup.
- Minimalist design that also offers comfort and performance, making it a well-rounded option for a wide range of patients.



www.resmed.com

Medline Industries, Inc.

DREAMPORT CPAP SLEEP SOLUTION

- Breakthrough headgear-free design ensures a secure, comfortable fit with no leaks.
- Lightweight, easy to use and one size fits all.
- Reduces SKUs, streamlines inventory management and frees up shelf space.

www.medline.com/go/dreamport

Monitors

Circadiance

SMARTMONITOR 2 PROFESSIONAL SERIES

- Easy-to-use, portable, low-cost vital signs monitor.
- Provides health care professionals with detailed information about a baby’s heart rate, respiration and, when equipped, oxygen saturation.
- Cleared for adult, pediatric and infant use.

<https://info.circadiance.com/sm2ps>



Apps

Philips Respironics

CARE ORCHESTRATOR

- Comprehensive, streamlined and flexible solution to efficiently manage sleep apnea and respiratory patient compliance and therapy.
- Compatible with most Philips devices. Treat patients and review data regardless of the number of devices they need.
- Designed to be quickly configured and customized to adapt to your changing business needs.

www.philips.com/careorchestrator

Sleep diagnostics

Philips Respironics

ALICE NIGHTONE

- Alice NightOne is almost two times more likely to result in an acceptable study than the leading competitive HST device (Results of customer preference trial; data on file).
- Smart guide set up walks patient through sensor placement.
- Auto-on feature, recording starts as soon as belt is buckled.

www.usa.philips.com



Other

CPAP Comfort Cover

CPAP COMFORT COVER

- Best way to save face.
- Launder and use over and over.
- Drop ship and wholesale programs for HME providers.

www.cpapcomfortcover.com



Virtuox

VIRTUCLEAN 2.0

- Kills germs and bacteria in only 30 minutes.
- Ultra quiet, small and portable, weighs only 0.5 pounds.
- 24-month warranty.

www.virtuclean.com



Dalton Medical Corp.

LUMIN CPAP CLEANER

- Lumin CPAP Cleaner.
- \$169/each.
- Clean CPAP accessories with power of UV light.

www.daltonmedical.com



Philips Respironics

HOME DELIVERY WITH REMOTE SETUP

- Home Delivery with Remote Setup provides patients with a complete sleep apnea setup kit at their doorstep.
- Consumer-friendly packaging and detailed instructions make it easy to get patients up and running on therapy.
- Remote setup service provides patients with step-by-step instructions over the phone or online with a licensed respiratory therapist (RT).

www.usa.philips.com/healthcare/services/sleep-and-respiratory-care/home-delivery

Sunset Healthcare Solutions

ZOEY CPAP CLEANER

- Easy-to-love cleaner for CPAP tubing, masks and headgear. New ozone plug adapter makes set up simpler—no need for add-ons.
- Sleek design fits in the home, premium packaging looks great for retail.

<https://sunsethcs.com/>



Responsive Respiratory, Inc.

PURIFY O3 PORTABLE OZONE CPAP SANITIZER

- Ozone sanitizer is affordable and simple way to disinfect PAP accessories.
- Portable, easy to use and maintenance free—no solutions, replacement filters or bags needed.
- Sold only through home care providers.

www.purifyo3.com



CPAP THERAPY BENEFITS FROM COMPLIANCE

CONTINUED FROM PREVIOUS PAGE

and comfort, he said the CPAP Comfort Cover addresses more specific issues.

“Previous mask liners failed to fully address the long-felt need in the industry for a product that would increase patient compliance by staying in position through the sleep period, preventing air leaks, preventing contact dermatitis and enhancing wearer comfort, while having consistently good ease-of-use across the full spectrum of patients,” he said. “CPAP Comfort Covers solve this long-felt need because they provide the above-listed benefits to the full spectrum of patients, by requiring virtually no manual dexterity or attentiveness to attach to a CPAP mask, due to their elastic retention. They can also be removed, laundered and replaced with little effort and little apparent diminution of effectiveness.” **HME**

Next month:

The July issue will feature wheelchairs and scooters.
FMI: tflaherty@hmenews.com.

