



■ Smart Talk columnist Samantha Lincoln offers insight on how to get the best value for your company. **See page 7.**



■ **Product Spotlight:** Check out the latest in urologicals products, like the ComfortFoam Wound Dressings from DermaRite. **See page 14.**



■ What was the reaction to CMS's recent announcement on Round 2021? **See results on page 19.**

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HME News

THE BUSINESS NEWSPAPER FOR HOME MEDICAL EQUIPMENT PROVIDERS

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EARNINGS SEASON



■ Companies now have a "playbook" on how to deal with the pandemic, said Invacare CEO Matt Monaghan on a recent earnings call. ResMed and Inogen also discussed their recent financial results. **PAGE 16**

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CMS DROPS 13 PRODUCTS FROM BID PROGRAM

Has pricing hit market equilibrium?

BY THERESA FLAHERTY, Managing Editor

WASHINGTON - Industry stakeholders hailed CMS's decision not to move forward with most of Round 2021 as a "watershed" moment, but they also criticized the agency for trying to have it both ways.

CMS on Oct. 27 announced new single payment amounts for off-the-shelf knee and back braces but not for 13 other prod-

But off-the-shelf braces see steep reimbursement cuts

BY THERESA FLAHERTY, Managing Editor

WASHINGTON - The single payment amounts for off-the-shelf knee and back braces under Round 2021 of com-

petitive bidding will be about 30% to 35%, on average, below Medicare's current fee schedule, based on a preliminary analysis by the American

BRACES SEE PAGE 13

uct categories because they did "not achieve expected savings."

"You can't have a one-way bid program," said Tom Ryan, president and CEO of AAHomecare. "You can't accept (the bids) when prices go down, and then, when they go up, not accept the reality of that. We need to work through the fog and get to where the pricing would be."

AAHomecare had a previously

PRICING SEE PAGE 7



Traveling in style

LUCI's team has been using a bus to safely travel to clinicians. See Q&A with LUCI's new head of sales, Tom Borchering, on page 16.

Verustat provides pathway to hot monitoring market

BY LIZ BEAULIEU, Editor

NASHVILLE, Tenn. - Verustat, the latest venture from Richard Roberts, Emmet Seibels and Stephen Goode, wants HME providers to be their "eyes and ears" for physicians looking for a remote patient monitoring solution to improve care for their patients.

Verustat, which launched this fall, will pay providers management fees for introducing their company and its RPM solution



Emmet Seibels



Steve Goode

to physicians, and helping them facilitate and manage those relationships.

MONITORING SEE PAGE 17

HME Woman of the Year Patty Mastandrea on the balancing act

'It was so foreign, and we had to respond, thinking of both patients' and employees' safety'

BY THERESA FLAHERTY, Managing Editor

PATTY MASTANDREA, the 2020 HME Woman of the Year, says the COVID-19 pandemic has been particularly challenging for female leaders. Here's what Mastandrea, who as CEO of MedCare Equipment Company leads 330 employees, had to say about balancing professional and personal priorities, as well as being nimble during challenging times.

HME NEWS: What impact does being a woman have, if any, on the ability to lead in challenging times? **Patty Mastandrea:** Women tend to be more sympathetic and empathetic, so it's hard because you have the challenge of interpreting the guidelines and the data, and balancing that with being a wife and mother and caring for elderly folks in your family. A lot of our workforce

has school aged children at home and nobody wants to get sick, but we also have a business to run and we are essential.

HME: What has the pandemic taught you as a business leader?

Patty: It was so foreign, and we had to respond, thinking of both patients' and employees' safety and well-being. How do we

get protective equipment during shortages? How do we create new ways to service patients? Everyone was working in fear and no one wanted to get sick.

HME: What were some of the most immediate changes you made to your patient care model under the public health emergency and what

MASTANDREA SEE PAGE 4



P. Mastandrea

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■ The Hill remains interested in what's happening with the bid program, says AAH's Jay Witter. See story page 1.

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CMS announces slight increase in Part B premiums 4

BRIEFS

FDA on oxygen therapy: Don't try it at home without a prescription

WASHINGTON - The U.S. Food and Drug Administration warned consumers not to use oxygen concentrators in their homes unless prescribed by a health care provider in a consumer update posted to its website on Oct. 30 as the number of cases of COVID-19 was spiking across the country. The agency says giving yourself oxygen without talking to a doctor first may do more harm than good. "You may end up taking too much or too little oxygen," it says. "Deciding to use an oxygen concentrator without a prescription can lead to serious health problems, such as oxygen toxicity. It can also lead to a delay in receiving treatment for serious conditions like COVID-19." The FDA also warns consumers that, as with any device, there is always a risk of an inaccurate reading with pulse oximeters used to monitor oxygen levels. The agency advises consumers to contact a health care provider if they are concerned about a reading.

VGM seeks Heartland speakers

WATERLOO, Iowa - VGM is accepting speaker proposals for its 2021 Heartland Conference, which takes place June 14-16 in Waterloo, Iowa. Organizers are looking for presenters to offer their expertise on a variety of topics, including business leadership and management, retail, sleep and respiratory, rehab, operations, sales and marketing, home accessibility, technology and regulatory. "There's no shortage of opportunity for presenters at the Heartland Conference," said Kayla Mahler, Heartland education chair. "It's the perfect place to bring visibility and quality leads to their business. But, more than that, it's the community—it's the sharing of ideas and inspiration that lets you make a real impact on the industry as a whole." Proposals are due Dec. 18. Those interested should visit www.vgmheartland.com/speak to complete the online form, or contact Kayla Mahler at kayla.mahler@vgm.com or Jill Blaser at jill.blaser@vgm.com, or call 855-755-6922.

CMS on exchanges: More choice, lower premiums

WASHINGTON - Premiums for HealthCare.gov plans are lower for the third consecutive year, according to a new report from CMS. The average premium for the second lowest silver plan, or benchmark plan, on the federal health care insurance exchanges dropped by 2% for the 2021 coverage year, the report shows. "Our changes to the regulations and how we have managed the exchanges have proven to be more effective than previous administrations," said CMS Administrator Seema Verma. Overall, there has been an 8% reduction in premiums across the exchanges since the 2018 coverage year, according to CMS. The report also shows that 22 more issuers will offer coverage on the exchanges in 2021 for a total of 181 issuers delivering more choice and competition for consumers.

DIGITAL HEALTH

Providers see remote monitoring in new light

BY LIZ BEAULIEU, Editor

REMOTE MONITORING technology may be commonplace for home sleep therapy, but it's also becoming more common for other therapies and for other uses due to the COVID-19 pandemic, according to a recent HME Newspoll.

Right behind CPAP devices in its use: ventilators and, increasingly, oxygen concentrators, respondents say.

"We use remote monitoring for all PAP therapy and ventilators (if they have

the capabilities)," wrote Sean Denning of Corner Home Medical in Minnesota, one of the 91% of respondents who say they provide devices with remote monitoring technology. "We're also moving to more oxygen devices that will also be monitored remotely."

Memorial Home Services in Illinois also uses remote monitoring in CPAP devices and vents and is now putting the wheels in motion to leverage the technology for oxygen, as

well.

"We have purchased technology to begin using remote oxygen equipment monitoring but have not started that yet," wrote Lori Valentine.

