



■ Brad Peterson joins Amylior, where he will help the company with its U.S. expansion. **See page 19.**



■ **Product Spotlight:** Check out the latest in CBD products like PurCare Oral Mist from WellCare Brands. **See page 16.**



■ Has any of your workforce been working from home during the pandemic? **See results on page 20.**

# HME News

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THE BUSINESS NEWSPAPER FOR HOME MEDICAL EQUIPMENT PROVIDERS

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## COMMENTARY



■ During the COVID-19 pandemic, HME businesses have essentially continued through the challenges of high infection rates, surging respiratory distress and social distancing, writes Jonathan Sadock. **PAGE 6**

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# Round 2021: All eyes turn to CMS

*'We're beginning to see a surge, and we don't know what winter will bring'*

BY LIZ BEAULIEU

**WASHINGTON** — There's no crystal ball, but after two meetings with high-level CMS officials in late June, industry stakeholders feel there could be a chance the agency pauses Round 2021 of competitive bidding.

Stakeholders have made the case that the bids providers submitted last year no longer hold

up amid supply chain and other issues raised by the coronavirus pandemic, and that the agency should delay the start of the program for one year or through the public health emergency, whichever is longer.

"(CMS) is much more open now than they were before to pausing (Round 2021)," said Seth Johnson, senior vice presi-



Tom Ryan



Seth Johnson

"We're hopeful that there will be some information from the agency in the next few weeks."

CMS is scheduled to announce single payment amounts for Round 2021 this summer and

dent of government affairs for Pride Mobility Products, during a recent webcast hosted by NCART, NRRTS, The Clinician Task Force and U.S. Rehab.

contract suppliers in the fall, and kick off the program Jan. 1.

To avoid possible litigation, CMS will want to make a decision on whether or not to pause the program before announcing contract suppliers in the fall, stakeholders believe.

"CMS has to make a decision sooner rather than later," said Cara Bachenheimer, chair of the government affairs practice at Brown & Forunato.

In meetings, CMS officials, including Demetrios Kouzoukas,

ROUND 2021 SEE PAGE 15

## F&P EARNINGS

# Nasal high flow therapy in spotlight

BY LIZ BEAULIEU, Editor

**IRVINE, Calif.** — Fisher & Paykel Healthcare's Optiflow nasal high flow therapy has gained traction as a preferred treatment for COVID-19, as hospitals move away from an "early intubation and mechanical ventilation" mentality, company officials say.

"As this pandemic has evolved, nasal high flow ther-

**Evora mask gets clearance in U.S.**  
See page 19

apy, and in particular our Optiflow system, has steadily gained increasing acceptance," said Lewis Gradon, managing director and CEO during a recent call to discuss the company's latest financial results. "Our therapy

F&P SEE PAGE 19



## It's personal

Barry Dean's 19-year-old daughter Katherine was the inspiration for his new company LUCI. See story page 18.

# 'Enter the RESNA Universe'

BY LIZ BEAULIEU, Editor

**WASHINGTON** — RESNA officials say there's both "excitement and trepidation" around hosting their first virtual conference in September.

The organization and its leadership decided to move forward with a virtual conference because they knew not having a conference at all would leave a gaping hole for assistive technology professionals.

RESNA UNIVERSE SEE PAGE 13

# Samantha Lincoln offers 'perspective'

BY THERESA FLAHERTY, Managing Editor

**NEWTOWN, Pa.** — Over her 25-year career, Samantha Lincoln has built a "varied and colorful" resume that includes launching her own investment firm and serving as director of business development for Pacific Pulmonary Services, where she assisted with its sale to Teijin Ltd.

Lincoln, who was recently named a managing director at Paragon Ventures, spoke with



S. Lincoln

through strategic partners, capital partners or

HME News about her new role and the perspective she offers to buyers and sellers.

**HME NEWS: What are you focused on in your new role at Paragon Ventures?**

**Samantha Lincoln:** We're focused on strategic transactions for owners—companies that are looking to grow

recapitalizations.

**HME: How does your experience working at Pacific Pulmonary Services help in your new role?**

**Lincoln:** Having sat in the shoes of a buyer, I can give a unique perspective on what they might be looking for. That way, we give our client that unique perspective on what they are thinking.

**HME: So, what are buyers looking for?**

SAMANTHA LINCOLN SEE PAGE 11

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■ CMS will want to make a decision on Round 2021 soon, says Cara Bachenheimer. See story page 1.

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## BRIEFS

### Medicare restarts audits

**WASHINGTON** – Starting Aug. 3, auditors will restart their audit functions, according to a recently published FAQ from CMS. If selected for review, HME providers should discuss with their contractor any COVID-19-related hardships they are experiencing that could affect audit response timeliness, states the guidance. CMS says all reviews will be conducted in accordance with statutory and regulatory provisions, as well as related billing and coding requirements. Waivers and flexibilities in place at the time of the dates of service of any claims potentially selected for review will also be applied. Although claims billed during the public health emergency will be subject to audits, CMS will not be enforcing the signature requirement on proof of delivery for dates of service within the PHE. CMS is also reinstating prior authorizations for DMEPOS. For power mobility devices and pressure reducing support surfaces that require prior authorization as a condition of payment, claims with an initial date of service on or after Aug. 3, 2020, must be associated with an affirmative prior authorization decision to be eligible for payment.

### AAHomecare reaches out on Medicaid

**WASHINGTON** – AAHomecare is working to get equitable treatment for HME suppliers who have been denied Medicaid-based relief. The Department of Health and Human Services has opened an application portal for CARES Act relief for Medicaid/CHIP-only providers who have directly billed those programs between Jan. 1, 2018, and May 31, 2020. Suppliers have reported that they have been denied any Medicaid-related relief because they received small Medicare relief payments. Even companies who declined to accept first tranche payments that were automatically sent to suppliers are ineligible for any Medicaid-based relief. "We believe that this was an unintended consequence of rolling out the relief program so quickly," stated AAHomecare in a bulletin.

### GWCC earns certification

**ATLANTA** – The Georgia World Congress Center, home to Medtrade, has become the first convention center in the U.S. to earn the Global BioRisk Advisory Council's STAR Accreditation for facility preparedness. This certifies that the facility has established cleaning protocols, disinfection techniques and work practices to minimize the risk of COVID-19 and other infection diseases. This year's Medtrade show takes place Nov. 2-4 at the GWCC.

### Short take: HOMES

**Bill Fredericks** of Allcare Medical Supply has agreed to take over as Massachusetts State Chair for HOMES. Fredericks was most recently Massachusetts Vice Chair.

## VGM'S HEARTLAND AT HOME CONFERENCE

# Signs ahead point to 'growth'

BY THERESA FLAHERTY, Managing Editor

**WATERLOO, Iowa** – The HME industry has weathered its share of hardships and the current COVID crisis is no exception. But, as "first responders," providers will get through this, too, VGM's Mark Higley said in the kick-off to Heartland at Home.

"You had challenges, supply shortages, the protocols are all different," said Higley, vice president of regulatory affairs. "I acknowledge the decrease in elective procedures, but it's my opinion there will be pent up demand—you'll see some growth and growth in the valuation of your business."

His remarks were made during the opening session, "HME in the Post-Pandemic Era: Analysis & Commentary." The virtual event took place June 15 through July 10, and featured-



**MARK HIGLEY** kicked off Heartland at Home in June.

five tracks covering billing and reimbursement, business operations and leadership, respiratory, rehab and accessibility.

As the industry moves

**SIGNS OF GROWTH** SEE PAGE 4

## Mallaro on how to get to the other side

BY T. FLAHERTY, Managing Editor

**T**HE COVID-19 pandemic has broken the mold for how the HME industry has always done business, but that can create opportunity—if providers are open to it, says VGM CEO Mike Mallaro.

"The way we do business, the speed at which we do things, the way patients experience us—all these things have been disrupted in one way or another," said Mallaro during the closing session of VGM's Heartland at Home Conference on July 9.

"Step back, look beyond current reality, reflect on what's changed and then translate it back down to your world."



**Mike Mallaro**

before we get to "the other side" of the pandemic.

Above all else, navigating

**MALLARO** SEE PAGE 4

## Jason Morin takes wheel at HOMES

*'We want to be the driving force for change'*

BY LIZ BEAULIEU, Editor

**NEW BEDFORD, Mass.** – Jason Morin brings more than two decades of working for an HME company to his new role as president and CEO of HOMES—experience that he says gives him a "deep understanding" of the industry's challenges and how they directly impact providers.

Here's what Morin, formerly vice president of reimbursement and payer relations for Home Care Specialists, had to say about how he grew up in the HME industry and how he hopes to rethink the role of not only state and regional associations, but also providers themselves.

**HME NEWS:** So you worked your whole 23-year career in the industry at Home Care Specialists?

**Jason Morin:** That's why so many people

**JASON MORIN** SEE PAGE 5



**Jason Morin**

## Providers maneuver bumpy referral streams

BY LIZ BEAULIEU, Editor

**YARMOUTH, Maine** – How much a provider's referral stream has been impacted by the coronavirus pandemic is very much tied to its business model, according to the results of the recent HME Newspoll.

HME companies with an emphasis on retail and sleep therapy have been more likely to be negatively impacted by the pandemic, the poll found.

"We have seen the complete collapse of

our retail, walk-in traffic," wrote one respondent. "The virus has drastically changed the manner in which we go about our daily work. Social distancing, remote workers and infection control procedures have had an impact. (However), we have managed our business profitably through the period."

Overall, 84% of respondents to the poll reported their referrals decreased in March, April and May, the peak of the pandemic.

Of those who reported referrals decreased,

**BUMPY REFERRALS** SEE PAGE 4



### NORTH CAROLINA

## Rate protection for DME

**RALEIGH, N.C.** – North Carolina Gov. Roy Cooper on July 2 signed Bill 808, which includes a provision creating a rate floor for durable medical equipment.

The bill, a year in the making by groups like ACMESA and AAHomecare, prohibits managed care organizations from setting rates below the state's Medicaid fee-for-service rates for DME.

"ACMESA's strong relationship with AAHomecare enabled us to learn from

the problems experienced in other states as they rolled out their MCO programs," said Craig Rae, ACMESA president. "We were then able to act proactively to secure legislation that will protect beneficiary access to home medical equipment. Hats off to our members that took the time to contact their elected officials, and to meet with them in Raleigh to discuss the importance and impact of this

**NC PROTECTS DME RATES** SEE PAGE 5

# Anthem declines to rescind rate cuts

*AAHomecare made a direct appeal to the president/CEO asking the payer to delay the cuts during the pandemic*

**WASHINGTON** – Anthem does not plan to rescind rate reductions of 11% to 60% for HME, AAHomecare reports.

The payer and its subsidiary, Amerigroup, implemented the cuts for its commercial and government plans in the 22 states it serves.

AAHomecare had asked Anthem to delay the cuts during the COVID-19 pandemic, making a direct appeal to President and CEO Gail Boudreaux that included the results of a supplier survey about the impact of the pandemic.

In a June 30 response, Anthem Vice Pres-

ident Leah Timmerman states that the cuts better align the insurer's rates to Medicare and state and local DME market dynamics.

Anthem "took into account feedback from participating providers to help ensure we had a third-party perspective on these rate adjustments," she said. "These rate adjustments were planned over six months ago and contractual notices alerting our DME partners of these rate adjustments were sent out well before the COVID-19 health crisis."

AAHomecare's payer relations team plans to provide additional analysis on how Anthem's cuts do not reflect the current DME market and have great potential to impact patient access to quality care, especially in light of rate increases and other relief CMS and other payers have put into place in response to the pandemic. **HME**

## HEARTLAND: SIGNS OF GROWTH

CONTINUED FROM PAGE 3

forward, providers must maintain vigilance around payer requirements brought on by the pandemic. Many of those changes relaxed requirements for prior authorizations and face-to-face visits, allowed for telehealth visits and adjusted reimbursement rates, says Craig Douglas, vice president of payer and provider relations for VGM. But they probably won't stick around.

"Most of these changes are temporary," he said. "Payers could, in fact, decide on their own when to go back to normal. Keeping up may seem daunting, but if you don't, you'll end up with a mountain of denials."

If there's one thing the pandemic has really driven home for the HME industry—and ideally, for CMS officials and lawmakers—it's how important a link providers are in the health care continuum.

The industry needs to leverage that to get Round 2021 of the competitive bidding program delayed or halted altogether, says John Gallagher, vice president of govern-

ment relations for VGM.

"When they are contacting the winners and sending out contracts, that's when the next COVID wave comes," he said. "That's the time they will need capacity and they will need the providers to meet demand."

While lawmakers have indicated they would prefer to see the program addressed through regulatory channels, stakeholders are ready to go with legislation, says Gallagher.

The Senate was expected to move forward with another COVID-related relief package ahead the August recess.

"We need to get legislation in that final package, so start reaching out," said Gallagher. **HME**



J. Gallagher



Craig Douglas

## POLL: REFERRALS HIT A FEW BUMPS

CONTINUED FROM PAGE 3

the largest percentage of respondents (33%) reported a 21% to 30% decrease.