HME News



2020 HME Financial Benchmarking Survey

CALLING ALL PROVIDERS

Take part in the industry's most valuable survey, and you'll get the exclusive results—for free!

DEADLINE: July 15

Make sure you're included! Fill out your survey at:

www.hmenews.com/benchmark



ResMed sees surge in demand for ventilators

BY LIZ BEAULIEU, Editor

SAN DIEGO – ResMed generated about \$35 million in revenues from a COVID-19 related surge in demand for ventilators in the third quarter of fiscal year 2020, but that represented only 4.5% of the company's \$770 million in total revenues in what was a solid quarter.

The company says it produced 52,000 invasive and non-invasive ventilators in the quarter, a three-fold increase in production.

"Our core underlying business remains robust, over and above that of the ongoing surge of demand," said CEO Mick Farrell.

ResMed reported net income of \$163.1 million for the third quarter of fiscal year 2020, a 55% increase com-

pared to the same period last year.

The company expects increased demand for vents to continue into the fourth quarter—and it expects to be able to meet that demand, Farrell says.

"Can we continue and/or increase the production capacity?" he said. "The answer is absolutely yes. We are constrained on some key components for invasive ventilators. But we really don't have significant constraints (for non-invasive ventilators). Those non-invasive vents can scale to 5x or 10x, and we can scale to whatever the demand is."

The challenge for ResMed amid the pandemic: producing enough products to respond to continued surges in demand but scaling back when needed.

RESMED SEE NEXT PAGE

New era for respiratory therapy?

We need 'the right therapies to go to the right people'

BY LIZ BEAULIEU, Editor

THE CORONAVIRUS pandemic has raised awareness of the different types of respiratory equipment available, particularly bi-level positive airway pressure machines, says Carlos M. Nunez, M.D., chief medical officer at ResMed. Here's what Nunez had to say about what COVID-19 is teaching us about these machines and how they can be used.

HME NEWS: Is anything getting lost in translation with all of the newfound attention around ventilators, bi-level machines and even CPAP machines?

Nunez: Where it gets confusing is that almost every ventilator, including the



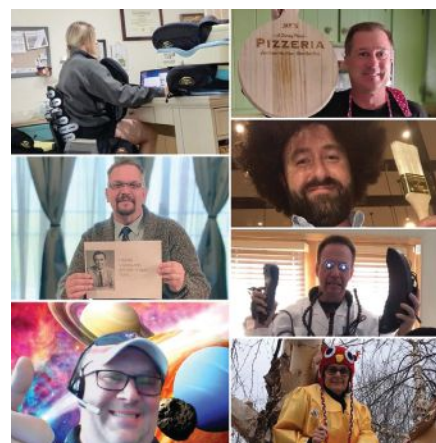
Carlos Nunez

most expensive ICU ventilators, has a CPAP mode where it delivers pressure like the CPAP devices used to treat sleep apnea in the home. For example, there is guidance out of the National Health Service in the U.K. about using "CPAP"

in the treatment of COVID-19 patients, but they're not talking specifically about the devices from home. They're talking about ventilators or bi-level machines in CPAP mode.

HME: Due to the shortage of vents, it seems

CARLOS NUNEZ SEE NEXT PAGE



Live from Quantum, it's free education

Quantum Rehab is offering free live educational webinars for CEU credits through the Pride Learning Institute. Topics include seating and positioning, pediatrics, bariatrics, drive controls, drive-wheel configuration, power seating and more. "The Quantum education team has been hard at work developing our complimentary CEU webinar series," said Julie Piriano, vice president, clinical education/rehab industry affairs & compliance officer at Quantum Rehab. "Classes are being held several times a day to make it easy to fit the schedules of ATPs and clinicians." View available webinars and their dates and times, course descriptions, learning objectives and instructor information XXX, as well as to register.