Of course, providers were pushed to leverage remote monitoring in CPAP devices several years ago, due to Medicare's requirement that they show patient compliance for continued

NEWSPOLL SEE PAGE 4



Stakeholders push CMS to cover new technology

BY LIZ BEAULIEU, Editor

WASHINGTON - Advamed and CapView Strategies make the case for covering digital health technology under the existing DME benefit in a new 56-page white paper titled "Modernizing Medicare Coverage of Digital Health Technologies."

The groups recommend that CMS create a regulatory pathway under the DME benefit for software or an application that is "primarily and customarily" used to serve a medical purpose but can be used on any device that can satisfy the

durability requirements, including home computers, smartphones and iPads. This would, effectively, divide the regulatory requirements for DME between the software and the home device used to display the software/application.

"Our most important finding is that coverage can be modernized through Medicare's existing benefit structure," said Lu Zawistowich, president and founder of CapView Strategies, a health policy consulting firm. "No new structures need to be created."

The groups recommend that all other

DIGITAL HEALTH SEE PAGE 4

AAH submits comments on product innovation

WASHINGTON - CMS needs to move away from the gap-fill methodology and develop an alternative payment system, AAHomecare urges in comments to a recent proposed rule on innovation and technology.

The association says a new payment system would ensure appropriate payment and access, should a device receive approval under the proposed "Medicare Coverage of Innovative Technology" (MCIT).

CMS has proposed MCIT as a streamlined pathway for "FDA-designated breakthrough medical devices" to get Medicare coverage. The agency's rule also proposes codifying the definition of "reasonable and necessary" that will be used under the MCIT and other coverage determinations, such as NCDs and LCDs.

AAH's other points include:

The association disagrees that a product must be within a benefit category to be eligible under MCIT. This restriction seems at odds, it says, with the intent to open coverage to innovative technology which, often by definition, will not fit in an established benefit category.

It believes the agency should consider including digital therapeutics, which currently don't have a benefit category, under the existing benefit category of DME.

It supports the agency's proposal to codify the current Program Integrity Manual definition of "reasonable and necessary" with some modifications.

It supports the addition of commercial plan coverage language, as long as the agency is transparent about the evidence it uses to determine that individuals covered under commercial plans are clinically different from Medicare beneficiaries.

It requests CMS to abandon its restrictive interpretation of the "in-the-home" language in Section 1861 of the Social Security Act for coverage of DME to improve beneficiary access for rehab and assistive technology. **HME**



HME industry gives thanks for McMorris Rodgers

HME providers attended a virtual visit with industry champion Rep. Cathy McMorris Rodgers, R-Wash., on Oct. 14. The event was hosted by Norco, PAMES, AAHomecare, Pride Mobility and VGM. Attendees had the opportunity to address issues and to thank her for her work on two industry bills. McMorris Rodgers in September introduced H.R. 8158, a bill that would waive the budget neutrality offset for stationary oxygen products. She also spearheaded a bill that would make permanent the 50/50 blended reimbursement rates in rural areas.

BRIEF

CMS announces increase for Part B premiums

WASHINGTON - The standard monthly premium for Medicare Part B enrollees will be \$148.50 in 2021, an increase of \$3.90 from 2020, CMS has announced. The annual deductible for Medicare Part B beneficiaries will be \$203 in 2021, an increase of \$5 from 2020. Previously, in September, CMS announced that the average monthly premium for Medicare Advantage is expected to decrease 11% to \$21 in 2021. "With the 2021 Medicare Part B premium information now available, I encourage everyone with Medicare to take time over the next four weeks to review their options during Medicare Open Enrollment," said CMS Administrator Seema Verma. "Thanks to President Trump's leadership, Medicare Part B premiums remain steady and seniors have more plans than ever to choose from, many new benefits and historically low Medicare Advantage and Part D premiums." Medicare Open Enrollment started on Oct. 15 and runs through Dec. 7. CMS says Medicare spending is estimated to grow in 2021 due to people seeking care they have delayed during the COVID-19 public health emergency, availability of more COVID-19 treatments and availability of COVID-19 vaccines.

MASTANDREA

CONTINUED FROM PAGE 1

has been the resulting impact?

Mastandrea: We set up virtual and website training, so patients and families could go online and watch videos. We really went to a virtual world. We also introduced a chat feature. There are more options to communicate to the outside world. Satisfaction has increased. Our setup time on CPAP decreased and compliance increased.

HME: Did the pandemic force you to accelerate changes already in the works?

Mastandrea: In health care, we tend toward overthinking and rethinking before we implement changes. March 16 changed our world. We really streamlined our operations and implemented standard work

"As a voice for the patient, I can make a difference."

processes – things we talked about for a long time. How do we become the Amazons of the world without storefronts and provide quality products to their door?

HME: What does the HME WOY recognition mean to you?

Mastandrea: It's a very big honor. There's a lot of bright women in the industry who are game changers. Everyone involved in HME is a patient advocate and works hard. I'm very passionate and I believe as a voice for the patient, I can make a difference in the industry. **HME**

DIGITAL HEALTH

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non-software components should be covered and coded independently as DME and/or supplies and not bundled into the software supply allowance/payment rate. If software is covered as DME, then major or clinically meaningful updates should be covered as supplies. Currently, routine updates are considered normal/routine servicing of digital health technologies.

The white paper's origins go back several years, when a number of digital health companies joined AdvaMed and spoke with the association about exploring possible pathways for Medicare coverage for their technologies.

"They anticipated challenges in getting Medicare coverage," said Richard Price,

senior vice president of payment and health care delivery policy at AdvaMed.

And rightly so. The groups point to a broken system that, on the one hand, covers insulin pumps and CGMs, for example, but on the other hand doesn't cover the algorithm that allows the two devices to speak to each other.

"(Under the current structure), it's unclear how the algorithm would be covered, or at all," Price said.

The groups point out that digital health has a proven track record. ResMed and their provider partners, for example, have increased the adherence rate for CPAP therapy to 87% and, as a result, reduced costs to the health care system by 50%.

"Digital health has an incredible return on investment," said Mick Farrell, CEO of ResMed and AdvaMed board member. **HME**

NEWSPOLL: REMOTE MONITORING

CONTINUED FROM PAGE 3

reimbursement.

"We do not have a choice: Insurances were on remote monitoring long before COVID," wrote one respondent. "If providers want to bill certain insurances, you need access to patient data."

Even for CPAP devices, though, respondents say they're now using remote monitoring for more than just

compliance.

"We remote monitor all of our PAP devices," wrote Lynn Allen of The PromptCare Companies in New Jersey. "We did prior to COVID, primarily for compliance purposes, but now we utilize the technology and either a video chat or phone call to follow up on the patient remotely." **HME**



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Count the bids

THE BIG news story as we were putting together this issue was the election and the herculean efforts by various states to count the unprecedented number of absentee and mail-in ballots, a task that stretched out well beyond the Nov. 3 vote.

The chants – count the votes by some, and stop the count by others – got me to thinking about CMS's recent decision to drop 13 product categories from Round 2021 of competitive bidding.

When the news broke, there was a first wave of relief – the industry had been lobbying CMS to pause Round 2021 due to the current public health emergency and, in essence, this did just that for everything but off-the-shelf knee and back braces.

But then there was a second wave – of aggravation. CMS decided not to move forward with the new SPAs because they came out higher than the previous SPAs – previous SPAs that were set using an unfair bid process that has since been modified.