"A couple of sleep therapy referral sources were closed for a couple of months and the ones that stayed open saw a reduction in patient volume," wrote Marty Walker of Pharmaceutical Health Care. "Sleep therapy referrals were down 20% in April and 30% in May."

HME companies with an emphasis on oxygen therapy, however, saw an increase in referrals during the peak of the pandemic, but there was a catch for some.

"Being a health system-owned DME, our referrals increased due to expediting discharges from the acute care facilities," wrote one respondent. "Many of these were charity or financial assistance referrals, which negatively impacted our revenue cycle as budgeted."

A large majority of respondents (78%)

reported the number of referrals was increasing in June, with elective procedures being scheduled again and physician offices opening back up.

**"Referral sources were closed and most were extremely slow to embrace telehealth."**

"Referral sources were closed and most were extremely slow to embrace telehealth," wrote one respondent. "That's changed in the past few weeks, as economies have reopened, and we're starting to see strong increases in referrals."

For a number of respondents, however, the biggest challenge during the pandemic has not been the lack of referrals but the operational challenges related to delivering on those referrals.

"We have many patients on hold for beds and lifts due to manufacturer and shipping delays," wrote Irene Magee of Northeast HME. "At this point, that will impact our revenue as much as the decline in referrals." **HME**

## MALLARO: GET TO THE OTHER SIDE

CONTINUED FROM PAGE 3

successfully to that other side requires strong leadership.

"Crises magnify the importance of leadership," he said. "Steady, calm and confident are required of leaders. Be flexible and adaptive, but be willing to make the tough decisions."

Leaders should also make sure they communicate—"overcommunicate"—with employees, especially those who may be working from home and dealing with complicated personal situations, such as lack of child care, says Mallaro, who also advises checking yourself on social media.

"A lot of posts are divisive," he said. "Avoid being an agent of division."

Many trends that have emerged during the pandemic are likely to stick around, says Mallaro, including the shift to digital.

"E-commerce is growing wildly, and it's a vastly different operation and approach," he said. "Don't treat it as

a hobby or a sideline. Go in and go in serious. Invest in search marketing and operations. Treat it as a business, not just a web page."

To be sure, there are still plenty of headwinds ahead, especially from insurers, says

Mallaro.

"We'll all be challenged to provide a more pronounced value that must be documented and quantified," he said. "Most providers are experiencing rising costs and the acceleration of narrowing insurance networks." **HME**

**"Be flexible and adaptive, but be willing to make the tough decisions."**

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## BRIEFS

### AAH provides update on Tricare and COVID-19 relief

**WASHINGTON** – Tricare East contractor Human Military loaded new reimbursement rates authorized by the CARES Act into their system on June 3, according to AAHomecare. Claims from that day forward should reflect the new rates. Humana Military is now working on adjustments retroactive to the start date for the act. AAHomecare has reached out to Tricare West contractor HealthNet for an update on its efforts to implement relief provisions in the CARES Act. Tricare has also confirmed that it's waiving cost share for testing and for telehealth services related

to COVID-19, but not for respiratory products, unlike many other third-party payers.

### CMS moves to permanently incorporate telehealth

**WASHINGTON** – CMS is proposing to allow home health agencies to continue to report the costs of telehealth as allowable administrative costs on line 5 of the home health agency cost report, according to a proposed rule. The agency proposes modifying the instructions regarding line 5 to reflect broader use of telecommunications technology. Additionally, CMS proposes to include not only remote patient monitoring but also other communications or monitoring services, consistent with the plan of care for the individual.

## NC PRESERVES DME RATES

CONTINUED FROM PAGE 3

legislation.”

The provision will remain in place for at least the first three years of the state's new Medicaid managed care program, which is set to start July 1, 2021.

The provision in the bill states specifically: “For the first three years of the initial standard benefit plan prepaid health plan capitated contracts required until Article 4 of Chapter 108D of the general statutes, the rate floor for dura-

ble medical equipment under managed care shall be set at 100% of the Medicaid fee-for-service rates for durable medical equipment.”

ACMESA began working on this issue in 2019 to ensure providers were fairly reimbursed once the managed care program was launched. The group worked with a lobbyist to amplify its message in the state capitol. **HME**

## JASON MORIN

CONTINUED FROM PAGE 3

were shocked that I was leaving. But after 23 years, I had done it all—starting as a delivery driver, moving into sales, becoming an RT, and transitioning into reimbursement and payer relations—and I wanted to move in a different direction. This role at HOMES played into all of the things that I loved about my job at the time.

**HME: Which were?**

**Morin:** I gravitated toward the payer relations side and networking on a national level. I was the inaugural chair of the Payer Relations Council at AAHomecare, and I've been active in HOMES for more than a decade.

**HME: Payer relations would seem to be one of the more frustrating aspects of the industry.**

**Morin:** I've always been kind of crazy. When I was in sales, I loved cold calling. I loved the challenge of knocking on closed doors and getting them to open. The thing that is amazing, that I've never seen before in all my years working in the industry, has been the amount of collaboration and sharing of resources between state associations and national associations, and between stakeholders and pay-

ers like Medicaid. We're at a turning point now, where the value of HME is really starting to be known. The current public health emergency has really underscored that.

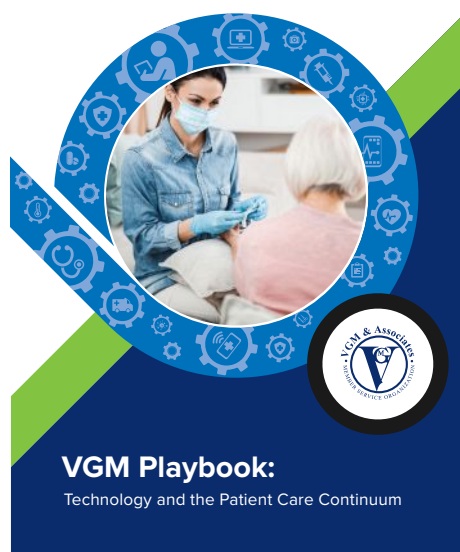
**HME: What is the biggest challenge in payer relations?**

**Morin:** The No. 1 challenge has been and continues to be reimbursement and dwindling payments. What we need to do, as an industry, is rethink our approach. It's not about fighting for pennies and dollars but about rethinking the reimbursement structure altogether. For so many years, the industry has been commoditized by government payers because they don't know what we do. I think we've made positive changes in that realm. And with the PHE, now is the time to strike while the iron is hot. We're having those dialogues.

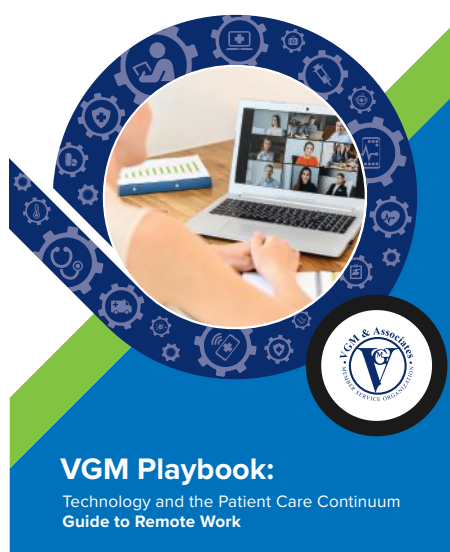
**HME: As someone who has been involved in associations and now leads one, what do you think is their role in the industry?**

**Morin:** To be the voice driving change. We want to be the voice of New England providers. We want to understand the challenges and be the driving force for change. I also want to transition our association from being a high-level, executive association to being inclusive of the next round of HME professionals. They're the professionals who are going to take us to the next level and drive change. **HME**

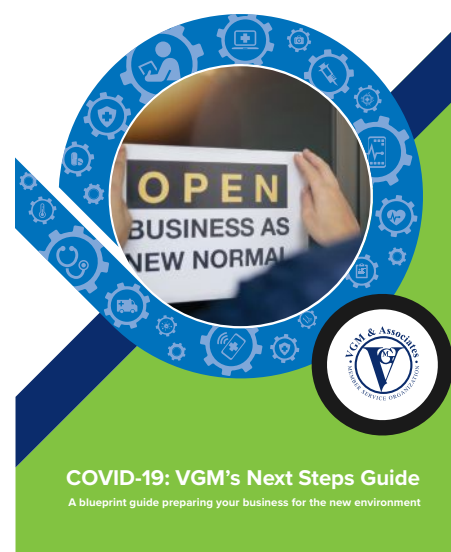
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# What a first half of the year

IT BEING July (how did that happen—very quickly and very slowly at the same time), I logged into Google Analytics to find the most read stories for the first half of the year.

Not surprisingly, all but one of the five most read stories are related to the coronavirus pandemic.

Let's start with that one story that's not related to the pandemic: "Wiser CMS executes new order" (No. 2). It was a big deal when CMS decided to replace four types of orders with one standard written order or SWO. This makes it a lot easier for prescribers and providers to comply with requirements and helps to eliminate potential future audits.

I'm actually making a mental note to revisit the SWO, as back in January, when we wrote about this change, industry stakeholders were still waiting for "the dust to settle" and had inquired about a few "gray areas."

The No. 1 story, "CMS loosens requirements for respiratory equipment," was also a big deal. The agency decided, due to the pandemic, to temporarily waive the coverage criteria and face-to-face requirements for respiratory equipment during the length of the public health emergency. This, along with CMS's decision to allow prescribers to use telehealth, has gone a long way toward keeping referral streams flowing during the pandemic.

The No. 3 story, like the two stories above, deals with the nitty-gritty of doing business, in this case relief that has helped providers to stay in business during the pandemic. "Package provides relief to HME industry 'on the front lines'" details a stimulus package passed by Congress that extended the 50/50 blended rate to rural areas and created a new 75/25 rate retroactive to March 6, for non-rural, non-bid areas for the length of the emergency.

The other two most read stories, "Viamed's Casey Hoyt on the RTs behind the vents" and "HME stands out as solution amid pan-



LIZ BEAULIEU

demic," detail the important role the industry has played in the response effort to the pandemic. Shameless plug for our upcoming virtual HME News Business Summit: That second story will

jump off the page into real life in a session with the CEOs of the industry's national providers.

The second half of 2020 will continue to be dominated by the pandemic, but there will be an added layer of complexity due to Round 2021 of Medicare's competitive bidding program. Will CMS announce the pricing this summer and the contract suppliers this fall as planned? Will the agency delay? With industry stakeholders saying CMS must make a decision sooner rather than later, we're soon to find out. **HME**

## MOST READ STORIES from January through July

- #1 **CMS LOOSENS REQUIREMENTS FOR RESPIRATORY EQUIPMENT**
- #2 **'WISER' CMS EXECUTES NEW ORDER**
- #3 **PACKAGE PROVIDES RELIEF TO HME INDUSTRY 'ON THE FRONT LINES'**
- #4 **VIAMED'S CASEY HOYT ON THE RTs BEHIND THE VENTS**
- #5 **HME STANDS OUT AS SOLUTION AMID PANDEMIC**



## A RESTROSPECTIVE

# M&A before, during after pandemic

SINCE 1965, when the Medicare Trust was first established, entrepreneurial individuals have established and built a wide variety of health care businesses to serve and support a growing population of those in need of medical care. Soon thereafter, the HME sector as we now know it was born.

Receiving care and treatment in the safety and comfort of their home quickly became the preferred method for patients to receive medical care. The associated cost savings became increasingly attractive to the U.S. health care system. Ever since, the needs and number of patients continued to grow as the capabilities of HME providers also increased.

As the business fundamentals and reimbursements changed, these businesses had to evolve. They jumped through many hurdles to sustain, build and grow the business. Most worked hard and drove efficiencies, and through it all many pros-

pered. The M&A markets embraced these businesses through numerous consolidation cycles. The businesses were attractive not only for the profits they generated but also the opportunities driven by growing demographics and technological innovation. Operational efficiencies combined with quality care continue to propel demand and growth to this day.

During the ensuing 55 years, HME business owners have endured one constant—change. Over the years, these changes came in many forms for a myriad of reasons: Electronic claims, accreditation, surety bonds, audits, timely filing, recoupments and competitive bidding were all hurdles that HME providers have had to scale. Then along came the challenges of health care reform, the Affordable Care



JONATHAN SADOCK

Act, tariffs and most recently, a global pandemic. The newest hurdles: supply chain disruptions, staffing, patient access and the challenges of a high-touch health care business model. As you can see, change is not uncommon for health care providers and we are accustomed to finding new innovations to manage our business.

During the COVID19 pandemic, much of the HME business world has essentially continued through the challenges of high infection rates, surging respiratory distress and social distancing. It is clearly unprecedented but, like historical infections, there will come a day when it is in our collective past. Through it all, we are seeing continued, if not renewed, focus on mergers and acquisitions for well-established, profitable

SADOCK ON M&A SEE PAGE 8



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## CONTRACTING



## Know your strategy

BY ARMANDO CARDOSO

## Q. What questions do I need to answer before contracting?

**A.** More contracts do not equal more value. Before you get started, ask the right questions, make a plan and be prepared to follow-up.