BRIEFS

Golden secures VA biz

OLD FORGE, Pa. – Golden Technologies has been notified by Veterans Affairs that the department plans to exercise its second year of a five-year contract to supply mobility products. Golden provides power scooters to the VA nationwide. "It is unprecedented for the VA to commit fully to a five-year contract, which is normally reviewed and approved year by year on an annual basis," said Rich Golden, president and CEO. "We are humbled and honored to continue to provide top of the line power mobility equipment to our veterans." The contract runs through April 2023. Golden was awarded its first nationwide scooter contract with the VA in 2003.

SoClean sues Sunset

PETERBOROUGH, N.H. – SoClean has initiated patent infringement litigation against Sunset Healthcare Solutions and its Zoey CPAP sanitizer in the U.S. District Court of Massachusetts. SoClean said in a statement to HME News that, based on a preliminary finding, the court found there is a "substantial likelihood of prevailing on its claim of infringement." The case is now scheduled to proceed to discovery and trial. Sunset Healthcare Solutions, which launched the Zoey earlier this year, said in an April 17 letter to customers that the court denied SoClean's effort to prevent sales of the Zoey, and that the trial gives it the "first opportunity to present a full response to the allegations," wrote President and CEO Christopher Slosar. "Sunset intends to vigorously contest the lawsuit and provide evidence that it does not infringe any valid patent asserted by SoClean," he wrote.

Sunrise provides access to worldwide educators

FRESNO, Calif. – Sunrise Medical is launching a new live webinar series from a team of worldwide clinical educators through its Education in Motion Resource. A series of six live free webinars will launch on April 15, one a week for six weeks. "These engaging, live webinars will be infused with relatable real-life examples from the educators, paired with the knowledge that comes with years of clinical experience," the company said. "Participants will also have the opportunity to ask questions in these interactive webinars." On-demand webinars are also available.

Philips snags gov't contract

MURRYSVILLE, Pa. – The Department of Health and Human Services has awarded a contract for ventilator production under the Defense Production Act (DPA) to Philips. Per the \$646.7 million contract, Philips has agreed to produce 2,500 ventilators for the Strategic National Stockpile by the end of May 2020 and a total of 43,000 ventilators to be delivered by the end of December 2020. "HHS will continue awarding contracts to companies for which it has invoked the DPA for ventilator production, while we explore every possible avenue to get life-saving supplies to the frontlines of this war on the virus," said HHS Secretary Alex Azar. President Trump invoked the DPA April 2.

Repair Authority grows on consumer repairs

BY LIZ BEAULIEU, Editor

STRONGSVILLE, Ohio – Repair Authority is building a business in direct-to-patient repairs for respiratory equipment, helping HME providers better serve customers who own their equipment.

CEO Jesse Keirn says about 20% of Repair Authority's business is now direct-to-patient repairs, compared to 0% just two years ago.

"These patients will go to dealers and say, 'Help me,' and it puts the dealer in a challenging position," he said. "They may not be in the repair business, but they don't want to send that patient

away. Dealers have been a great referral source for us, and it provides a win for them and the patient."

Keirn and two business partners—Dan Meyer, chief revenue officer, and Jason Ziebro, COO—bought TRC about four years ago and renamed it Repair Authority. The company was formed in 1990 and was a sister company to Roscoe Medical, now part of Compass Health Brands.

Repair Authority has been piloting more formal referral relationships with providers, including some where providers



REPAIR AUTHORITY'S LEADERSHIP TEAM: Dan Meyer, Jesse Keirn and Jason Ziebro.

hang signage from the company in their locations.

"But we have other providers who just send them our way by word of mouth," Keirn said.

"We're finding success with both models. We really let the dealer drive what they're comfortable with."

While direct-to-patient repairs is a growth target for the company, Repair Authority still generates 80% of its business from providers. It runs pickup and delivery routes in seven states (Ohio, Michigan, Indiana, West Virginia, Kentucky, Pennsylvania and New York) using a fleet of six trucks. The company also repairs equipment that has been shipped to its location in Strongsville, Ohio.