The agency's exact words: "CMS is not awarding competitive bidding contracts for any of the 13 product categories for Round 2021 that were previously competed because the payment amounts did not achieve expected savings."

When my thoughts about voting and bidding collided, I found myself chanting, count the bids, count the bids.

Which brought me back to some of the initial reactions to CMS's announcement on twitter. "This is prime 2020 absurdity," tweeted Tyler Riddle, a provider in Geor-



LIZ BEAULIEU

gia. "CMS acknowledged the program needed reform and now they are admitting that their reform resulted in higher pricing. Doesn't the law state the bidding program MUST be followed and implemented?!"

It turns out the law allows CMS to abstain from moving forward with the program if it doesn't achieve savings, according to stakeholders, so there won't be any lawsuits trying to force the agency to implement the Round 2021 single payment amounts for those 13 product categories.

But there are plans to try and hold CMS accountable for them.

Tom Ryan, AAHomecare's president

and CEO, wrote in Nov. 4 bulletin to members: "In a call with CMS leaders this morning, I asked the agency to provide transparency on these results on the 13 product categories were bid. That information will be important to our work to advocate for sustainable rates and relief in the near-term and beyond."

Managing Editor Theresa Flaherty's with you Tom Ryan. She suggested we file a Freedom of Information Act request for those single payments amounts when CMS made its announcement on Oct. 27 and formally file a request we did on Nov. 3.

At the end of the day, the bids providers submitted for 13 product categories as part of Round 2021 may not be litigated but they won't be wasted.

Count the bids. **HME**



NEW NORMAL

Wear a mask and carry on

TV SHOWS have begun having their fall premieres and as I settled in recently to watch a few (Chicago PD, Grey's Anatomy, Rise Up), I found myself transported more than once back to the early days of the coronavirus pandemic, when so much was unknown and scary, and yet, seemed so temporary. When I bailed on my office March 17 with the speed of one abandoning a city falling to invading troops, I honestly thought I'd be back in a week or 10 days. I'm sure most of us did.

I think we all know how that turned out.

The aforementioned shows have both portrayed those early pandemic days in flashbacks and brought us forward to the unpleasant reality that we find ourselves in – a sort of masked limbo from which we cannot escape.

Lo these many months, I've adapted,

donning my mask almost as automatically as grabbing my car keys. I don't linger in stores, though I have finally eaten out on a few occasions. I make few plans, but I do make them. After all, life must return to some semblance of normal, however new that normal is.

Flipping through the pages of the December issue of HME News, I can see that much of our coverage reflects that new normal, as well. While we are no longer churning out stories about those early days of PPE shortages and ramped up ventilator production, the pandemic's impact is felt in the reporting: in the quarterly earnings calls, in



THERESA FLAHERTY

the announcement of virtual events, in the way people live and work.

I spoke with HME Woman of the Year Patty Mastandrea (page 1), who summed much of the dumpster fire that has been 2020, as we talked about leading in challenging times.

"Our world changed March 16," as she so succinctly put it.

We also talked about balancing acts, something that most of us had to face like never before. We did it, we are still doing it and we will keep on doing it. We have no choice.

But I'm optimistic, despite signs the coronavirus is coming back around for another hit. CMS seems to have hit bottom with the competitive bidding program, providers are finding new ways to do business and there's a new president transitioning to power.

Here's to a new year ahead and a new normal. Whatever that may be. **HME**

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When I bailed on my office on March 17 with the speed of one abandoning a city falling to invading troops, I honestly thought I'd be back in a week or 10 days. I'm sure most of us did.

LEADERSHIP



Make your list

BY SARAH HANNA

Q. I have so much on my “to-do” list that I get overwhelmed and end up not accomplishing the important things. How do I determine the priorities so I can hit my goals?

A. You are not alone in feeling overwhelmed from too many

items on your list. New tasks are added daily while others seem to stay without any movement. Continual prioritization is needed to ensure you are addressing the most important and timely items.

When prioritizing, be sure to include meetings that are scheduled to know your available time in a day. Each morning, evaluate your list and determine importance. Consider the length of time it will take you to complete each task. Based on timeframes, determine what can be done that

day.

There are many schools of thought regarding prioritization. Below are just a few.

OPTION 1:

Items that need to be completed now; items that can be completed later; tasks that can be delegated; tasks that can be removed because they are “pie-in-the-sky” projects that sit with no movement; and tasks that will take five minutes or less.

OPTION 2: STEVEN COVEY PRIORITY MATRIX

Urgent and important; not urgent and important; urgent and not important; not urgent and not important

OPTION 3:

Assign each task a priority (1-10). You shouldn't have two No. 1 tasks. If there are multiple steps to be taken to meet the due date, divide that item into smaller tasks. Rank tasks based on level of importance and urgency, not easiest.

There's also the Pareto Principle (80/20 Rule). This rule claims that 20% of your activities

account for 80% of your results. To decide your 20%, pick your top 1 to 3. These are your “Most Important Tasks” (MITs) - critical tasks that create the most significant outcomes focus on completing those that day.

Try one of these organization methods to see which fits. If one doesn't work, try another. Stay diligent and you will see your list shrink. **HME**

Sarah Hanna is CEO of ECS North. Reach her at sarahhanna@ecsbilling-north.com, 419-448-5332 ext. 102.

M&A



Understand what value encompasses

BY SAMANTHA LINCOLN

Q. When selling my business, how can I know I'm getting the best value?

A. To have confidence you're receiving the best value, consider the following:

WHAT CONSTITUTES VALUE

First, I want to emphasize that the best value may not necessarily be the best price. Value encompasses the entirety of the offer, including timing, price and form of consideration (ie. cash, stock, seller notes, earnout), as well as what happens to your brand, your team, your location, and how tied you are to the business going forward.

KNOW THE MARKET

Understanding values of recent M&A transactions for businesses of similar size and specialty will

give perspective on where your offer stands in a range of market multiples. Multiples are typically considered as enterprise value to adjusted EBITDA, on a cash free debt free basis. Private transaction details are rarely disclosed, even in public company SEC filings, so getting an accurate picture can take some digging. An industry specific M&A adviser with proprietary information should be able to provide valuable insight, while maintaining required confidentiality.

KNOW YOUR BEST BUYER(S)

Where there's one buyer, there's often more than one. What is it about your business that creates heightened interest with a select buyer pool? Do you have a high value product line, attractive contracts, better customer retention, fill a geographic gap, or something else? Your value-add might be different for different buyers. Make sure to incorporate “addbacks” and potential “synergies,” which directly (and often dramatically) impact price.

MANAGE A PROCESS

Like real estate, the best price and terms are usually reached with multiple offers, in full detail, received within hours of each other, so they can be assessed and negotiated simultaneously. Having backup buyers in the wings keeps your chosen buyer on notice to complete diligence and closing on the agreed timing and terms. **HME**

Samantha Lincoln is a managing director at Paragon Ventures. Reach her at 415-786-8153 or slincoln@paragonventures.com.

RESUPPLY PROGRAMS



Optimize patient engagement

BY MARK BOARDMAN

Q. How do I optimize patient engagement for maximum revenue and retention?

A. Increasing patient engagement results in improved compliance rates and resupply revenue per patient. The question is how to

optimize and maintain those levels of engagement and retention.