Who are your patients today and are you expanding your services in the future?

There are two key dimensions to consider: geography and your patient's insurance mix (Medicare, Medicaid, commercial, etc.). These factors will be the foundation of your payer strategy.

Who else provides the same service(s) in your area?

Payers assess their needs based on the market as a whole and this will impact your contracting out-

comes and define your opportunity. You need to understand the concentration of providers like you in your service area(s) and the demand from your target patient population. This helps define the components of your value proposition with the payers—it is not only about quality of care.

What does your current portfolio of contracts look like?

Identify the offerings you expect to represent the majority of your

revenue and any historical claims composition. Consider the timeline of contract execution and last negotiation to prioritize outreach.

What is your payer contracting strategy?

Prioritize your outreach and identify who you will reach out to. Navigating health insurance carriers is intimidating and unintuitive, and you need a plan. Engage consultants if you hit a wall—relationship and experience matter.

Do you have the time

and resources to execute your strategy?

Payer contracting and negotiations take time to complete. Although the amount of time to secure a final contract can vary greatly, six to nine months is a good benchmark to keep in mind, and persistent follow-up is essential. **HME**

Armando Cardoso is CEO of Healthcents. Armando can be reached at [info@healthcents.com](mailto:info@healthcents.com).

## EQUIPMENT MAINTENANCE



## Focus on these key metrics

BY JIM WORRELL

## Q. What are the key metrics for respiratory equipment management?

**A.** Most companies serving respiratory patients have hundreds-of-thousands of dollars tied up in their equipment fleet. Proper management of this fleet of ventilators, O2 concentrators, PAP, humidifiers, apnea monitors, etc., can often

mean a substantial improvement in operating profits.

Of the many metrics involved in respiratory equipment management, which ones are the most important metrics to measure? Given limited space, let's begin with the basics:

Fleet utilization: Although a basic metric, many companies do not calculate this on a regular basis. For a detailed analysis of your business, approach it from a category perspective, ie: ventilators, concentrators, or PAP. The calculation is, of course: total number of units generating revenue/total number of units available. Although the ideal %

varies by company and takes multiple variables into consideration, knowing and managing this number impacts your ability to take on new clients and impacts your purchasing decisions and spend. Obviously you want this number to be as high as possible without limiting future growth. Monitor this with a graph chart each month.

Total cost of ownership (TCO): Monitoring the combination of: acquisition cost plus preventative maintenance plus corrective maintenance costs plus direct administrative costs yields an accurate understanding of the TCO for each revenue-generating category.

Knowing the TCO has two distinct advantages: It helps you make better business decisions when considering the revenue/margin return of new clients, individual and B2B; It helps you carefully manage the corrective maintenance costs, which fall into various categories, most which can be managed by monitoring this metric.

Equipment service management has long been an overlooked area for business improvement. Tracking these metrics will help. **HME**

Jim Worrell is chief commercial officer at Quality Biomedical. Reach him at [jworrell@qualitybiomedical.com](mailto:jworrell@qualitybiomedical.com).

## STRATEGIC PLANNING



## Keep people moving

BY BILL PAUL

## Q. How do we provide good service and timely repair during the current COVID-19 pandemic?

**A.** The service and repair departments are vital to making sure our clients are taken care of when they need us most in the crisis we are facing.

Some companies are turning away clients, leaving them with no way to complete their MRADs or causing them to risk more exposure with additional care coming into their homes. We need to do better, whether that be through phone troubleshooting and virtual assistance when possible to reduce visits to the repair shop, or dispatching a technician to the home if required.

When taking repair and service calls, troubleshooting over the phone not only allows us to reduce the number of call-outs, but also provides better information to reduce the time the technician is at the client's home and ensures the technician has the needed tools/parts to complete the job as quickly as possible.

If a call-out is needed, we need to ensure we follow strict measures to remove the equipment from the home whenever possible (e.g. powerchairs and manual wheelchairs) and work on their equipment outside or in the van if needed.

When we can't remove the equipment from a home and it must be repaired inside the house, we need to take proper safety precautions by wearing gloves and masks, sanitizing equipment before and after repairs, and cleaning hands when leaving the home.

During one of the most devastating and challenging times in our industry, we need to keep people moving so they can maintain their health when they need it most. **HME**

Bill Paul is CEO at ATLAS-RPM Professional Services. Reach him at [bpaul@ATLAS-VUE.com](mailto:bpaul@ATLAS-VUE.com).

## WORK FROM HOME



## Eliminate touches

BY JOHN STALNAKER

## Q. How can I ensure my team is working efficiently?

**A.** After providers analyze their data and determine that the work is getting done, the next piece of the puzzle is to determine how effective the team is while working the claims. This

is critical to the profitability of a business, since every time a team member interacts with an invoice or fights with an insurance company, there is an associated cost. The bottom line is that every time a provider eliminates the need for a human to interact with a claim, they are becoming more profitable.

Providers should start with a trended view of the accounts receivable (AR) and focus on the aging. By looking at the historic data, providers can get a baseline, bucket by bucket, and

focus on anything that is out of tolerance. For example, determine what percentage of the AR is historically in the 0-30-, 31-60-, 61-90-day buckets and so on. Now you can easily see if the buckets are staying in tolerance and start to dig deeper as you identify issues.

Another quick fix would be to analyze the claims in the initial setup and identify preventable errors. Modifiers, narratives, date spans and a lack of eligibility checks are the usual offenders.

The main goal is to eliminate touches and keep claims from aging past 90 days. Once a claim ages past 90 days, the average collection rate is 30% to 40%. Use the data mined in the 31-90-day bucket to identify process improvements upstream to get the cash in the door faster and eliminate write-offs. **HME**

John Stalnak is vice president of sales at ACU-Serve Corp. Reach him at [jstalnak@acusesrvcorp.com](mailto:jstalnak@acusesrvcorp.com).

## SADOCK

CONTINUED FROM PAGE 6

health care businesses. As HME providers, we continue to drive our businesses. We continue to innovate. We continue to adapt and we continue to drive on to the future.

The good news as a current HME business owner is that you have survived yet again the unprecedented challenges in your business.

The good news is that an aging population is continuing to fuel demand for your products and services.

The good news is that new technologies continue to evolve, which drive efficiencies and improve profitability.

The good news is to continue to do the noble work of providing high quality healthcare to those in need. **HME**

Jonathan Sadock is managing partner/CEO of Paragon Ventures.

## M&amp;A over the years

**1980:** Abbey Medical buys three top rehab companies, bringing the total number of Abbey stores to 55, with annual revenue of \$55M.

**1981:** American Hospital Supply buys Abbey Medical, just as Abbey was poised to go public. American Hospital Supply Corporation acquires Abbey Medical.

**1982:** Foster Medical acquires Johnson Rents, adding 17 regional locations to its stable.

**1982:** Glasrock sells GP Medical Services to Airco for \$100M.

**1983:** Abbey Medical focuses on expanding into respiratory.

**1983:** National Medical Oxygen acquires Rios Medical and Respiratory Products.

**1984:** Avon Products acquires Foster Medical for \$239M in stock.

**1984:** Everest & Jennings

expands its DME offerings by acquiring Carrom/Thompson-Blair, a home care and hospital bed company.

**1985:** Puritan Bennett buys oxygen concentrator manufacturer Biocare.

**1986:** Sunrise acquires J.E. Nolan & Company.

**1986:** Sunrise Medical acquires Walton Manufacturing, a fitness products manufacturer.

**1986:** Sunrise Medical acquires Motion Designs.

**1986:** Charles Blanchard of Travenol Home Care and Bill Hefferman of American Abbey Homecare discuss how their once rival—now sister—companies will operate together, creating a \$5 billion company.

**1987:** Pride Health Care, an investment group led by Stanley Meuser, acquires Pride Equipment & Furniture. The new company, Pride Health, continues to manufacture lift chairs, and adds exercise equip-

ment and a hip chair.

**1987:** Primedica buys Beverly Home Health Services, becoming the 5th largest HME provider, by number of locations.

**1988:** Abbey Medical acquires Foster Home Health Care for \$228M which at the time is the largest single acquisition in HME-industry history.

**1988:** Sunrise Medical acquires I.C.E. Down.

**1989:** Wessex, the HME division of American Home Patient Centers, merges with Diversicare Corp. of America, marking AHPC's focus on HME.

**1990 – 2020:** Over the last 30 years, despite closures, hundreds of HME businesses have been sold, merged or acquired.

**A LOOK AHEAD:** The acquisitions, mergers and consolidations will continue as some business owners look to retire, while the "new kids on the block" continue to grow their businesses.





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## Pandemic speeds consolidation

*However, deals are taking longer to close, analysts say*

BY THERESA FLAHERTY, Managing Editor

**A**FTER BRIEFLY hitting the pause button in March when “the world turned upside down,” buyers and sellers are back at the table, say M&A analysts.

While the HME industry certainly took a few hits, unlike the restaurant and hospitality sectors, for example, it proved much more resilient in the face of a public health emergency, says Pat Clifford, managing director, home medical equipment, for The Braff Group.

“DME is part of the solution for COVID,”



Pat Clifford



J. Sadock



Brad Smith

he said. “Once buyers and sellers got comfortable—providers moving people to work from home and understanding how to (operate during the pandemic) and didn’t suffer a big revenue fallout—they came back.”

Brief slowdown notwithstanding, the second quarter saw the formation of Spiro

Health when America’s HealthCare at Home, Cape Medical Supply and Health Complex Medical merged to form a regional platform; the launch of AeroFlow Ventures to enable AeroFlow Healthcare to seek expansion opportunities, including acquisitions and investment opportunities; and the acquisitions of both Solara Medical Supplies and ActivStyle by AdaptHealth.

Regional and national companies like these will continue to do well, predicts Brad Smith, managing director/partner at Vertess, which is on track for a “record” July.

“COVID has sped up consolidation,” he said. “If you are a DME owner and you

M&A SEE NEXT PAGE

### APRIA TURNS 25

## Dan Starck on silver linings on silver anniversary

BY T. FLAHERTY, Managing Editor

**LAKE FOREST, Calif.** – A global pandemic wasn’t exactly a consideration in the company’s contingency plans, but as it celebrates its 25th anniversary, Apria Healthcare CEO Dan Starck says it has always paid to be prepared.

The company began monitoring the pandemic early on and by the time the severity of it became clear in mid-March, Apria switched into high gear, increasing its inventory



Dan Starck

of PPE and moving 60% of employees to work from home in one to two weeks.

“There were people who thought we were doing the right thing and people who thought we were overreacting,” Starck said.

Apria was formed in 1995,

SILVER LININGS SEE NEXT PAGE



### They make house calls

The team at On the Mend Medical Supplies donned facemasks and umbrellas one rainy day in May to wish one of its favorite customers, Lee Lang, a happy 97th birthday. The team brought stuffed shrimp and a pistachio cake to help her celebrate. “We can’t wait for the world to get back to normal but in the meantime we will do everything in our power to make a milestone like this special for somebody who deserves the best,” the company said.

## Bill paying: Don’t set it and forget it

BY THERESA FLAHERTY, Managing Editor

**WATERLOO, Iowa** – With an estimated 60% of DME patients walking out the door without making any sort of a payment, Jennifer Leon says it’s time for a shift in thinking.

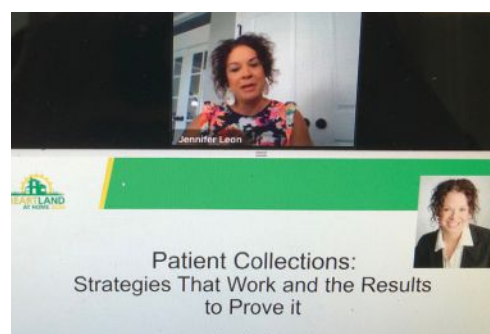
“We have to change the mindset,” said Leon, vice president of patient collections for Brightree, during a session for VGM’s Heartland at Home Conference in July. “We are no longer going to bill and chase; we are going to collect at the time of service.”

That means everyone from front-line

staffers to delivery techs needs to be able to have conversations with patients about money, even before those patients walk through the door, Leon says. Two ways to do that: prequalify patients on the phone or provide them with price estimates.