AUTHORITY SEE NEXT PAGE

Quality Biomedical strengthens vent supply

BY LIZ BEAULIEU, Editor

BOULDER, Colo.—The coronavirus pandemic and the urgent need for ventilators have given preventative maintenance new meaning—and Quality Biomedical a new purpose.

In mid-April, in the thick of the crisis, the company, which specializes in repair and preventative maintenance for respiratory therapy equipment, rolled out a new program to states and counties, offering to “store their ventilators responsibly,” says Jim Worrell, chief commercial officer.

“We keep them in power recycle so their batteries stay fresh and we monitor their PM cycles,” he said. “We have a web-based portal, so they can see how many vents they have

with us, when they were last serviced and so forth, so they know they’re all in patient-ready condition.”

Ventilators made headlines in April, when it was revealed that more than 2,000 units in the federal government’s stockpile were out of commission because they hadn’t been properly maintained.

Quality Biomedical’s services were already being leveraged by its HME provider customers during the crisis, particularly by larger providers who were able to use the company’s network of seven warehouses to shift equipment to hot spots quickly.

“We received a plethora of requests from HMEs,” Worrell said. “They had hospitals calling them for vents and they were calling

us. They were buying them; they were renting them; they had units that needed service.”

To meet demand from customers, Quality Biomedical’s more than 68 technicians have been running three shifts instead of one, but they faced other challenges, such as getting the right parts from OEMs to service vents properly.

“We will be shipping just under 2,000 vents through May,” said PK Bala, president and CEO.

Quality Biomedical says the new program for states and counties will go a long way toward avoiding similar pitfalls during the next crisis, whether it’s another pandemic or a hurricane.

“There’s a crying need that we don’t repeat



QUALITY BIOMEDICAL estimated that it would be shipping just under 2,000 vents through May due to the coronavirus pandemic.

what we’re going through,” Bala said. “The solution we have is to use a technology platform and to use consolidated regional warehousing, so vents can be deployed when they’re needed.” **HME**

RESMED

CONTINUED FROM PREVIOUS PAGE

“We’re getting pretty good at modeling these demand curves,” Farrell said. “So what we’re doing is maximizing products in advance and then making sure we get through the peak, but not have an over amount of inventory on the other side. We’re carefully managing the peak, the flattening and then making sure we get back to normal COPD, neuromuscular disease, ALS and other sales with those ventilators.”

On the CPAP side of its business, ResMed reported an 8% and 17% increase in device and mask sales, respectively, in the quarter, but it was keeping a close eye on reduced in-lab sleep testing and the downstream affects of that, including reduced referrals to HME providers.

“For the on-premise or in-laboratory tests for sleep apnea, we are modeling how those will scale back up again customer-by-customer, city-by-city and country-by-country, as the economy opens up and primary care physician visits and elective medical procedures come back online through telehealth and beyond,” Farrell said. “Physicians and therapists will then have to work through the backlog of undiagnosed patients that has been built through the COVID-19 lockdown in their region.”

Helping to buffer the lull in in-lab sleep tests is home sleep tests, a method of diagnostic testing that’s gaining traction due to the pandemic.

“We’re actually working very hard to enable home sleep testing to figure out how to help our lab customers and our physician customers virtualize their model, not just to our device offerings, but through workflows, through webinars and trainings, and we’re working hard to see if we can virtualize some of that with software, which will take a little bit more time,” said Jim Hollingshead, president, sleep business. “And we do think that a shift to home sleep testing is, which has been going on worldwide for years, will be accelerated by this.” **HME**



Mick Farrell

CARLOS NUNEZ

CONTINUED FROM PREVIOUS PAGE

people are looking more closely at bi-level machines as a good option for some COVID-19 patients?

Nunez: There has been a lot of discussion, especially in hot spots like New York City, looking at how bi-level devices might fit in the care of COVID-19 patients. There are three areas where these devices make sense: 1.) They can be used in the acute phase of care, typically for those less severe cases who are still hospitalized, but do not require invasive ventilation; 2.) they can be used to help a patient who is improving, transition off of invasive ventilation and out of the ICU to a regular hospital ward; and 3.) they can be used when someone is ready to be discharged from the hospital but may still need some support.