OMNI CHANNEL VS. SINGLE CHANNEL

By studying customer engagement programs from other industries, we learned that the most successful programs utilize an “omni-channel” approach to optimize engagement. This method enhances the standard “one-size-fits-all” approach into a customized outreach campaign that integrates multiple forms of communication to best align with an individual's preference.

The three channels most com-

monly used for CPAP programs are IVR, live call and texting.

IVR-AUTODIAL

IVR, commonly known as auto-dial, is the most widely used single-channel approach in our industry. Its patient connection rate ranges between 13% to 18%, which is standard for auto-dial campaigns across most industries. Studies have shown that auto-dial is the least preferred form of outreach by patients producing an average of 1.2 to 1.6 resupply orders per patient on an annual basis. Traditionally it has been the least expensive program to

implement prior to texting.

LIVE CALL

Live call is the preferred form of outreach by patients, resulting in connection rates between 40% to 60%. A successful outreach campaign utilizing live-call produces an annual average of 2.8 to 3.2 resupply orders per patient generating an ROI of 2:1 over IVR. However, implementing a live-call program can have its challenges due to staffing and time management.

TEXTING

Texting is gaining in popularity as a channel that patients prefer and

respond to. Program metrics show that of the 50% of patients who opt in for a texting program 68% of them respond.

In the outreach programs HME providers have us design for them, we are finding that the integrated, omni-channel solution utilizing live call and texting is producing the best patient engagement with leading ROI results. **HME**

Mark Boardman is the CEO of Sleep Coaches, experts in CPAP program management. You can reach him at mark@sleepcoaches.com.

CBD



CBD: Keep it simple

ANDREA MANGINI

Q. What kinds of CBD should I be recommending for pain?

A. CBD is widely accepted as a treatment for both acute and chronic types of pain due to its clinically

proven effects on inflammation, but as we all know, different types of pain require different types of treatment and CBD can help in most cases. If you're unclear on how to navigate all the products in the market, my advice is to keep it simple.

I always recommend a full spectrum or, at the very least, a broad spectrum CBD extract for any use due to the added benefits and increased effectiveness cre-

ated by the entourage effect, but different delivery methods should be utilized for the best treatment.

The obvious choice for topical pain is, of course, topical creams and roll-ons. These provide immediate relief for acute pain, muscle strains, post work out recovery and cramping due to arthritis.

Capsules and oils are easy to build a routine around and can be beneficial for chronic pain sufferers, especially if that pain is neuropath-

ic. A daily regimen is also beneficial for people who suffer from reoccurring migraines, cancer-related pain, fibromyalgia and spasticity associated with multiple sclerosis.

Since arthritis tends to be more of a chronic issue, the best course of treatment would be to combine a daily capsule regiment with the addition of topicals for flare ups.

The difficult element to this is dosing and it's going to be trial and error for most people, as it

varies widely between people who suffer from different levels of pain and who may metabolize things differently. While topicals can simply be rubbed on as needed, oils and capsules will need to be started at a low dose and increased slowly until a comfort level is found. **HME**

Andrea Mangini is a freelance CBD marketing consultant. Reach her at andrea.mangini@gmail.com.

PRICING

CONTINUED FROM PAGE 1

scheduled meeting with CMS officials in early November and program transparency was at the top of the agenda, Ryan said.

CMS on Oct. 27 also published a proposed rule in which it proposed continuing to pay higher 50/50 blended reimbursement rates in rural and non-contiguous bid areas but not the 75/25 blended

reimbursement rates in non-rural, non-bid areas, which will revert back to 100% of adjusted payment amounts on April 1, 2020, or whenever the PHE ends.

“That's not good, especially if CMS admitted the pricing would have gone up,” said John Gallagher, vice president of government relations for VGM. “It leaves us with pricing that's not going to work.”

Additionally, stakeholders would like some clarification on whether

CPI increases will be applied in bid areas. The 2020 fee schedule included, for the first time in several years, increases of 1.6% to 2.4%.

The proposed rule also leaves the door open to future rounds of bidding, says Cara Bachenheimer, chair of the healthcare group at Brown & Fortunato. CMS says in the rule that for the 13 product categories left out of Round 2021 it's considering whether to simply extend the current fee schedule

adjustments until “new single payment amounts are calculated for the items once competitive bidding of the items has resumed.”

“They could do bidding in three years and might propose additional changes to the program,” she said. “They could do it the same way and reach the same conclusion. The leeway is in how they are establishing the rate.”

Whatever CMS decides to do next, it's clearer than ever that com-

petitive bidding is “fatally flawed,” say stakeholders, who plan to hold up recent developments as further proof of that when they talk to Congress, particularly when it comes to pushing H.R. 2771 over the finish line, says Jay Witter, senior vice president of public policy for AAHomecare.

“Now that we have brought some stability to the program, we can focus on reimbursement,” he said. **HME**



AdaptHealth seeks to 'unlock' diabetes market

BY THERESA FLAHERTY, Managing Editor

PLYMOUTH MEETING, Pa. - The diabetes market is a "high priority" for AdaptHealth as it seeks both strategic and organic growth, say company officials.

The company, which closed on Solara Medical Supplies in July, acquired several additional supply and home medical businesses in the third quarter, most recently Pinnacle Medical Solutions, a provider of diabetes supplies, including continuous glucose monitors and insulin pumps.

"We like the landscape in diabetes," said CEO Luke McGee during a recent earnings call. "There's robust growth in terms of new patients, but Medicare only started covering CGMs in 2017, so we're relatively early in the census where new starts outweigh attrition. We have yet to unlock (that market)."

AdaptHealth reported net revenues of \$284.4 million for the third quarter of 2020, a 108% increase over the same quarter one year ago. Adjusted EBITDA was \$53.2 million vs. \$31.7 million.

One way AdaptHealth is trying to "unlock" the diabetes market: The company has launched an e-prescribing pilot program for CGMs with a

goal of driving up the number of paperless orders to 50%, from about 30% right now, says President Josh Parnes.



Luke McGee

"The real friction point with providers is on the new order," he said. "We believe e-prescribing will help us increase turnaround times."

In the sleep therapy market, after a COVID-19 related decline in the second quarter, new referrals have rebounded to about 90% of what they were pre-pandemic, says Jason Clemens, CFO.

"As elective procedures have come back, so have referrals," he said. "There's also a growing reopening of sleep centers, as volumes revert to normal levels."

Company officials also commented on CMS's recent decision to drop most product categories from Round 2021 of its competitive bidding program, saying it didn't come as a big surprise.

"We didn't expect there would be savings, but increases," said McGee. "The market has told CMS they have found the bottom and maybe even below the bottom." **HME**

Hub's expands amid pandemic

'There are counties where we're the only ones'

BY TRACY ORZEL, Contributing Writer

SELINGSGROVE, Pa. - It's one thing to open a new store under normal circumstances, it's another to open one during a global pandemic. But that's exactly what Hub's Home Oxygen & Medical Supplies did when it opened its seventh location in August.

Located in a former Sears building, the 4,200-square-foot location will allow the company to serve its growing customer base.

"We've been planning this



Eric McNulty

location for about a year-and-a-half, so we had this well planned long before COVID-19," said Eric McNulty, vice president of

business and finance. "We had to make the commitment to say we're going to continue with it. We were planning on opening in July of 2020 and we ended up opening the doors August 3. With the pandemic, we were extremely happy with our timeline."