“Everybody wants to know what something is going to cost,” she said. “Patients are a little different in that they may not expect it to cost anything. (They may think) there will be no financial commitment since their insurance covers it, or they think the provider will write

GET PAID SEE NEXT PAGE



**MAKE THIS THE YEAR** you get paid, says Brightree’s Jennifer Leon.

## BRIEFS

### AdaptHealth raises capital

**PLYMOUTH MEETING, Pa.** – AdaptHealth has commenced a public offering of 6.5 million shares of its Class A common stock, subject to market and other conditions. In conjunction with the offering, the company intends to grant to the underwriters a 30-day option to purchase up to 975,000 additional shares of Class A common stock. AdaptHealth plans to use the net proceeds from the offering for general corporate purposes, including acquisitions and other business opportunities, capital expenditures and working capital. The closing of the company’s previously announced acquisitions of Solara Medical Supplies and ActivStyle Holdings are not dependent on the offering, and the offering is not dependent on the closing of the acquisitions. At press time, AdaptHealth was trading at \$15.94 per share.

### CareCentrix expands to Medicaid managed care

**HARTFORD, Conn.** – CareCentrix is expanding its services to managed Medicaid health plans and has named Scott Markovich to serve as its general manager of Medicaid. As Medicaid plans focus on tightening budgets, CareCentrix says it improves care coordination and reduces costs through value-based contracts and guaranteed savings for post-acute and home services. Prior to joining CareCentrix, Markovich was the regional vice president for the Midwest Region and vice president of business development at Aetna Medicaid. He also served as president of Magellan Complete Care, where he led the creation of the nation’s first Medicaid Health Plan for individuals with serious mental illness.

### WHO warns of oxygen shortage

**GENEVA, Switzerland** – The World Health Organization is warning of a shortage of oxygen concentrators as the number of cases of COVID-19 increases around the globe. The WHO says the world needs about 620,000 cubic meters of oxygen a day—about 88,000 large cylinders—to treat the roughly 1 million new cases being reported worldwide each week, Gasworld reports. “Many countries are now experiencing difficulties in obtaining oxygen concentrators,” said WHO Director General Tedros Adhanom Ghebreyesus during a media briefing. “Eighty percent of the market is owned by just a few companies and demand is currently outstripping supply.”

### Short takes: Mon Health, AeroFlow Healthcare

Morgantown, W.Va.-based **Mon Health Equipment and Supplies** will merge with Fairview Home Medical...Asheville, N.C.-based **AeroFlow Healthcare** has donated \$10,000 to the Junior League of Charleston Diaper Bank. The donation will help to fund needed diapers and supplies for distribution to children and families in Charleston, S.C., and surrounding areas.



## MONEYLINE

## Protech: We're 'solid'

**CINCINNATI** – Demand for respiratory equipment is increasing, and demand for CPAP and other supplies remains strong, Protech Home Medical says in a July 7 corporate update. The provider says as certain U.S. states see spikes in COVID-19 cases, it has taken the necessary steps to plan, prepare and respond to a second wave. “The company’s supply chain for critical equipment remains solid and we are comfortable with our current levels of inventory,” it stated. “However, as we feel appropriate, we will opportunistically build inventory to meet the increases in demand, particularly for vents and oxygen equipment.” Protech, which recently closed on a \$31.8 million offering, also says it’s focused on a corporate strategy that incorporates technology, organic growth and strategic acquisitions. “Following the closing of the recent financing, the company has cash to continue to pursue additional accretive acquisitions that are designed to build scale, within

markets currently served and new markets,” it stated.

**RAISES MORE THAN \$28.8M**

Protech Home Medical has closed its previously announced offering of about 25 million units at a price of \$1.15 per unit for aggregate proceeds of about \$28.8 million, which includes the exercise in full of the 15% over-allotment option. The company has also closed: its previously announced brokered private placement of 1.75 million units at the issue price for additional gross proceeds of about \$2 million, and its non-brokered private placement of 927,825 units at the issue price for additional gross proceeds of about \$1 million. Protech will use the net proceeds of the offering to increase its cash position and complete strategic acquisitions. “We are excited to further execute on our growth strategy and this injection of capital will allow for an aggressive acceleration of our plan,” said Greg Crawford, CEO and chairman. **HME**

## LINCOLN OFFERS PERSPECTIVE

CONTINUED FROM PAGE 1

**Lincoln:** They are looking for quality earnings, consistency, and knowing that the payer sources and the contracts are strong. They are looking at their ability to report and manage and grow the business. But different buyers are looking for different things. They are looking for strong management, always.

**HME:** Do you feel sellers have a realistic idea of their company’s value?

**Lincoln:** That’s always the challenge—we all fall in love with our own baby. I think part of our role as advisers is helping to set the expectation and create a process through which the client can get the best value of their business,

Different buyers are looking for different things, but they are always looking for strong management.

which has to involve a competitive process.

**HME:** Has being a woman in corporate finance created any challenges?

**Lincoln:** It opens the door to more conversations. They are interested to hear a different perspective and one coming from a female voice,

but numbers are numbers. Ultimately, I think I have a different approach to negotiation. I do think health care businesses are receptive to women in finance. **HME**

## M&amp;A

CONTINUED FROM PREVIOUS PAGE

look at the landscape, you see a lot of risk—industry risk, external risks, the pandemic and election—and every thing out there really flashes. I think that will drive a lot of owners who want to stay active to hitch to a larger company.”

It comes down to due diligence.

**Jonathan Sadock, Paragon Ventures**

Transactions are taking longer to close, however, say analysts. It comes down to due diligence, says Jonathan Sadock, managing partner/CEO of Paragon Ventures.

“If your business is ready and if you understand the real valuations of your business, plenty of buyers are out there for you,” he said. “The process takes a bit of time—it’s not like the old days—but the due diligence process is so vitally important.” **HME**

## GET PAID

CONTINUED FROM PREVIOUS PAGE

the balance off.”

With traditionally high turnover in jobs like customer service and patient intake, Leon recommends regularly training staff, providing them with updated talking points and offering them incentives.

“It’s not a crockpot: You can’t set it and forget it,” she said. “Hold them accountable and give them some goals to achieve. Make it a competition. If you make it fun and easy for staff, it’s going to be easier for them.”

Speaking of easy, make sure it’s easy for patients to pay, says Leon. A quick poll during the session revealed that only 32% of providers said they have an easy-to-find “pay button” on their websites and 45% said they don’t have one at all.

“That’s astonishing,” she said. “If we could take one thing from today’s session, let’s make sure we have a way to pay bills easily.” **HME**

## SILVER LININGS

CONTINUED FROM PREVIOUS PAGE

when Homedco Group and Abbey Healthcare merged. Today, it has more than 6,500 employees and serves more than 1.8 million patients each year through 275 local branch offices.

If there’s one thing the pandemic has highlighted about the HME industry, it’s the ability to shift gears so quickly, responsibly and without a decline in patient care. That should bode well for the future of HME, Starck says, if CMS is paying attention.

“If CMS realizes that people behave themselves with a little bit of latitude and the best interests of the patient in mind, the system doesn’t crumble,” he said. “We’ll have to see how far the barriers go back up, but CMS has hinted that it doesn’t have to go back to the way it was.”

While Apria is a big business with a national scale, Starck says the company likes to think of itself as 275 small businesses.

“The last couple of years, (when we look at) our offerings in the market, we want to have a local feel and we want to be there and part of that community,” he

said. “And yet, we want to have scale in terms of supply and purchasing.”

That scale has helped Apria step up in times of disaster, like the northern California wildfires in 2019, Hurricane Harvey in 2017 and Superstorm Sandy in 2012. Starck credits employees for stepping up to whatever the occasion demands.

“They go above and beyond,” he said.

Natural disasters aside, Starck says the biggest issue that’s cropped up in his tenure remains man-made: Medicare’s competitive bidding program.

“We had to make major changes for bidding and we had to figure out how do we provide for patients and employees and we had hard choices to make,” he said. “Those things drove us to being a sustainable brand and company.”

Likewise, Starck says, the changes wrought by the current pandemic will force the HME industry further into a position of strength and efficiency, as the preferred site of care pushes further into the home.

“It won’t be a straight line to success—it never is,” he said. “There will be twists and turns, but I’m very optimistic where the industry is headed both short term and in the next 10 to 20 years.” **HME**



## Find Your Voice

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– **Frank Trammell, Carolina’s Home Medical Equipment**

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Q&A: Barry Steelman on...

## How to market with intention

BY TRACY ORZEL, Contributing Writer

**M**OST PROVIDERS get into the industry because they know someone who has a disability, but they may not understand the importance of branding, social media and marketing, says Barry Steelman, who recently hung out his shingle as owner/creative force of Steelman Marketing.

HME News spoke to Steelman, who cut his teeth in marketing in 2001 working for Permobil and later Stealth Products, about why consistency in marketing is important and how to leverage affordable digital tools.

**HME News:** How can you help providers?

**Barry Steelman:** When I came on board with Stealth, the first thing I noticed was their brand was kind of all over the place; it wasn't consistent. And people don't realize how important branding is. They're affected by it daily, but they don't think about that when they start their business: How am I going to consistently present a message to my customer that helps my brand? Because whether you're building it intentionally or unintentionally, you're building a brand identity and if you don't know what it is, that's where you can run into some problems.

**HME:** What's one thing providers can do to create that singular identity?

**Steelman:** Consistency: Everything that touches your brand is part of your brand.

BARRY STEELMAN SEE NEXT PAGE

## Challenging fall awaits

*Perfect storm of increased costs, potential decreased reimbursement*

BY LIZ BEAULIEU, Editor

**YARMOUTH, Maine** – Complex rehab providers could see a downturn in revenues in late summer, early fall, says Don Clayback.

"The next three months are going to be challenging," said Clayback, executive director of NCART, during a recent webcast on CRT and COVID-19 sponsored by NCART, NRRTS, The Clinician Task Force and U.S. Rehab. "As we all know, the evaluations that are being done this month are the deliveries and revenues (we'll have) three months from now, and the three months we've just gone through have been difficult for evaluations and new activity. The consequences of that are going to be felt two or three

months from now. Companies are seeing what they can do to put their companies in the best position."

In addition to the difficulties in maintaining service to patients and, therefore, their revenues, providers are faced with increased costs from having to conduct business differently, whether it's using telehealth or ramping up their protection of employees in the field.

Those increased costs and potential decreased reimbursement from payers, particularly Medicaid, are setting up providers for difficulties.

"Both are going in the



Don Clayback

wrong direction," Clayback said.

That's why stakeholders like NCART are asking policy makers to help providers where they can by, for example, making permanent a delay in applying competitive bidding pricing to accessories for complex rehab manual wheelchairs.

"So there would be some stability, as we address the business issues that lie ahead," Clayback said.

Stakeholders are also talking to policy makers about permanently allowing occupational and physical therapists to use telehealth and increasing federal support to state Medicaid programs.

"We're in big support of that," Clayback said. "States have been under stress." **HME**

## New scenarios force providers to adapt during pandemic

*Most common: The provider is in the home, while the clinician uses telehealth*

BY LIZ BEAULIEU, Editor

**DALLAS** – A number of scenarios have occurred during the coronavirus pandemic that have allowed complex rehab providers and clinicians to continue serving clients. The most common: A provider sees a patient in their home, with the clinician participating remotely, says ATP Tom Simon.



Weesie Walker

of directors, during a recent webcast on CRT and COVID-19 sponsored by NCART, NRRTS, The Clinician Task Force and U.S. Rehab.

Two other less common scenarios, according to Simon: A client is seen at home with the clinician, and the supplier participates remotely; and a client is seen in clinic with

"I've seen 35 to 40 patients using telehealth," said Simon, an ATP for Numotion and member of the NRRTS board

the clinician, and the provider participates remotely. The latter can happen when providers aren't allowed in clinics, even with the appropriate PPE, Simon says.

The key to making any of these scenarios work: good working relationships between providers and clinicians, says Weesie Walker, executive director of NRRTS.

"I'm not sure how successful it would be if they were working with someone remotely that they weren't familiar with," she said.

Simon agreed, noting that he has "long-time

NEW SCENARIOS SEE NEXT PAGE

## BRIEFS

### UPitt launches new master's degree to build ATP workforce

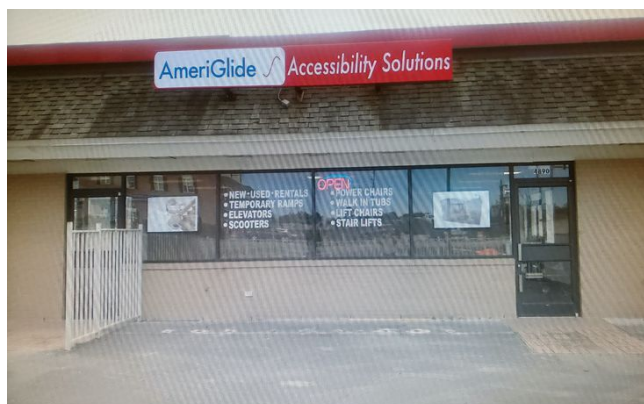
**PITTSBURGH** – The University of Pittsburgh Department of Rehabilitation Science and Technology will launch a new 35-credit Master of Rehabilitation Technology (MRT) degree in the fall semester of 2020. The goal: focus more on practical applications and the skills necessary for students to seek employment as an ATP in a growing job market. "Given an aging population who want to age in place and people surviving and living longer with disabilities, the demand for ATPs will only continue to grow and be recognized as a health profession," said Mark Schmeler, PhD, OTR/L, ATP, associate professor and vice chairman for education and training at RST. The degree can be completed in one year of full-time or part-time study. It comprises weekly remote classes, as well as in-person labs conducted over the course of one four-day weekend per semester in Pittsburgh. UPitt's RST is also offering a 15-credit Graduate Certificate in Rehabilitation Technology.