HME: I’ve seen in the mainstream media concerns over using bi-level machines because they might spread the coronavirus.

Nunez: Someone on a CPAP machine, bi-level device or non-invasive ventilator, or even just receiving oxygen via a nasal cannula, typically exhales into the surrounding environment. The research shows there is a similar risk as that same person breathing, talking, coughing and sneezing. To mitigate the risk, hospitals are working to ensure they have appropriate PPE available for all of their staff, to protect them from all of the potential risks of droplet dispersion in the acute care environment.

HME: Is there a way to modify these machines so they’re less risky?

Nunez: You can configure circuits for these bi-level devices so there is an anti-viral filter in the circuit before the exhalation vent. This minimizes the risk of droplet dispersion. We have included information about these types of circuit configurations in some of the clinical bulletins we’ve submitted to the FDA in the past few weeks.

HME: What’s the bigger picture of what this pandemic is teaching us about respiratory conditions and the equipment used to treat them?

Nunez: Beyond the pandemic, there may be opportunities to do some things to change regulations and payment policy in ways that allow the right therapies to go to the right people more efficiently. I think all this awareness will help us do a better job providing respiratory care, in general. **HME**

Philips reports mixed bag

AMSTERDAM—Philips reported sales of EUR 4.2 billion for the first quarter, a 2% comparable sales decrease. Income from continuing operations was EUR 42 million, vs. 245 million; and adjusted EBITDA margin was 5.9% of sales vs. 8.8%. “COVID-19 significantly affected our results in this quarter,” said Frans van Houten, CEO. “There was increased demand for our professional healthcare products and solutions, with comparable sales and order intake growth for the Connected Care and Diagnosis

& Treatment businesses. Comparable order intake grew 23%, most notably in diagnostic imaging, hospital ventilators and patient monitors. At the same time, there was a significant decline in demand for our Personal Health portfolio and we saw Image-Guided Therapy procedures trending down.” Philips says the impact of COVID-19 gradually increased in the course of the first quarter, initially affecting China and Asia Pacific starting in late January, and subsequently affecting the rest of the world from March onward.

BOEYE: E-PRESCRIBING INCREASING

CONTINUED FROM PAGE 1

to get buy-in from physicians. Now with physician offices closed and HME staff working from home, using tools like GoScripts makes complete sense to replace visiting physician offices for paperwork and the endless faxing necessary to collect needed documentation.”

Brightree also works with Parachute Health, Stratice Healthcare and other e-prescribing vendors.

Boeye believes the genie is out of the bottle and increased use of e-prescribing will continue past the pandemic.

“This is a big deal for referral sources,” he said. “It allows those orders to be filled.”

Like the pandemic is pushing physicians to use e-prescribing, it’s pushing HME providers to use mobile apps, as they seek to communicate with patients remotely. Boeye says Brightree has seen a 30% increase in the number of providers using Patient Hub and a 53% increase in the number of patients providing messages through the app.

“We’ve waived any setup and training fees associated with the app,” he said. “We want to get this up and out there.”

Brightree has also developed a web-based

portal for Patient Hub, for patients who aren’t comfortable with or don’t want to download an app.

“We’re also exploring new ways to use the app,” Boeye said. “Could it have videos for training (patients on equipment); could it be used for scheduling? If a provider is dropping off equipment, could it send pop-up reminders that their product is being delivered?”

Telehealth may be the biggest buzzword in remote technology during the pandemic, but it’s unclear how much it will directly impact HME, Boeye says.