Founded in 1955 as a wholesale distribution company selling medical supplies to doctors, hospitals and nursing homes, Hub's turned to DME in the late 1970s and now offers oxygen concentrators, nebulizers, CPAP and BiPAP devices and supplies, wheelchairs and more.

One bright spot for Hub's was how quickly it received its Medicare number and Joint Commission inspection for the new location. Plus, federal funding from the Paycheck Protection Program helped keep their employees

HUB'S SEE PAGE 18

Buyers gonna buy, but with later payouts

BY THERESA FLAHERTY, Managing Editor

DESPITE THE challenges of 2020 and the havoc the COVID-19 pandemic has brought to bear on the economy, Brad Smith is bullish on the M&A market for HME. Vertess closed on four deals in the second and third quarters, and is teed up for an even busier Q4 and beyond.

"The strategic buyers are extremely active," said Smith, managing director/partner at the firm. "There are also buyers outside the industry coming in, buying into health care and looking for a platform."

Smith spoke with HME News recently about the ongoing impact of COVID-19, as well as the outlook for next year, with a new president-elect and a halt to the competitive bidding program.

HME NEWS: The fourth quarter has already seen competitive bidding all but cancelled and the election of a new president. What kind of impacts do you expect these to have on transactions, if any?

Brad Smith: With competitive

BRAD SMITH SEE NEXT PAGE



Brad Smith

BRIEFS

Spiro Health grows

SANDWICH, Mass. - Spiro Health has acquired Absolute Respiratory Care in Johnston, R.I., further cementing its presence in New England and the Northeast. Absolute Respiratory Care offers a full range of home medical equipment and supplies with a focus on sleep services. Through wireless monitoring, the provider has created a touchless telehealth model for sleep therapy. Spiro Health has operations in eight states and the District of Columbia. In October, Spiro Health acquired Burlington, Vt.-based The Medical Store.

Protech sleeps well with latest acquisition

CINCINNATI - Protech Home Medical has acquired Sleepwell, a company based in Georgia with unaudited trailing 12-month annual revenues of about \$13 million. The company provides sleep services in the Southeastern corridor, as well as Dayton, Ohio, which is a new market for Protech. It adds five locations and 15,000 active patients to Protech's roster. Dave McLeod, a 12-year veteran of the industry, will join the Protech executive team as director of sleep services. Protech now has 48 locations across the U.S., 110,000 active patients and 17,000 unique referrals. The company has made a number of acquisitions this year, including Buffalo Grove, Ill.-based Health Technology Resources.

CQRC promotes bill during National Respiratory Care Week

WASHINGTON - The Council for Quality Respiratory Care celebrated National Respiratory Care Week, Oct. 26-31, by promoting H.R. 8158, a bill that would eliminate the budget neutrality requirement for home oxygen services, supplies and equipment. The annual event, sponsored by the American Association for Respiratory Care, recognizes the critical role that respiratory therapists play in promoting patient health. The CQRC commends RTs for their efforts to ensure continued access to care, even as outdated Medicare policies like the budget neutrality requirement threaten to limit beneficiary access to home oxygen supplies and equipment.

CareCentrix offers home health report

HARTFORD, Conn. - CareCentrix has published a report, "Health-at-Home 2020: The New Standard of Care Delivery," that offers a deep dive into current attitudes about home health care and demonstrates why the trend toward care at home is in the best of interest of payers and patients. The report also includes perspectives from providers and policymakers who look at growing opportunities in home health care. Report highlights include: 95% of payers agree treatment at home is often more cost effective in the long term than treatment in a facility; 95% says supportive care and coaching at home can extend the reach of the primary care provider; and 48% have already expanded home health care options.

Communication is key, say business leaders

BY TRACY ORZEL, Contributing Writer

ATLANTA - What lessons has the COVID-19 pandemic taught HME leaders? How to communicate, and then communicate some more, they say.

"We communicated a lot early on and then it started to feel unnecessary, like we were overburdening people with information," said Gary Sheehan, CEO of Spiro Health, who participated in the panel discussion "Lessons learned for the long haul" during the Medtrade Virtual Conference in November. "We pulled back



Gary Sheehan



Josh Marx

team."

Joining Sheehan on the panel were Miriam Lieber, president of Lieber Consulting, as moderator; Josh Marx, managing direc-

tor of sleep and vice president of business development at Medical Service Company; and Allen Clark, president and CEO of Performance Modalities/Performance Home Medical.

Leaders have also learned that communication extends beyond their companies, with Clark's biggest lesson being talking to his peers.

And while communication from and at the top is important, it's equally important to get feedback from below. During the pandemic, the most important data came

LESSONS LEARNED SEE NEXT PAGE

LESSONS

CONTINUED FROM PREVIOUS PAGE

from his employees, says Marx. He asked simple questions like, do you feel supported by your manager, do you have a best friend at work, do you have the things you need to be successful?

"We always talk about taking care of the patient and that being the guiding principle," he said. "But what we really learned was, taking care of our people is right ahead of that, and they will take care of the patient."

What's more, given the spike in COVID-19 cases across the country and an increasing sense of pandemic fatigue among employees, communication can save lives, says Sheehan.

"What they do in terms of bars, restaurants, parties and socializing could really derail a medical service company's business, so I think you need to be prudent and open and honest in a situation like this," he said. "It doesn't have to be an either/or. There's a mature middle and as a leader it's our responsibility to find it." **HME**

BRAD SMITH

CONTINUED FROM PREVIOUS PAGE

bidding, we have that transparency now. Companies now know there's some stability and it helps them prepare for the future. With the election, we know who the president is, so maybe transactions will speed up. But even if Biden has his way (with tax reform), I doubt he would implement that in his first year because the economy is not recovering yet.

HME: What impact has COVID-19 had on valuations?

Smith: Doing valuations and transactions is always backward-looking and it's difficult to show those COVID dips in April and May as a one-time anomaly that is not going to happen again. What that manifests as is a risk component, so we are still seeing better valuations and higher multiples; however, those are coming in the form of later payouts, not cash at closing. That's because of the risk—buyers are willing to pay more but they want to make sure they are getting the return they expect so they pay out later.

HME: What's the impact of the uptick in COVID-19 cases that we're now seeing?

Smith: It there's a full lock-down, it will have an impact on performance. People won't be able to see their physician and that will trickle down. However, for outside investors, it has been eye-opening. They are saying, "Maybe we do need to be in health care. Home care is very viable." **HME**

Providers commend CMS on changes to Round 2021

WASHINGTON - CMS's decision not to push forward with the majority of Round 2021 of the competitive bidding program has been met with support from numerous providers.

CMS on Oct. 27 announced new payment amounts for off-the-shelf back and knee braces but not for 13 other product categories, including CPAP and oxygen therapy, because there were no expected savings.

In light of the ongoing public health emergency, it's the right thing to do, says Casey Hoyt, CEO of Viamed Healthcare.

"While the current pandemic is ongoing, we believe these types of program changes are big signals

from CMS that our country must expand access to home care for a growing population of patients desperately needing to be treated out of harm's way from COVID-19," he said.

The agency's decision means it's likely CMS has neared the reimbursement floor for these product categories, providing some stabil-

ity for the industry in the foreseeable future, says Greg Crawford, CEO of Protech.