### New app supports users in wheelchair selection

**NEW YORK** – The United Spinal Association and the Department of Rehabilitation Science and Technology at the University of Pittsburgh have co-developed a new app that informs and encourages consumers and their families to play an active role in buying, using and maintaining their manual wheelchairs. The "My Wheelchair Guide" app includes tools and resources to guide consumers through the wheelchair selection, delivery and maintenance process. It also provides practical information to evaluate each individual's medical and functional needs, whether they're a beginner or advanced wheelchair user. The app features self-assessment and maintenance checklists; customizable to-do lists; wheelchair skills videos; illustrations on wheelchair types, parts and accessories; critical health considerations; an organized hub that integrates the contacts essential to getting a wheelchair; and a Q&A section.

### NSM buys CRT-supplies combo business

**NASHVILLE, Tenn.** – National Seating & Mobility has acquired Albuquerque, N.M.-based Sandia Wheelchairs and Sandia Surgical Supply. "Services supporting independence often go beyond the chair, and we are committed to serve as a trusted resource to meet our clients' needs," said Bill Mixon, NSM CEO. "We look forward to bringing a full suite of mobility and accessibility solutions to those who need them in Albuquerque." Sandia Wheelchair and Sandia Surgical Supply offer both complex rehab technology services and disposable medical supplies, and their ATP Jason Lovato will join the NSM team following the acquisition. NSM says it will expand local service offerings in the Albuquerque area to include incontinence, urological and other disposable supplies.



## Accessing a new level

American Mobility of Raleigh, N.C., and its partners James Cole and Bill Ryan have acquired AmeriGlide Southport/Upward Mobility Solutions. "This will be a great fit for us and will help us bring our access side of the business to a new level," said Cole, vice president of operations and sales, in an email to HME News. American Mobility provides complex rehab wheelchairs, seating and service.



## NSM buys, rebrands Active Mobility Products

**NASHVILLE, Tenn.** – National Seating & Mobility has acquired Active Mobility Products in Kelowna, B.C., strengthening its presence in the Interior Region of British Columbia in the Okanagan Valley. Active Mobility was formerly owned and operated by Dino Padula, an adaptive seating and mobility specialist with more than 20 years of complex rehab technology experience. Padula will transition to the NSM team post-acquisition. The Kelowna branch will be the first location outside of the U.S. branded as NSM. Over the next several months, two other NSM-owned companies in British Columbia, Advanced Mobility Products and SelfCare Home Health Products, will also rebrand as NSM. Advanced Mobility Products.

### Short takes

State Sen. Kevin Daley has introduced Michigan Senate Bill 855 to establish separate recognition for CRT...The ITEM Coalition seeks a request for reconsideration of the National Coverage for Mobility Assistive Equipment to include coverage of power seat elevation and power standing systems.

# Nat'l CRT Awareness Week and 'new normal' in DC

BY TRACY ORZEL, Contributing Writer

**WASHINGTON** – Efforts from last year's National CRT Awareness Week helped pass legislation suspending competitive bidding pricing for accessories for complex rehab manual wheelchairs for 18 months.

One of this year's goals? Make that permanent.

To do that, NCART has various activities planned for Aug. 10-14, including Facebook Live events, video releases, testimonials from consumer advocates, interactive social media campaigns, updated resources for advocates, and congressional outreach initiatives.

"In a time where so much is changing so quickly and discussions on Capitol Hill and in state legislatures are focused on a variety of pressing topics affecting our nation, it's essential for as many individuals as possible to join the CRT community in continuing to speak out about access to CRT," said Don Clay-

back, executive director of NCART. "If we aren't keeping CRT on the table for consideration, who will?"

CRT Awareness Week will also emphasize how complex rehab is critical to fulfill the promise of the Americans with Disabilities Act and why appropriate access allows individuals to manage their medical needs, increase their function and maximize their independence.

Even though the COVID-19 pandemic has thrown a monkey wrench into this year's Access2CRT Summit in Washington, D.C., planned for earlier this year and subsequently cancelled, the industry, as well as Congress, is adapting with the help of remote video conferencing.

"It's going to be more than just sending emails," said Clayback. "We are going to be helping people set up conference calls with their congressional member's staff. So they should have the same opportunity as they would have if they were in Washington." **HME**

## NEW SCENARIO

CONTINUED FROM PREVIOUS PAGE

relationships" with the clinicians he has worked with using telehealth.

During the course of the pandemic, providers and clinicians have found that telehealth and remote services work well for fitting wheelchairs, conducting home evaluations, updating documents, in-taking and interviewing clients, and repairing and making adjustments to chairs.

Both Simon and Walker point out that the work hasn't changed, but the circumstances have.

"Telehealth has changed the order of what CRT suppliers do, but it has not changed what they do," Walker said.

However, "each case must be considered on its own merits," Walker said.

"It's important that the supplier understand, if they're not comfortable with the situation, they can always recommend that that person be seen in a clinic setting," she said. "There always has to be that option." **HME**

## RESNA HOSTS VIRTUAL CONFERENCE

CONTINUED FROM PAGE 1

"The people who go to this conference—it holds a special place in their hearts," said Andrea Van Hook, interim executive director of RESNA. "It's for all the folks working in assistive technology. It's the only conference not dedicated to just seating and mobility or to augmentative communications or to home modifications. It's the mothership, as Mary Ellen Buning (president of RESNA) likes to say."

RESNA had to cancel its in-person conference scheduled for July 7-10 at the Hyatt Regency in Arlington, Va., due to the coronavirus pandemic.

This year also marks the 40th year of RESNA's annual conference, a milestone officials thought was too important not to commemorate.

"To be hit with (the pandemic) right when we have this streak going—this pretty amazing streak—we had some pretty emotional and difficult conversations," Van Hook said.

To host the virtual conference, Sept. 23 and 24 from noon to 6 p.m., RESNA will use a platform that will allow for interactions between attendees and exhibitors,



A. Van Hook

including at a virtual exhibit hall.

"The exhibit hall is going to be different—that's the first thing we're telling everyone," Van Hook said. "But what exhibitors will be able to get from a virtual exhibit hall is data

on who visits their booth, because it's a digital click. They'll also be able to communicate directly with the folks who visit their booth—they'll be able to send messages and schedule one-on-ones with them."

At press time in mid-June, RESNA had not yet published the education program for the virtual conference, but it will include ses-

sions for CE credit, keynote sessions and student scientific paper competitions, all around the theme of "Enter the RESNA Universe," a nod to the organization's first conference logo, itself a nod to the Star Trek Federation logo.

"We're having some fun with it," Van Hook said. **HME**

Check [www.resna.org](http://www.resna.org) for registration and sessions.

## STEELMAN: BRAND IS EVERYTHING

CONTINUED FROM PREVIOUS PAGE

That includes your customer service representatives, showroom, when they see your vehicles out in public or when you go to their house to do a repair. When you're dealing with a customer, they have a perceived notion of what your brand means to them and if you're not meeting that perception, they're going to abandon you.

**HME:** How has COVID-19 affected the way providers should be marketing?

**Steelman:** It's really opened up a lot of people's eyes. They say, "Wow, I need to



be using social media to stay in touch with my customer base." Now you have Facebook advertising, and digital marketing and advertising is really very affordable and you can actually pinpoint the audience

that you want to reach. It's something that everybody needs to be taking advantage of. **HME**

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## CMS sticks to script on infusion benefit

*'There are questions as to what they believe exists within their regulatory authority'*

BY T. FLAHERTY, Managing Editor

WASHINGTON – CMS continues to dig in its heels on the new home infusion benefit, leaving stakeholders considering a legislative fix.

In a proposed home health rule for 2021 released on June 25, the agency continues to limit reimbursement to only those days when a nurse is in the home.

"At this point, there's some questions as to what they believe exists within their regulatory author-



S. McCarthy

ity," said Shea McCarthy, director of legislative affairs for the National Home Infusion Association. "A legislative solution may, ultimately, be necessary to provide access to home infusion. Without a fix from Congress to address this, I fear that beneficiaries with Medicare fee-for-service will continue to have limited access to home infusion."

More than 200 members of Congress have already signed letters calling on HHS and CMS to lift restrictions on home infusion during the public health emergency.

Stakeholders had hoped, given the current PHE, that CMS would revisit their "narrow interpretation" of the statute, says McCarthy.

"We are disappointed that the interest of patients and home infusion providers have again not been at the forefront of CMS's mind in policy decisions on this topic," he said. "We've been really surprised, especially given the outpouring of support from stakeholders (across the continuum) that have not historically been engaged (with this issue)."

In April, more than 160 groups, including the ALS Association, Partners Healthcare System and Massachusetts General

BENEFIT SEE NEXT PAGE

## Singular Sleep fills in-lab gap at home

BY TRACY ORZEL, Contributing Writer

JACKSONVILLE BEACH, Fla. – Due to the risk of COVID-19, in-lab studies are problematic right now, delaying appointments by months, says Joseph Krainin, president and founder of Singular Sleep.

To help combat that, Singular Sleep has launched a new program to help patients find the required pressure for their CPAP machines in their own homes.

"Large healthcare systems like Kaiser Permanente have been doing a variation of this process for quite a long-time for their patient populations," said Krainin. "It's a cost-effective way of managing sleep apnea patients."

Instead of spending a night in a sleep lab, Singular Sleep sends an auto-titrating CPAP machine (APAP) to the patient's home that has been sterilized and outfitted with new air filters, tubing and water chambers. The patient uses the machine for a week and then returns it to Singular Sleep.

Singular Sleep offers U.S.-based customer support by phone, email and chat, as well as an "on-call" person on weekends and holidays. The company doesn't accept insurance, but it does assist patients seeking reimbursement through

SINGULAR SLEEP BENEFIT SEE NEXT



Joseph Krainin

## LIFETIME SERVICE

## ABC Plus, Sleep Coaches spot revenue opportunities

BY TRACY ORZEL, Contributing Writer

LOS ANGELES – ABC Plus Pharmacy and Sleep Coaches have partnered with Team@Work to help HME providers maximize revenue by improving patient outcomes for neb-med and CPAP patients.

"Our industry loves to talk about patient follow-up, and disease and outcomes management," said Marcus Kruk, director of sales for ABC Plus Pharmacy. "The high-dollar patients fall into that category because they can support it; but when it comes to other patients, that's not the reality because of the low reimbursement and we make it a reality."

ABC Plus offers mail-order respiratory medica-



M. Boardman



Marcus Kruk

tion and supplies, including nebulizers, masks and compressors; Sleep Coaches is a CPAP compliance and resupply outreach platform. Both companies conduct live, monthly follow-up calls to determine whether patients are non-compliant, at risk or need additional

OPPORTUNITY SEE NEXT PAGE

## Sleep report: CPAP Store USA, Dr. Dement

LOS ANGELES – CPAP Store USA has opened its second retail store in Texas. The store in Dallas offers a full line of respiratory supplies, including CPAP and BiPAP machines with full face, nasal and nasal pillows masks, oxygen concentrators, nebulizers and more. "CPAP Store USA has purposefully chosen Dallas for their new store location because we believe this community and the surrounding areas will benefit from having a walk-in storefront CPAP store to shop and purchase

supplies where we also offer a complimentary concierge service of mask fittings," said Marina Berberyan, brand ambassador. CPAP Store USA has partnership opportunities available in every state. It currently has stores in Las Vegas; Los Angeles; Agoura Hills, Calif.; and North Richland Hills, Texas.

### SLEEP PIONEER PASSES AWAY

STANFORD, Calif. – Dr. William Dement, a pioneer in sleep medicine and founder of the American Academy of Sleep Medicine, died

June 17. Dement was an early proponent of in-home sleep diagnostics for obstructive sleep apnea, supporting a 2004 proposal that would pave the way for Medicare to modify its policies. Dr. Dement's sleep career began at the University of Chicago, where he helped discover REM and describe the human sleep cycle and its different stages. In the 1970s, he established one of the world's first sleep disorder clinics at Stanford University.

SLEEP REPORT SEE NEXT PAGE

## BRIEFS

### CMS reviews NIV for chronic respiratory failure

WASHINGTON – CMS on July 22 will conduct a virtual Medicare Evidence Development & Coverage Advisory Committee meeting to review the evidence specific to the home use of non-invasive ventilators by patients with chronic respiratory failure consequent to COPD. The agency seeks the committee's recommendations on the characteristics that define patient selection and usage criteria, and concomitant services, as well as the equipment parameters necessary to best achieve positive patient health outcomes in beneficiaries with CRF consequent to COPD.