“When you think about physicians and home health and hospice—there’s a lot going on there with telehealth,” he said. “Still, when you think about the patient and the continuum of care, if HME providers truly want to be part of that, they need to be involved in all the different ways that the different people who touch that patient are communicating.” **HME**



Rob Boeye

AUTHORITY IN CONSUMER REPAIRS

CONTINUED FROM PREVIOUS PAGE

“There have been a lot of developments in repairs from a software and integration perspective, which is important and good, but, ultimately, someone has to have their hands on the equipment and that can get lost in the discussion,” Keirn said of his 34 technicians. “Our dealers know that when one of our units comes back to them it’s patient ready and ready to put back in the field.”

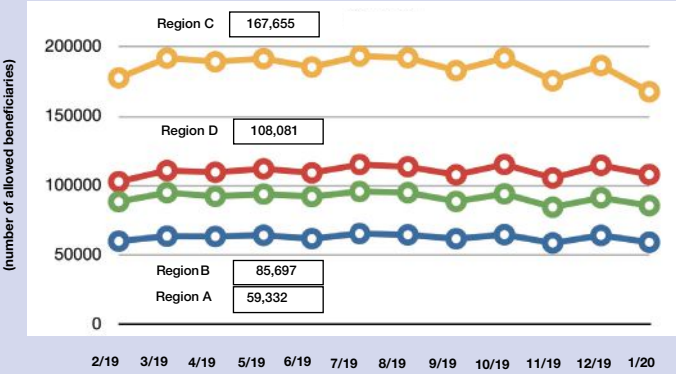
Repair Authority is well positioned in an HME industry that is increasingly outsourc-

ing repairs, Keirn says, and is eyeing opening additional locations outside of Strongsville, Ohio, to serve a bigger market.

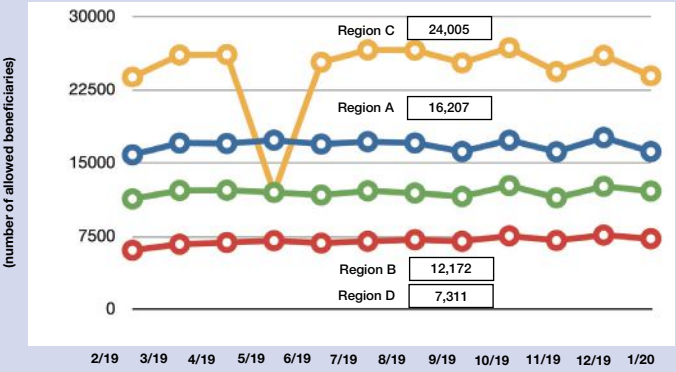
“There are some providers who have it in their DNA, but for many others, it’s not easy to do,” he said. “There are so many costs—in addition to the labor, there’s inventory management, the parts, the refunds and credits from manufacturers. Most of your multi-location companies have realized it’s an animal they don’t want to fight.” **HME**