"As the COVID-19 pandemic continues, we must continue to build our capacity as an industry to provide the upmost level of care to the growing number of patients that require home-based health-care solutions," he said. **HME**



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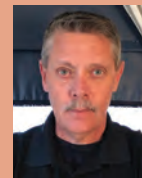
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COMPLEX REHAB MANUAL WHEELCHAIRS

Relief for accessories moves forward

Last step: 'We just need to make a small policy change,' Clayback says

BY LIZ BEAULIEU, Editor

WASHINGTON - CMS took the next step in permanently exempting complex rehab manual wheelchairs and accessories from Medicare's competitive bidding program in a proposed rule published on Oct 27.

Congress late last year passed a bill telling CMS to do just that, and the proposed rule "takes those components and puts them into the statutes

and regulations around competitive bidding," says Don Clayback, executive director of NCART.

"It was the expected next step, in terms of finishing the process of a permanent exemption," he said. "But we still have one last step to go."

Unlike for complex rehab power wheelchairs, CMS still applies bid-related pricing for accessories for complex rehab manual wheelchairs. Thanks to the bill passed late last year, however, that practice is on hold for 18 months until July 1, 2021.



Don Clayback

Most recently in late September, champions led a sign-on letter in the House of Representatives to apply pressure on the agency.

"Congress did their job (with the bill) and when we went back to them and asked them

Stakeholders and their champions in Congress are using the break to get CMS to permanently stop that practice.

to help us amplify our request, they stepped up again and got 41 signatures on the letter," Clayback said.

CMS has not applied bid-related pricing for accessories for complex rehab power wheelchairs, since July 1, 2017, but it has for complex rehab manual wheelchairs since Jan. 1, 2016.

"We just need CMS to make a small policy change to ensure that people with disabilities are treated equally, whether they use a complex power wheelchair or a complex manual wheelchair," Clayback said. **HME**



FODAC recognized

FODAC has received the Mayor's Business Award for giving back to the community. Since 1986, FODAC has collected and distributed DME to disabled residents and their families. "FODAC really is an example of where our business and philanthropic communities intersect," said Tucker Mayor Frank Auman. FODAC gives away approximately \$9 million in DME each year. Accepting the award from Auman (second from right) are Scott Schwartz, Sandra Guthrie, Chris Brand and Laurie Ann Kimbrell (left to right) of FODAC.

NRRTS launches new certification

Organization also announces new partnership, award winners during virtual open meeting

BY LIZ BEAULIEU, Editor

THE FIRST course in NRRTS's new CRT Supplier Certificate Program will be available by the end of the year, Weesie Walker announced during the organization's virtual Open Meeting on Oct. 28.

"It's near and dear to my heart," said Walker, executive director of NRRTS. "This will be the first CRT supplier-focused program that will give people the knowledge and baseline of what they need to know as a CRT supplier."

In 2019, when NRRTS was in the beginning stages of developing the new program, Walker acknowledged that there are already a number of creden-



Mike Barner



Tom Simon

tials and certifications in the complex rehab industry - there's the CRTS from NRRTS, and the ATP and SMS from RESNA - but she said the new program would serve as "entry level training" that would help get professionals interested in seating and mobility.

NRRTS UPDATE SEE NEXT PAGE

Key to creative complex rehab solutions? Listening, says ATF Medical's Kevin Wallace

BY TRACY ORZEL, Contributing Writer

WOODBIDGE, Va. - When an injured worker told Kevin Wallace, a rehab specialist at ATF Medical, that he was looking for a special stroller to take his 2-year-old daughter with him safely on rides through a nearby state park, Wallace just listened.

"That's why God gave you two ears and one mouth, so

you can listen first and talk later," said Wallace. "So I listened and did research, and found that there was really nothing on the market that was what he was looking for."

The client was injured one year ago when a 1,700-pound pallet fell on him, leaving him a complete paraplegic. Later he developed an infection in his leg, resulting in an amputation.

Unlike HME providers that are governed by Medicare and other insurance restrictions, ATF Medical is a workers' compensation provider, so "if we see a need, we can meet it," said Wallace, "and that's why there's so much more access."

Wallace made a mount for a rack, connected it to a free-wheel extension and attached a toddler seat above the third

ATF MEDICAL SEE NEXT PAGE



THE CLIENT WANTED to be able to take his daughter with him on rides through the park.

BRIEFS

Rehab Medical opens 4th location in Indiana

INDIANAPOLIS - Rehab Medical has opened an additional office here, its fourth in the state. The provider employs 10 ATPs and numerous sales professionals at the office. "This new location allows us to get our patients the equipment they need quickly, while providing the quality of service that our patients need and deserve," said Director of Sales Jason Neu. "Rehab Medical is here to improve lives and we look forward to being able to do that at a high level for many years to come." Headquartered in Indianapolis, Rehab Medical provides mobility services to patients across 14 states.

Numotion expands Upstate presence

BRENTWOOD, Tenn. - Numotion has opened a location in Buffalo, N.Y., its fourth in the upstate area and its fifth in the state. The new location builds on Numotion's acquisition of Syracuse-based Monroe Wheelchair in February. The new location will be staffed by an assistive technology professional, and additional dedicated service and support teams. Numotion currently has locations in the state in Rochester, Syracuse, Albany and New York.

NSM expands workers' compensation team

NASHVILLE, Tenn. - National Seating & Mobility has added Cynthia Petito (below) and Robert Davies to its National Workers' Compensation Program service team. Petito will serve as program manager, workers' compensation & centralized access; and Davies as general manager of home access solutions/general contractor. Petito, an ATP with certifications as an aging-in-place specialist and certified environmental accessibility consultant, will lead NSM's centralized service team based in Largo, Fla., providing complete mobility and home and vehicle accessibility services to injured workers and clients throughout Florida and 47 states. Davies will oversee projects and assist NSM's branches, working directly with payers to ensure injured workers receive the best solution for their needs.



CTF, United Spinal name new leaders

The Clinician Task Force has announced Dr. Cara Masselink as executive director and Nicole LaBerge, PT, ATP, as an executive board member. Masselink is currently on the faculty in the occupational program at Western Michigan University in Kalamazoo, Mich. LaBerge is currently a Level III senior physical therapist and ATP at Hennepin Healthcare in Minneapolis. United Spinal Association has named Vincenzo Piscopo as president and CEO. Piscopo, a wheelchair user who was paralyzed from a herniated disk in 2010, previously worked at The Coca-Cola Company for 25 years in a variety of strategic roles.

NMEDA calls on UPitt

TRACY ORZEL, Contributing Writer

TAMPA - The National Mobility Equipment Dealers Association has teamed up with the University of Pittsburgh's Rehabilitation Science and Technology (RST) Department to manage its education and training programs.

Amy Lane, an occupational therapist and certified driver rehabilitation specialist, who also manages the university's Adaptive Driving Program, will oversee NMEDA's programs, with at least 50% of her time devoted exclusively to NMEDA.

"(Part one) was the University of Pittsburgh's RST is a globally known and respected entity in the automobility space," said Danny Langfield, CEO. "Part two was Amy Lane. Mobility is a very small world and so to have an individual that is that well respected at an institution that is well respected - that was a combination that got my undivided attention."