### NHIF releases industry trends report

ALEXANDRIA, Va. – Home and specialty infusion represents a \$19 billion industry serving more than 3.2 million patients annually, according to the National Home Infusion Foundation's Infusion Industry Trend 2020 report. The report, available for sale in print format, offers insight into the latest trends in the home and specialty infusion market, and interprets data collected from more than 220 individual provider locations. The report provides insight into provider characteristics, services, patient characteristics, payer sources, referral sources and operations, and describes how the industry has evolved over the last decade. It also identifies market trends, such as changes in therapy mix, growth rates of traditional and specialty home infusion therapies.

### BOC seeks nominations

OWINGS MILLS, Md. – The Board of Certification/Accreditation (BOC) seeks nominations for the Jim Newberry Award for Extraordinary Service. Now in its fourth year, the award recognizes outstanding individuals for their services to BOC. Nominees for the award must have a proven history of service and volunteerism with BOC, and might include—but are not limited to—certificants, vendors, consultants, business partners or former BOC board members. The award is named after James Newberry, who passed away in 2016. To review the award requirements and submit an online nomination, visit the Jim Newberry Award for Extraordinary Service on BOC's website. Deadline is Sept. 16.

### FDA approves Libre 2

ABBOTT PARK, Ill. – Abbott has received U.S. Food and Drug Administration clearance for its Freestyle Libre 2. The Libre 2 continuously transmits glucose data every minute, and users can set the system to send alarms for too-high or too-low readings. Previously, users had to scan the sensor to get a reading. The system, which is offered at the same price point as the previous version of the Freestyle Libre, will become available in the next several weeks. The FreeStyle Libre was approved for Medicare coverage as a continuous glucose monitoring system in 2018.



# People: Dario names Optima exec to board, BOC awards 'Certificant of the Year'

**NEW YORK** – DarioHealth Corp. has appointed veteran health plan executive Dennis A. Matheis to its board of directors. Matheis brings nearly 30 years of experience leading regional and national health care plans and related organizations. He currently serves as president of Optima Health, a division of Sentara Healthcare, which has more than 850,000 members and a network of more than 26,000 providers. "His insights and guidance will prove invaluable as we continue our transition to a business-to-business-to-consumer (B2B2C) enterprise serving people suffering from chronic diseases through direct relationships with health plans, large employers and benefits administrators," said Erez Raphael, Dario's CEO. Prior to joining Optima Health, Matheis spent 13 years at Anthem, Inc., including as president of Anthem's Central Region and Exchanges, encompassing six

states and representing \$12 billion in annual revenue. He previously served in senior leadership roles at Anthem Blue Cross and Blue Shield of Missouri, CIGNA Healthcare and Humana Health Plan, as well as Advocate Health Care in Chicago.

## BOC NAMES VET FIRST

### 'CERTIFICANT OF THE YEAR'

**OWINGS MILLS, Md.** – The Board of Certification/Accreditation (BOC) recently named David E. Evans, BOC's Emeritus, as the recipient of its first "Certificant of the Year" award. Sadly, Evans passed away shortly after receiving the honor. "We were deeply saddened to hear of Dave's passing just two days after we announced his selection as BOC's first Certificant of the Year," said Claudia Zacharias, BOC's president and CEO. "His lifelong passion for helping others inspires us all." The award was established to honor a BOC-certified professional for his

or her outstanding contributions to their profession, including commitments to service, research and outreach. Evans devoted his career to providing care and support to those who have suffered traumatic injuries, many related to military service, resulting in amputation.



David Evans

As a Vietnam veteran who lost both of his legs below the knee while in combat, Evans was able to connect with and care for patients in a personal and meaningful way. For more than 30 years, he provided prosthetic legs and arms for more than 3,000 people around the world who have been wounded in war zones, as well as victims of mining incidents, gunshots and other conflict-related circumstances. **HME**

## SLEEP REPORT

CONTINUED FROM PREVIOUS PAGE

### STUDY: INCREASE PHYSICAL ACTIVITY, DECREASE OSA RISK

**DARIEN, Ill.** – Increased physical activity is associated with a lower risk of obstructive sleep apnea, according to a study published online as an accepted paper in the Journal of Clinical Sleep Medicine. Researchers reviewed lifestyle, medical, socio-demographic and sleep health data collected from more than 155,000 adults participating in the Ontario Health Study. Based on the physical activity of participants with and without sleep apnea, the investigators determined that a modest increase in physical activity,

including walking, is associated with a 10% reduction in the risk of developing sleep apnea. "Our results highlight the importance of physical activity as a preventative measure against developing sleep apnea," said senior author Lyle Palmer, who is a professor of genetic epidemiology at the University of Adelaide in Australia. "One surprising finding was that not only vigorous physical activity but also just walking alone was associated with a decreased risk of sleep apnea." The authors found that adding 20 minutes to a daily walk and increasing vigorous daily activity by eight minutes would be enough to achieve a lower sleep apnea risk. **HME**

## OPPORTUNITY

CONTINUED FROM PREVIOUS PAGE

equipment and services.

If so, an assessment is generated and passed on to the provider and, ultimately, the physician, allowing the provider to support the patient throughout their life.

"Instead of that patient going back into the physician's office six months later and winding up with another provider, that patient—through our follow-up—will continue to stay with that originating provider, which brings more continuity of care, as well," said Kruk.

To help spread the word, both ABC Plus and Sleep Coaches are cross-promoting their services to

their customer bases and developing strategic relationships with the help of Team@Work.

"By bringing these two services together, ultimately, we're increasing services to the patient," said Mark Boardman, president of Sleep Coaches. "That's the benefit to the HME: We're helping them grow their business."

There's also the opportunity to add product categories in the future, Boardman says.

"We're starting look at what other supplies or needs patients are potentially getting serviced for, that their HME could be providing them," he said. "Incontinence and catheters—those things are a natural path for us to go down." **HME**

## SINGULAR

CONTINUED FROM PREVIOUS PAGE

their insurance.

"In-lab titration studies can also be astronomically expensive, especially for cash-pay patients," said Krainin. "Our in-home titration program achieves similar results at a fraction of the cost."

In the wake of COVID-19, Krainin says he's seen a steady shift toward the remote management of sleep patients.

While Singular Sleep has been at the forefront of that since 2015, the pandemic caused an inflection point and brought sleep telemedicine to the mainstream.

"I don't think we'll ever go back to 'sleep medicine as usual,'" he said. **HME**

## BENEFIT

CONTINUED FROM PREVIOUS PAGE

Hospital, announced support for a blanket waiver that would have allowed coverage for all home infusion therapies during the current public health emergency.

"Health systems are eager to free up hospital capacity for those patients that need those severe levels of care," said McCarthy. "Areas of the country right now are experiencing a surge in earnest of COVID infections." **HME**

## BRIEFS

### Soleo Health launches alternative care paths program

**FRISCO, Texas** – Soleo Health has launched Soleo Direct, a program that aims to reduce unnecessary hospitalizations, readmissions and emergency room visits by identifying patients eligible for receiving treatment at alternative sites of care. Soleo Direct uses proprietary algorithms to determine targeted diagnosis-related groups and establishes care paths for specific diagnoses that can safely be treated with intravenous or injectable medications in the home or alternate site setting. "By working collaboratively with hospitals, health systems, payers and physicians, Soleo Direct is emphasizing medication stewardship, both during and after a hospitalization or emergency room visit, thereby positively impacting the patient's quality of life," said Barbara Prosser, vice president of health outcomes and research for Soleo Health.

### Oswald's Pharmacy to offer antibody testing

**NAPERVILLE, Ill.** – Oswald's Pharmacy will begin offering COVID-19 antibody testing. The 145-year-old family owned pharmacy will have phlebotomists onsite with 78 appointments available during the week; patients will receive results in 15 minutes. "These antibody tests are a great way to confirm whether or not you've been exposed to the virus," said Alex Anderson, manager and sixth generation family member. "We'd like to think that once again, we're doing all we can to keep our community educated and safe."

## ROUND 2021

CONTINUED FROM PAGE 1

principal deputy administrator & director of the Center of Medicare, "asked all the right questions," said Tom Ryan, president and CEO of AAHomecare.

"They don't show their hand, but when we asked them if they needed anything else from us, they said they had all the information they needed," he said.

The rank-and-file at CMS, however, are still moving forward with the program and will do so until told otherwise, stakeholders say.

"They're full speed ahead," said John Gallagher, vice president of government relations for VGM &

Associates. "That's to be expected, but they haven't added anything like, 'unless something changes' or 'if guidelines aren't adjusted,' so I don't get the warm fuzzies from them."

Still, with the issues created by the pandemic only intensifying—new cases of COVID-19 are on the rise in an increasing number of states and even the World Health Organization has warned of a shortage of oxygen concentrators—CMS may have no choice but to pause the program, stakeholders say.

"We're beginning to see a surge, and we don't know what the fall and winter will bring," Ryan said. **HME**

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# CBD ‘could be dynamic’ market for HME

BY JOHN ANDREWS, Contributing Editor

**F**OR AN industry in need of a retail product that fits within any of the HME major categories, CBD certainly seems to fit the bill. As a therapeutic product with potential benefits for a litany of conditions, CBD can effectively be marketed and merchandised for virtually every HME customer, specialists in the field say.

CBD—known as cannabidiol—is a non-intoxicating cannabinoid found in cannabis. On the market for retail sale since being legalized by the Agricultural Improvement Act of 2018, CBD is being touted as an effective therapy for various purposes, including anti-inflammatory, analgesic, anti-anxiety and as a seizure suppressant. These products contain only trace amounts (0.3% or less) of THC, the intoxicating property of marijuana.

Since being legalized, CBD products have flooded shelves in the retail sector from pharmacies to pet supply shops. Jay Butler, director of extended care for Day-

## CATEGORY

### CBD

#### SKY HIGH

■ **Market worth:** In just over two years since being legalized nationally, CBD products racked up an impressive \$7.1 billion in 2019 and is expected to crest \$9 billion in 2020. With demand so high, it represents a prime retail opportunity for HME providers.

#### NOT POT

■ **THC-free:** CBD is commonly confused with marijuana because it comes from the same plant. However, CBD uses a non-intoxicating cannabinoid as its key ingredient.

#### GOOD FIT

■ **Tailor-made:** With a versatile customer base and wide range of applications, CBD is a retail item all providers can carry, no matter what category they serve.

tona Beach, Fla.-based IMCO, told HME News in February: “Google ‘CBD’ and 30,000 products come up. And it is one of the few things Amazon does not carry.”

A Grandview Research CBD market study found the value in the U.S. to be \$7.1 billion in 2019 and estimated the value will grow to \$9.3 billion in 2020. CBD products come in various forms, including hemp oil, lotions and tinctures, gel caps and “gummy” edibles.

Providers interested in carrying CBD items need to do their homework on the nature of the category and commit to educating consumers about product nuances—specifically the difference between CBD and its relative, marijuana. While CBD has federal clearance, it may be restricted or even prohibited at the state and municipal levels.

To date, “the healthcare community overall has been keen to adopt full-spectrum hemp oil and CBD, despite federal and state ambiguity,” said Derek Thomas, vice president of business development for Fort Lauderdale, Fla.-based Veritas Farms. “There is white space when it comes to HME’s adoption of full-spectrum hemp oil. Where it has been done on different platforms in local and regional markets, national adoption by a big HME operator has mostly been avoided primarily due to

the lack of guidance from federal guidance.”

“Full spectrum” CBD means that an oil or product contains all the cannabinoids that are naturally occurring in the cannabis plant.

Until there is stronger federal regulation, HME retailers and consumers need to heavily vet any CBD brand, Thomas said. Yet, at this point, “there is a huge opportunity for HMEs to provide CBD, especially with the onset of COVID-19 restrictions. Home health care is not only safer in terms of COVID avoidance, the direct support of a knowledgeable provider in the home answering questions about applications and uses is needed and not readily available.”

## MADE FOR HME

Rocky River, Ohio-based WellCare Brands has deep roots in the HME industry and recently developed a new product called PürCare designed to be HME provider-friendly, offering MAP pricing, sales collateral, sales support and ease of ordering through HME distributor Compass Health Brands.

The PürCare CBD line includes capsules, tinctures, topical cream and a topical roll-on, “but what we are most excited

**DYNAMIC CBD SEE NEXT PAGE**

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<https://tanasi.com/product/cbd-tincture-350mg/>

### Veritas Farms

#### VERITAS FARMS FULL SPECTRUM HEMP OIL TINCTURES

- Fast-acting CBD oil tinctures contain full spectrum hemp oil extracted from the flowers and leaves of hemp plants grown on its 140-acre farm in Pueblo, Colo.—never from isolate.
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<https://www.theveritasfarms.com/product/cbd-tincture/>



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- Contains whole hemp oil extracted from all natural hemp plants grown its 140-acre farm in Colorado.
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<https://www.theveritasfarms.com/product/cbd-salve/>



### Tanasi

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- 150mg hemp extract salve is a scientifically developed, patent-pending formulation derived from premium Tennessee grown hemp flower.
- Line of CBD products is developed by a team of Ph.D.'s in a university setting.
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## DYNAMIC

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to share is our new Oral Mist sublingual aerosol," said Andrea Mangini, director of marketing for WellCare Brands. "It is a pre-measured, sublingual aerosol that combines the benefits of full spectrum CBD with nano-sized particles, allowing for faster absorption."