Medicare Market Marker

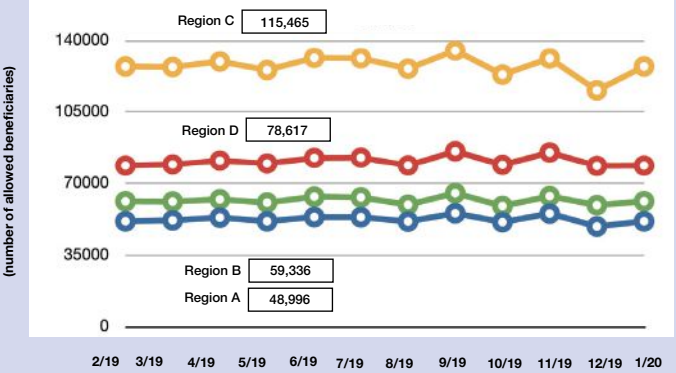
E 1390: OXYGEN CONCENTRATOR



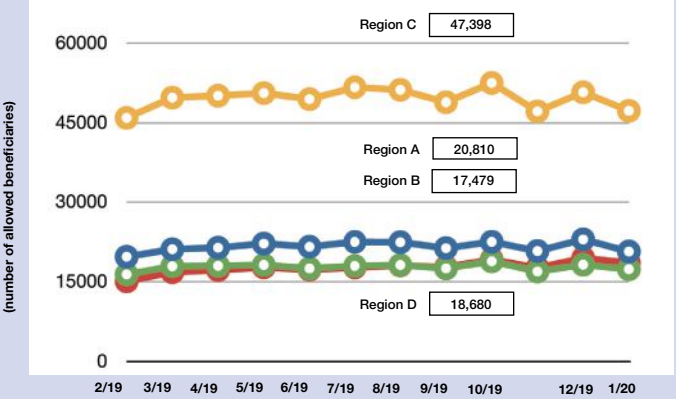
E 0260: SEMI-ELECTRIC HOSPITAL BED



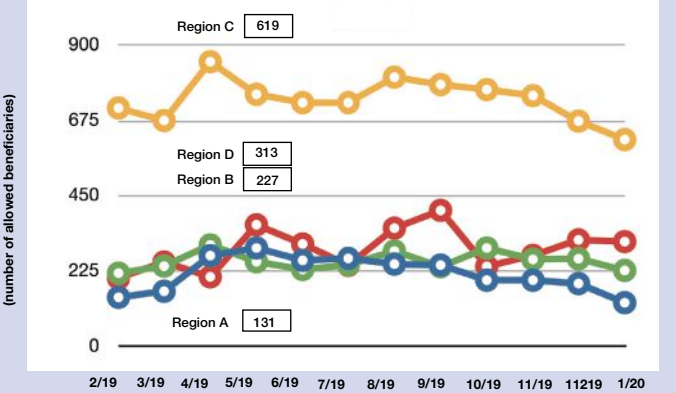
E 0601: CPAP



K 0001: STANDARD WHEELCHAIR



K 0823: POWER WHEELCHAIR**



**We are now tracking K0823 claims with certain modifiers (NU, UE or RR/KH) to better reflect the actual number of new allowed beneficiaries under the 13-month capped rental.

*The Medicare Market Marker provides a monthly look at the number of Medicare beneficiaries for whom the four MACs have allowed a claims payment.

HMEDATABANK.COM

The HME DataBank has the latest Medicare reimbursement data for the top 1,000 HME providers nationally in 103 key product categories, as well as for all of the products in the NCB program. You can determine your market share, look for new product opportunities and check out your competition using the latest available Medicare data. Go to hmedatabank.com to learn more.



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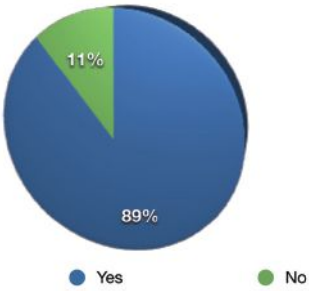
HMENEWS.COM

Most viewed stories in April

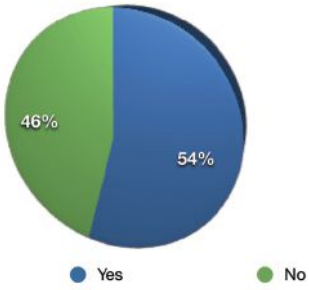
- 1. CMS loosens requirements for respiratory equipment
- 2. Viamed's Casey Hoyt on the RTs behind the vents
- 3. A supply chain in distress?
- 4. Relief payments begin
- 5. Package includes permanent change to ordering
- 6. What's it like for an HME RT during the pandemic?
- 7. New platform takes three companies to next level

HME NEWS POLL

Did you apply for a loan from the initial Paycheck Protection Program?



Did you receive a loan?



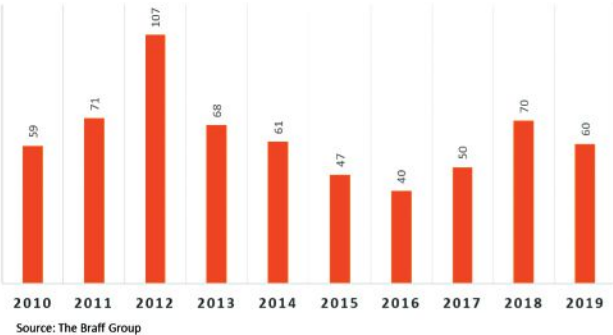
"Along with the shut-down of most physicians' offices, our referrals and new business activity have nearly ceased. The PPP funds will help us cover our payroll and keep staff employed."
—Anonymous

"This would be a game changer. It would be hard to maintain a going concern if we don't get help."
— Anonymous

Newspoll based on 63 respondents.