Previously, oversight of NMEDA's education and training programs was an in-house position. It was left vacant in April, however, when Andy Ghillyer, the association's director of education & training, passed away unexpectedly.

There are a few disadvantages to not hav-

ing an in-house position—"you lose a little bit of control of your program," said Langfield—but the benefits are far greater, say Langfield and Lane.

"We've got all these resources—me and other faculty and staff from our Department of Rehab Science and Technology—



Amy Lane

many who are involved with the continuing education program and they're very experienced in developing quality, evidence-based continuing education," said Lane. "If there's something that we don't know, we have other people and they're ready to step up."

Top of mind in education and training right now, in the middle of a global pandemic, are logistics. Online education has always been a staple, but NMEDA has had to hit the pause button on its hands-on, technical trainings, like installing special adaptive seating, hand controls and restraint systems.

"But in the interim, we are exploring new and creative methods of content delivery and hopefully that's able to come to fruition," said Lane. **HME**

NRRTS UPDATE

CONTINUED FROM PREVIOUS PAGE

More information on the new program is coming soon: "We're in the final stages of making it perfect for publication," Walker said.

Walker also announced at the meeting that NRRTS has a new partnership with the Canadian Assistive Devices Association, which represents manufacturers, distributors and vendors of assistive devices and supplies.

"They recognized the need to develop a standard for suppliers throughout Canada," she said. "They looked at NRRTS and knew our mission was the same as their mission. This partnership will not only make NRRTS stronger but also help us get the word out about advocacy and creating a minimum standard."

Among those on the advisory committee for the partnership is Jason Kelln, the first NRRTS CRTS in Canada.

"He's been very influential in showing them

and making them aware that, hey, NRRTS is what we need in Canada," Walker said.

During the meeting, NRRTS also announced a number of award winners: Mike Barner of the University of Michigan Wheelchair Seating Service and a past president of NRRTS was given the Simon Margolis Fellow Award; and Tom Simon of Numotion and past board member of NRRTS was given the NRRTS Distinguished Service Award.

"Simon was the reason I became passionate about this industry," Barner said. "Back when he spoke at Medtrade and he talked about what it really was to be a member of NRRTS and how to carry ourselves - he got me that day. I was all in. It's a humbling experience. I'm proud to be associated with Simon and the other recipients of this award."

In a surprise, Gerry Dickerson, president of NRRTS, also "elevated" Walker, the recipient of a previous fellow award, to a Simon Margolis Fellow. **HME**

ATF MEDICAL

CONTINUED FROM PREVIOUS PAGE

wheel. The project took six hours to complete.

While it wasn't the most difficult project he's ever done, Wallace says it was still a challenge to find a stable base. It's also important that the final product is easy to use and aesthetically pleasing; otherwise,

the injured worker won't use it.

Wallace, who has been an ATP for 15 years, says he does several custom projects a year for local clients.

"I have a son with special needs," he said. "So the expectations I have for a professional working with my son is the same as when I work for injured workers: that I'm going to do the best job that I can do, to give them the best care they can get." **HME**

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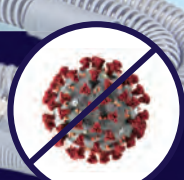
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HOME INFUSION

Stakeholders roll up sleeves on coverage

NHIA has argued for years that the LCDs limit access to therapy

BY THERESA FLAHERTY, Managing Editor

WASHINGTON - Home infusion stakeholders were meeting with Medicare officials in November to begin digging into how CMS's national coverage determination for parenteral and enteral nutrition will replace existing local coverage determinations.

CMS announced in October that it would retire the LCDs, which stakeholders says are some of the "most complicated" within the DMEPOS world, on Nov. 12.

"There are lots of details and decision trees to qualify a patient—situations A through H—and each has different criteria," said Bill Noyes, senior vice president of reimbursement policy for the National Home Infusion Association. "The LCDs also called for various tests that are considered obsolete and not performed at any

medical centers."

The NHIA has argued for years that the LCDs limit access to parenteral and enteral nutrition. Most recently in July, the association and the American Society of Parenteral and Enteral Nutrition held an informal meeting with the DME MAC medical directors to highlight the outdated coverage guidelines.

The more general nature of the NCD, however, raises the question: How will the DME MACs and other auditing entities interpret the qualification of patients? As it stands, the NCD relies on physicians to determine medical necessity based on the patient's clinical condition.

"There's a lot of detail—we are just digging into it," he said. "We are advocating for the MACs to educate. I think the qualifying criteria will exist in a combination of billing and coding guidance, along with NCD." **HME**

CCS Medical looks beyond diabetes

BY THERESA FLAHERTY, Managing Editor

FARMER'S BRANCH, Texas - Tony Vehadian, who was recently named CEO of CCS Medical, says delivering health care to the home is an exciting place to be.

"Payers are going to be looking at making sure patients are staying engaged and healthy, and anything you can do digitally to make that happen is going to be needed," he said. "There's a lot of innovation there."

Vehadian, who took the reins on Oct. 26, spoke with HME News recently about where he sees CCS fitting in the ecosystem of health care.

HME NEWS: CCS Medical offers a wide range of disposable medical supplies, but it's best known for its diabetes business. Is that still a major focus?

Tony Vehadian: Diabetes is where the business had its cornerstone and it's continuing to be our fastest growing

TONY VEHADIAN SEE NEXT PAGE

BRIEFS

Tricare to stop recoupments on compounded meds

ALEXANDRIA, Va. - TriCare/Express Scripts will no longer seek to recoup prescriptions from compounding pharmacies from 2015 that it says were fraudulent because there was no physician/patient relationship indicated. The amounts to be recouped ranged from less than \$100 to more than \$200,000. "ESI was basically saying that the only way the pharmacies could exonerate themselves was by producing documentation that the prescribing physician actually had seen the patient," said Scott Brunner, CEO of the Alliance for Pharmacy Compounding. "That's documentation that no state in the nation requires pharmacists to maintain." Both APC and the National Community Pharmacists Association also say that ESI's communication to pharmacies about the recoupment was incorrectly dated and full of errors about the claims they were seeking to recoup. Pharmacies that have already suffered clawbacks will be allowed to appeal and the standard for documentation of those appeals will now be reasonable.

180 Medical named Best Place to Work

OKLAHOMA CITY, Okla. - 180 Medical has been named one of Oklahoma's Best Places to Work by the Best Companies Group and the Journal Record. It's the provider's 11th time on the list, which is based on anonymous employee surveys on working conditions. This year's survey included questions about how well companies handled COVID-19 workplace communication and safety. "In light of the unprecedented year that we all have experienced due to COVID, it is a great feeling to know that our employees still feel that this is a great place to work, and that even in crisis, we strongly care for our employees and their families as much as we do our customers," said Angie Christopher, director of human resources. 180 Medical provides catheters, ostomy, incontinence and other urological supplies.

Aeroflow Breastpumps, Medela launch contest

ARDEN, N.C. - Aeroflow Breastpumps has launched its third annual pumping room makeover contest, in partnership with Medela. The company planned to announce five winners on Nov. 13, giving each of them \$1,000 to create their dream pumping space within their own home, as well as the new Medela Pump In Style with MaxFlow breast pump. "Due to COVID-19, moms have been taking on more roles and responsibilities, both at home and at work, now more than ever," said Melissa Gonzales, executive vice president of the Americas for Medela. "Medela is committed to helping moms across the country get the support they need on their breastfeeding journey. Through our partnership with Aeroflow, we want to be able to give them a place that they can truly unwind from the day and bond with their baby."