HME providers have a market-

ing advantage over major chain stores, Thomas said, because they can offer CBD products directly in the client's home.

"Privacy and fear of the unknown are concerns for many consumers considering full-spectrum hemp oil, but they can be mitigated by in-home delivery," he said. "Combined with a strong educational component, HME operators could position themselves to carve out a strong niche in the category."

**A Grandview Research CBD market study found the value in the U.S. to be \$7.1 billion in 2019 and estimated the value will grow to \$9.3 billion in 2020.**

### KEY DEMOGRAPHICS

While the primary consumers of CBD products tend to be age 40 and over, the demographics can range from 20-year-old college students to 75-year-old retirees.

Referral sources can include holistic health and wellness practitioners, therapists and pharmacists, as well family and friends who are already incorporating CBD into their wellness routines, Thomas said. **HME**

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## LUCI modernizes power chairs

BY LIZ BEAULIEU, Editor

**L**UCI WANTS its new hardware and software platform to serve as a “catalyst” for further innovation in the power wheelchair market.

The company in June launched its first product, also named LUCI, a platform that prevents wheelchair users from running into objects, alerts them to tipping danger, and protects them from steps and drop-offs.

“We saw the potential to serve as a catalyst for the industry,” said Barry Dean, CEO and founder. “It would have been a lot easier to sell this to one company and

make it a proprietary thing, but we went the hard way. Some things are bigger than brand and market share. Some things are about pushing things further.”

Dean, who is also a Grammy-nominated songwriter, has a 19-year-old daughter, Katherine, who has cerebral palsy and has used a



**LUCI PREVENTS** wheelchair users like Candace from running into objects.

wheelchair her whole life.

It was that personal experience that led Dean and his brother, Jered Dean, CTO of LUCI, who has two decades of experience in design and systems engineering, to spend two and a half years collaborating with clinicians to develop the platform, resulting in 16 patents (eight

pending).

“We never intended to start a company, but when we tried to find a solution, we were surprised it didn’t exist,” Dean said. “We didn’t see what we call a platform innovation that elevates the wheelchair to the level of other modern devices.”

In a nod to those modern devices, LUCI also allows users and their caregivers to view data; set up alerts for specific events, such as location and low battery; and interact with Hey Google and Amazon Alexa.

“We’ve tried to build the platform in a way that more can be

**LUCI SEE NEXT PAGE**

## BRIEFS

### Stander, TrustCare ink distributor deal

**LOGAN, Utah** – Stander Inc. will serve as the exclusive North American distributor of TrustCare AB, a Swedish manufacturer of rollators and ancillary products. “Stander has always prided itself on creating quality innovative solutions to help people live more safely, comfortably and independently, so we jumped at the opportunity to add TrustCare’s outstanding, Swedish-designed mobility products to our mix,” said Brandon Birch, Stander’s CEO. Stander has a retail network consisting of more than 30,000 durable medical equipment providers and pharmacies in the U.S. and Canada.

### Inogen’s Wilkinson announces retirement

**GOLETA, Calif.** – Inogen CEO and President Scott Wilkinson has announced he will retire before the end of 2021. Wilkinson joined Inogen in 2005. “After 15 years with the company, I believe now is the right time to begin the transition to the next phase of leadership,” said Wilkinson. “I intend to work closely with the board to help identify, recruit and successfully integrate a new CEO.” Inogen has begun the process of identifying a successor. “On behalf of the board, I want to thank Scott for his significant contributions and dedicated years of service to Inogen,” said Heath Lukatch, Ph.D., chairman. “Scott’s leadership and industry expertise will be missed by Inogen, and we are extremely thankful for his many contributions during his tenure.”

### Compass Health finds ‘right partner’ to offer CBD

**CLEVELAND** – Compass Health has signed an exclusive distribution agreement with Well Care Brands to promote and sell their PürCare line of CBD products. The partnership with Compass Health will allow Well Care Brands to target the HME segment for their PürCare line, which is specifically designed for the “over 40 market.” “We have been eager to enter the CBD segment of the market but needed to find the right partner, a partner who understands the unique needs of both the HME patient and provider,” said Mike Scarsella, vice president of HME for Compass Health. Well Care Brands says it partnered with Compass Health due to its “incredibly strong position in the HME industry,” says Gregory Zenko, founder and CEO of Well Care Brands. “Compass’ strong market position in HME, physical rehabilitation, chiropractic and traditional retail makes them the perfect partner,” he said.

### People news

**Change Healthcare** has announced that Banshi Nagji, president, health care at GoodRx, and former executive vice president and chief strategy and business development office at McKesson, has been appointed to its board of directors. With the addition of Nagji, the board now has 10 directors, nine of whom are independent. Prior to his positions at GoodRx and McKesson, Nagji was a principal at Deloitte Consulting.

## Precision Comfort moves to backs

*PC ProForm joins line of three cushions: PC Lite, PC Gel, PC Deep*

BY LIZ BEAULIEU, Editor

**CAPE CORAL, Fla.** – Precision Comfort, a newer division of Merits Health, started shipping its first three cushions in November and it launched its first back, the PC ProForm, in June.

“It’s the first back for our company,” said Dave Leverette, designer and general manager. “It’s just for our power wheelchairs right now, but we’ll have a full line of backs down the road, as we continue product development.”

Precision Comfort offers three cushions: PC Lite (general use), PC Gel (skin protecting) and PC Deep (skin protecting and positioning).

The company also has approved coding for its next



**D. Leverette**

## Merits turns inward

BY LIZ BEAULIEU, Editor

**FORT MEYERS, Fla.** – Merits Health plans to add five inside sales reps in 2020 to increase exposure to its product line, particularly its consumer power wheelchairs.

“That was the plan before the COVID-19 pandemic, and our fingers are crossed that we’ll be able to do that sooner rather than later,” said Dave Jones, executive sales director.

Merits Health currently has 10 inside sales reps in the field, including regional sales managers, to sell across its product lines: Merits Health, Avid Rehab, Precision Comfort and Pilot.

The company has been slowly building its inside sales force for the past few years.

**MERITS HEALTH SEE NEXT PAGE**

line of cushions, the PC Air and PC AirPlus adjustable seating and position cushions.

“They’re similar to our PC Deep, but the insert is made of air, instead of gel,” Leverette said.

Precision Comfort has carved out a niche for itself by offering products that aren’t just me-too

products, Leverette says. The company’s PC Deep, for example, has an overlay that straps around the outside of the cushion and pulls down in the middle, keeping it in place, he says.

“The comments we’re getting from therapists is that we’re offering something new that the market needed,” he said.



## RRI relocates

Responsive Respiratory has relocated to a 38,000-square-foot facility that combines office, manufacturing, warehouse and distribution space. In addition to increased manufacturing and fulfillment capabilities, the facility will also accommodate increased office capacity. The move comes on the heels of a strong first quarter of growth for the company.



# F&P's Evora: A mask that's fit for the times

BY LIZ BEAULIEU, Editor

IRVINE, Calif. — Launching a product in the middle of a global pandemic is a challenge, but Fisher & Paykel Healthcare believes its new mask has a number of features that make it an easier sell for HME providers and users.

The company announced in July that the F&P Evora, a nasal mask with what it calls "CapFit" headgear, which allows users to put on their masks like a baseball cap, had received regulatory clearance for use in the United States.



S. Potharaju

"Given the current situation and the way DME providers are repurposing their businesses going forward, we think this product offers a valid proposition: It's simple," said Subbarao Potharaju, director of marketing for homecare. "Teaching a patient how to use a mask will be a lot easier with this product."

In a clinical trial, F&P says 98% of par-

ticipants described Evora as "simple to take off and put on in the dark" and 95% of respiratory therapists found it "simple to fit."

That simplicity comes in handy with providers across the health care spectrum conducting more of their business remotely due to the pandemic, Potharaju says.

"This whole idea of remotely setting up patients—that dynamic will continue, in my opinion," he said. "I don't think we're going to come out of this in the next month or two and go back to normal. A lot of

patients are being routed through home sleep testing and then handed off to DMEs, so you need a product that's intuitive right out of the box."

F&P has also developed product intro kits that include samples and collateral for providers and physicians, and an F&P myMask app for users that serves as a "reference library," Potharaju says.

"It helps the patient figure out how to wear the mask and how to clean it," he said. "It helps to make patient education more hands off." **HME**

## Amylior targets US expansion

BY LIZ BEAULIEU, Editor

AMYLIOR HAS charged complex rehab veteran Brad Peterson with growing the company's U.S. business as its new top sales exec.

Amylior, which manufactures high-end power wheelchairs and accessories, as well as mobility aids, tapped Peterson as its new vice president, USA, earlier this year.

Here's what Peterson, who has 30 years of experience at companies like Motion Concepts, Invacare and Quantum Rehab, had to say about why Amylior has a reputation for "tough stuff" and how that will lead to new business.

**HME NEWS: How do you plan to grow Amylior's presence in the U.S. market?**

**Brad Peterson:** I hope to bring a more dedicated and unique view of the U.S. market. With the help of the great team that's been here for 20 years, I plan to develop educational opportunities, marketing collateral and digital resources that are more specific to the U.S. market. The plan is for a more targeted focus in the U.S. and more resources to support business there in the next 12-18 months.

**HME: Give me a sense for Amylior's sales presence in the U.S. right now.**

**Peterson:** We have a 25-person independent sales force and one direct rep. I've worked with indie reps before and I know



B. Peterson

they're great because they represent varied lines and there are different ways they can get into different facilities and talk about how those lines complement each other. I'm working with them to increase Amylior's visibility. There are quite a few areas where we don't have representation, including New England and metro New York, and I plan to build that out.

**HME: What's Amylior's niche in the market?**

**Peterson:** We have great relationships with small independent providers, in addition to some of the nationals. They see the value of our products and that we don't have to be all things to all people. We can grow smartly and develop products

based on what the opportunities are, but we can still have products that others don't normally offer.

**HME: What might be some of those opportunities?**

**Peterson:** We're mostly known for products for really active, heavy duty users—people that really put their chair through the paces—and for bariatric users. We really believe in rear-wheel drive, especially for those users who live in rural environments and use their chairs outdoors. But we'd also love to have that basic tilt-and-recline business that everyone wants and I think once people get exposed to Amylior for their toughest stuff and they realize the quality, that other business will come. **HME**

"We really believe in rear-wheel drive, especially for those in rural environments."

## GF secures 'quick jump' in bariatrics with Gendron

BY LIZ BEAULIEU, Editor

ATLANTA — GF Health Products has significantly increased the weight capacity of its bariatric product line with its acquisition of Gendron in June, says President and CEO Ken Spett.

Gendron has a number of products with 1,000-pound weight capacities, including beds, patient lifts, transport stretchers and patient commodes.

"It bumps us up, in many cases, to double the weight limit that we've had in the past," he said.

Gendron, which has been in the "mobile patient management business" since 1871, will remain a line in the Graham-Field portfolio.

It's Gendron's longevity in the bariatric market that convinced Graham-Field to acquire the company, Spett says.

"We've been moving up the weight limits on our products slowly," he said. "But if you

can (acquire) a product line that has been tested in the field for decades, that's a quick jump for us into that market."

Gendron was also attractive because, like Graham-Field, it manufactures its products in the U.S., but from a rented facility in Ohio, Spett says.

"We're populating our facilities with their bariatric lines," he said.

Looking ahead, Gendron will help to establish a bigger presence for Graham-Field in the rental market to acute-care, long-term care and other facilities, Spett says.

"We've only been on the periphery of those markets in the past," he said.

Graham-Field, which does business in more than 60 countries, will help to take Gendron global, as the market for bariatric products expands overseas, Spett says.

"We're beginning to see demand in countries like Australia and the Middle East," he said. "We're there already, and we'll be adding the Gendron line." **HME**

## LUCI

CONTINUED FROM PREVIOUS PAGE

built onto it," Dean said. "The result will be anonymized data that can really help research and help make changes to protocols. That's the real exciting thing."

Right now, LUCI is available on the Permobil M3, M5 and F3, and soon on the

Quantum Edge at a suggested MSRP of \$8,445 through private pay. It has a number of pay-offs, Dean says, including opening up power mobility to people who haven't previously been considered good candidates.

"Like a lot of parents, I was afraid and nervous about it," Dean said. "This can help parents see how a power wheelchair can work." **HME**

## MERITS HEALTH

CONTINUED FROM PREVIOUS PAGE

"We've been in the U.S. market for close to 30 years, but the focus has always been on OEM and ODM, with a limited focus on our U.S. sales force,"

**"Where it makes sense, we're hiring direct reps. It's exciting to see that talent we're attracting."**

Merits Health still uses independent sales reps—Jones estimates 80% of its initial group of 20 reps are still selling the company's products.