The Braff Group M&A Insider

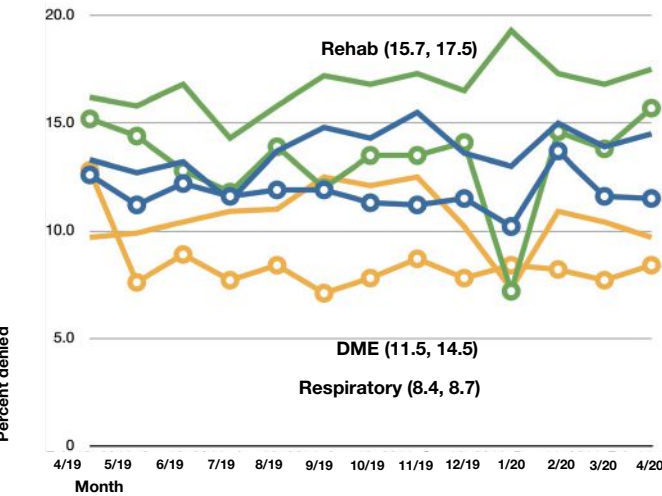
HOME MEDICAL EQUIPMENT DEAL TRENDS



This month, we revisit the 10-year trend in home medical equipment mergers and acquisitions. As illustrated above, deal volume fell 14% from 2018 to 2019. The primary reason? Private equity. In 2018, PE accounted for 42 transactions. In 2019, only 26, a decline of 38%. Much like we saw in 2012 when private equity made a substantial move in the sector, their interest was somewhat short-lived. So once again, we see PEs on again/off again love affair with home medical equipment. The reason is unclear. Our best guess is that, while an increasingly stable reimbursement market makes the sector attractive, margins less capital expenditures remain extremely thin. And the bet that the last companies standing will gain sustainable competitive advantage, while potentially true, may be a longer-term play than they are willing to fund.

Source: The Braff Group, 412-833-5733.

The eSolutions Denial Tracker



- DME, Medicare
- Rehab, Medicare
- Resp, Medicare
- DME, Commercial
- Rehab, Commercial
- Resp, Commercial

The eSolutions Denial Tracker is an index of the percentage of Medicare and commercial claims rejected on a monthly basis. The most recent month's data represents an analysis of approximately 1,318,869 Medicare claims and 6,477,281 commercial claims adjudicated between April 1, 2020, and April 30, 2020. The index is a categorized and weighted analysis of claims filed by eSolutions customers.

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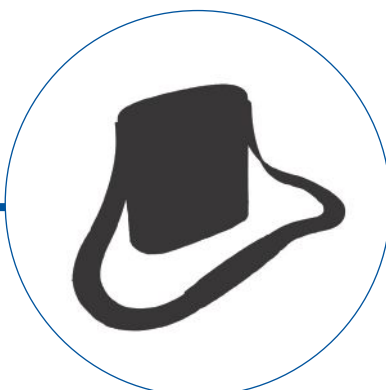
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**Don't confuse initial cost with total cost
of ownership over 5 years**



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- X Vans and maintenance
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- X Oxygen contents
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- X Insurance
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Portable Oxygen Concentrators

Per POC:

- X Up to 4 Sieve bed changes
- X Up to 2 battery exchanges
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- X After 5 years, major overhaul or end of life



Invacare HomeFill Oxygen System

Per Cylinder:

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*Based on Invacare customer survey of 125 respondents nationwide.

**Silent - no motor generated noise during cylinder use, 5.1lbs - not including carry bag

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