"But where it makes sense, we're hiring direct reps," he said. "It's exciting to see that talent we're attracting." **HME**

Jones said. "That philosophy has changed over the last three to four years."

Merits Health still uses independent sales reps—Jones estimates 80% of its initial group of 20 reps are still selling the company's products.

## F&P

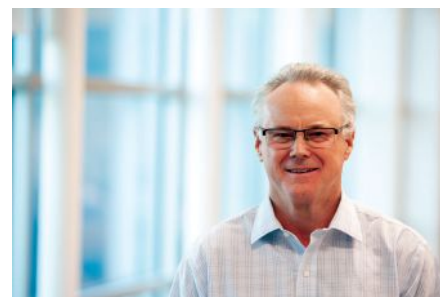
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is practically a household name among health care practitioners."

The Optiflow helped to drive an 18% increase in revenues for fiscal year 2020 compared to 2019 (14% in constant currency terms) and a 37% increase in net profit after tax (30% in constant currency terms).

F&P now plans to take the traction it's receiving in hospitals with Optiflow and apply it to the home care setting with its myAIRVO, which is used to deliver nasal high flow therapy in the home, Gradon says.

"Our future opportunity is to translate the visible benefits of Optiflow therapy for COVID patients and respiratory patients, in general, and then demon-



Lewis Gradon

strate how those same benefits can be applied using myAIRVO for patients in the home," he said.

A number of studies on the benefits of nasal high flow therapy for use in the home by COPD patients should be completed in the next few years, which should also help to accelerate growth, Gradon says.

"These have timelines of about three to five years," he said. "We expect to see these publications, along with the experiences of treating COVID-19 patients with nasal high flow therapy in the hospital, supporting the ongoing strong growth of the home application."

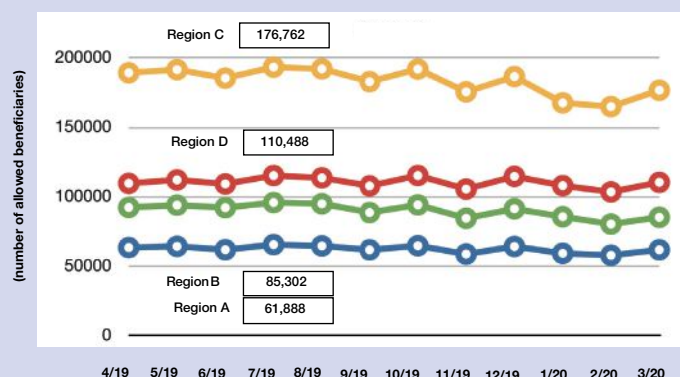
On the sleep therapy side of its business, F&P reported 9% growth in revenues for masks in constant currency terms, but Gradon cautioned about fiscal year 2021, especially the first two quarters, due to the pandemic.

"In home care, we are seeing both a lower OSA diagnosis rate and OSA mask resupply levels in the beginning of fiscal year 2021, returning to expected levels," he said. "Home care growth for the first three months of fiscal year 2021 has, therefore, been closer to the fiscal year 2020 full-year rate." **HME**

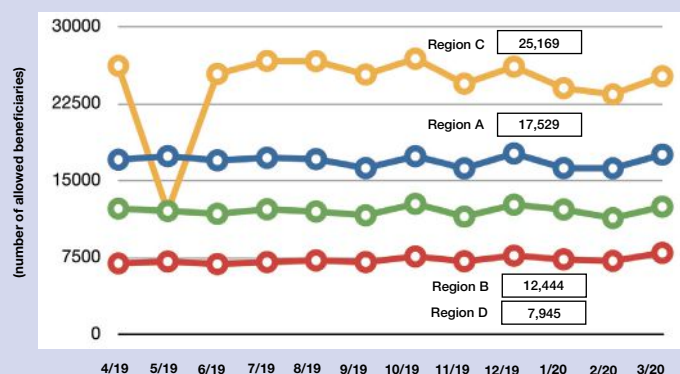


## Medicare Market Marker

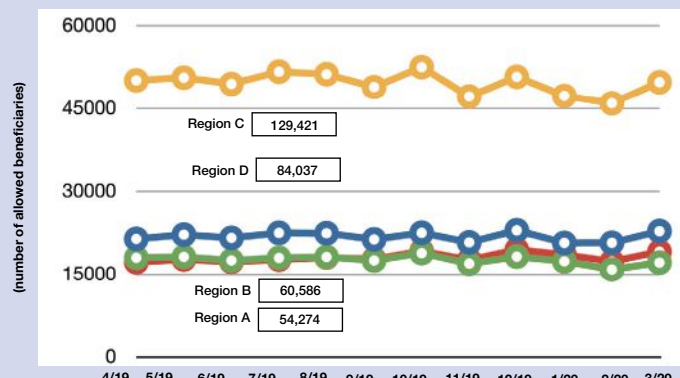
E 1390: OXYGEN CONCENTRATOR



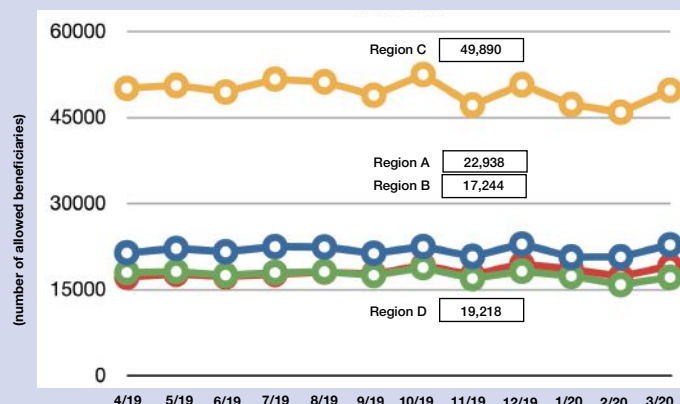
E 0260: SEMI-ELECTRIC HOSPITAL BED



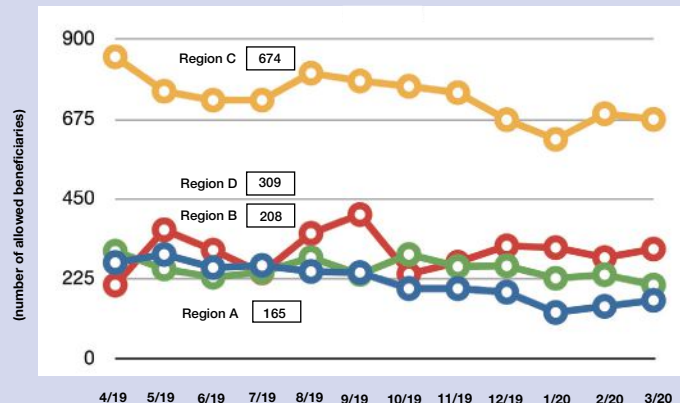
E 0601: CPAP



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 261 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](http://hmedatabank.com) to learn more.



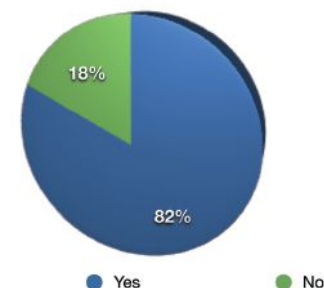
## HMENews.COM

### Most viewed stories in June

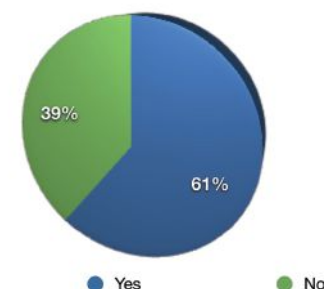
1. Decline in HME providers strains those that are left
2. Tomorrow Health tries to one-up Amazon
3. Demand for Lumin 'explodes'
4. AdaptHealth makes diabetes play, with emphasis on tech
5. Stakeholders press CMS for delay
6. Providers navigate changed environment
7. Heartland: Signs ahead point to 'growth'
8. Anthem eyes steep rate cuts

## HME NEWS POLL

Has any of your workforce been working from home during the pandemic?



If yes, has any of that workforce returned to the office?



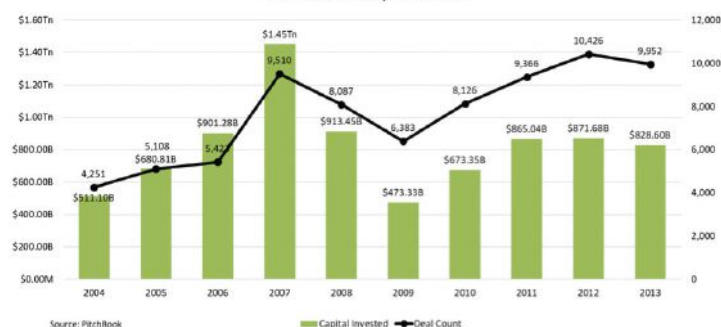
"Working staff from home brought out the best in some of the employees. Their productivity has been off the charts."  
—Anonymous

"We have slowly brought many of them back, primarily due to they were struggling to be efficient at home."  
—Anonymous

Newspoll based on 38 respondents.

## The Braff Group M&A Insider

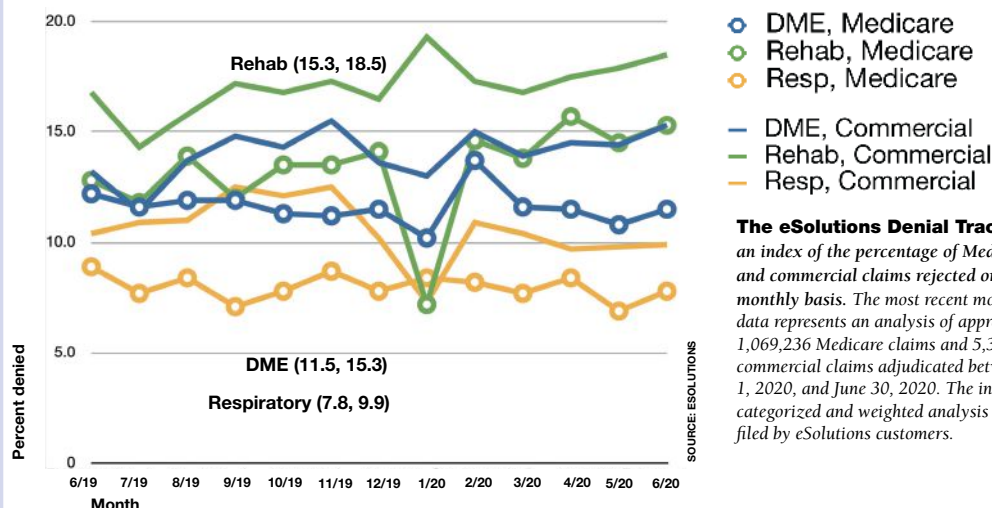
Pre and Post Global Financial Crisis Mergers and Acquisitions Deal Count and Capital Invested



This month, we examine what happened during the last global financial crisis (GFC) that cratered the world's economy in 2008-09 to gain insight into what we might expect post COVID-19. During and immediately after the collapse, the amount of capital invested fell more than 67%. But in terms of deal count, the volume dropped only 33%. Moreover, by 2012, deal count had risen to pre-crisis levels. But by 2013, total invested capital had only recovered about 50% of its 2007 peak. The takeaway? Larger transactions took a disproportionately greater, and lasting, hit than smaller deals. Buyers were willing to get back into the market, but not at the same scale. This was due not only to the rapid contraction of debt available to finance these deals, but also a flight to lower risk—the less you invest, the less you have to lose. This bodes well for health care services because by their very nature, they tend to be comparatively small transactions. Moreover, with demand for health care almost entirely inelastic, the sector tends to outperform others during market slowdowns.

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

## The eSolutions Denial Tracker



**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 1,069,236 Medicare claims and 5,305,208 commercial claims adjudicated between June 1, 2020, and June 30, 2020. The index is a categorized and weighted analysis of claims filed by eSolutions customers.



# What's New at Invacare?

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## **ETUDE™ HC Bed**

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We are coming to you LIVE on VIDEO where you will have the opportunity to interact with the presenters!

### **Webinar Learning Objectives:**

Upon completing the webinar, you will be able to:

- ▶ Understanding of Invacare's **ETUDE & AQUATEC** products
- ▶ Understand the features and benefits of these products as well as how they can assist the clients you support
- ▶ Identify opportunities within your business for retail sales
- ▶ Get access to ETUDE & AQUATEC digital assets/content to make loading to your website easier than ever

### **Presenters:**

Olivia Phillips & Muhammad Husien

**Date:** August 25, 2020

**Time:** 1:00 PM EST

### **Who Should Attend:**

Providers (DME & Rehab), ATP's, Ecommerce, Purchasing Managers, Sales Representatives

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