Option Care: 'Cautiously optimistic'

BY THERESA FLAHERTY, Managing Editor

BANNOCKBURN, Ill. - Option Care Health saw broad improvement in the third quarter, as referrals increased after a tough second quarter.

The company delivered \$781.6 million in net revenues for the third quarter of 2020 compared to \$615.9 million for the same period in 2019, a 27% increase.

"Our chronic portfolio continues to benefit from the transfer of patients from hospitals and other sites of care to the home or one of our

infusion suites," said CFO Mike Shapiro. "Acute referrals and revenue did improve modestly over the second quarter in most markets, as acute activity and hospitals did sequentially improve. Clearly, we're pleased with the overall revenues results for the quarter."

Gross profit was \$174.2 million or 22.3% of net revenue for the third quarter, a 26% increase. Adjusted EBITDA was \$59.2 million, a 70% increase.

While the ongoing public health emergency has



J. Rademacher

been tough on everyone, the health care system, in general, is far better equipped now to deal with the pandemic than it was back in March, and providers like Option Care Health have benefitted from their ability to demonstrate their value in caring for patients in the home, says CEO John Rademacher.

"We're cautiously optimis-

tic that we're going to continue to drive our team to be in a position to capture the referrals that are available and to work closely with the providers to identify patients that can come into service with us," he said.

Looking ahead, Option Care Health has entered into multi-year, national contracts with Centene and Cigna, and conversations with payers continue to evolve as value-based care models take shape, says Rademacher.

"There's a significant

OPTION CARE HEALTH SEE NEXT PAGE

Deals with Inogen, VA drive growth at Viemed

BY THERESA FLAHERTY, Managing Editor

LAFAYETTE, La. - Referrals bounced back in the third quarter, as Viemed sought to build out its payer networks and ink new partnership deals amid the COVID-19 pandemic, company officials said during a recent earnings call.

Topping the list of new deals: Viemed has an agreement to help Inogen convert leads for private insurance customers, leading to a "very robust" growth rate for oxygen of 55% quarter-over-quarter, says



Casey Hoyt

CEO Casey Hoyt.

"Our network development team put us into a position to have enough national payer contracts to make our strategic partnership with Inogen attractive for both parties," he said. "The early success of the Inogen program has

us very optimistic about the possibility to continue to grow oxygen at even faster rate."

Viemed reported total revenues of \$33.4 million for the third quarter of 2020 compared to \$20.4 million for the same period last year. The company's core business, ventilators, generated revenues of \$24.9 million, a 22% increase. Viemed also reported revenues of \$8.6 million for product sales and services related to the ongoing COVID-19 pandemic, including sales of PPE and a contract tracing contract.

During Q3, Viemed also signed a

VIEMED SEE NEXT PAGE

NHIA cautions CMS on possible policy changes

ALEXANDRIA, Va. - The National Home Infusion Association says it's encouraged by CMS's acknowledgement that broader access to home infusion services is necessary, but it urges the agency to use caution with any proposed changes to coverage policies.

CMS in a recently published proposed rule proposed expanding the classification of external infusion pumps. Under the proposal, CMS would clarify that in those circumstances in which an individual is unable to self-administer certain drugs, such drugs can be covered as a supply necessary for the effective use of an external infusion pump under the DME benefit, and that both the pump and the associated supplies can be covered under the DME benefit if reasonable and necessary, but only if the associated home infusion therapy services are also furnished and covered by Medicare.

Despite the intent of the proposal, NHIA has concerns that this approach will jeopardize coverage for life-saving therapies for

the thousands of beneficiaries relying on existing coverage of home infusion drugs under Medicare Parts B and D, helping to avoid admission to a skilled facility or frequent travel to an outpatient infusion clinic.

NHIA believes CMS's proposed policy changes will have far-reaching impacts and is concerned that CMS is under-estimating the unintended consequences of this proposed policy.

"While CMS appears to recognize the need to expand access to home infusion, including for patients suffering from rare diseases, this approach fails to truly modernize the Part B benefit and adds confusion for physicians, providers, and beneficiaries relying on these services," said NHIA President & CEO Connie Sullivan, BSPHarm. "We look forward to providing comments on this and other approaches to expanding coverage for home infusion." **HME**

BRACES

CONTINUED FROM PAGE 1

Orthotic & Prosthetic Association.

The reductions aren't necessarily a surprise, stakeholders say, but they have new meaning during a public health emergency.

"The COVID environment business conditions are not anything like what they were when bids were submitted in good faith," said Joe McTernan, director of coding and reimbursement services, education and programming for the American Orthotic & Prosthetic Association. "We are in the middle of a pandemic so there's already concerns about access. To now significantly limit access to only a select group of providers is a concern."

CMS announced in late October the single payment amounts for braces in 127 CBAs, a move that the agency expects to save \$600 million for the Medicare program and beneficiaries over the three-year contract period. It has now begun the contracting process and expects to name contract suppliers sometime this fall.

One thing that did surprise stakeholders: One of the three CBAs that CMS dropped from Round 2021 was Miami-Fort Lauderdale-West Palm Beach, Fla.—a region that has been fertile ground for DME fraud, McTernan says.

"You would think that would be an area they would be interested in restricting access to these products (by offering contracts) to only truly qualified providers," he said.

AOPA will continue to express its concerns to CMS, but it's also working other angles, like building support for the Medicare O&P Patient Centered Care Act. The act includes a provision that would preserve patient access to OTS orthoses provided by certified and/or licensed orthotists and prosthetists by creating an exemption from the requirement to have a competitive bidding contract, similar to physicians and other health care professionals.

"It would eliminate that need to compete and be awarded bids, but our language does not expect reimbursement at the full fee-for-service rate," McTernan said. **HME**

OPTION CARE

CONTINUED FROM PREVIOUS PAGE

amount of interest in understanding some of the construct of what a value-based care reimbursement model could look like, opportunities for us to work closely with them around managing cohorts of their members that require the therapy set," he said. "I wouldn't be surprised that the evolution would move down the path of some risk share for performance and for making certain that we're managing effectively the outcome for the patients that we are privileged to serve." **HME**

VIEMED

CONTINUED FROM PREVIOUS PAGE

national contract with the Veterans Administration to provide home sleep testing services through its Home Sleep Delivered division—a move that will move it closer to its goal of being a one-stop shop for the VA, says Hoyt.

Still, the company's No. 1 priority remains growing its vent business, he said.

"Our vent patient count is up about 5% over last year, but there are constraints," he said. "There's still limited access to hospitals—we can't get into about 50% of facilities right now." **HME**

BRIEFS

Insulet aims to increase diabetes awareness

ACTON, Mass. - Insulet Corporation has launched "YESvember," a monthlong campaign to share inspiring stories of people living with diabetes on social media channels, where participants will share how they are turning "no, I can't" into "yes, I can."

"We understand the many obstacles faced by people with diabetes and those who care for them," said Shacey Petrovic, president and CEO. "Our innovative technology makes it possible for people with diabetes to enjoy life's many adventures and opportunities without limitations. We're committed to bringing attention to the diabetes community and we're proud to showcase these positive stories throughout November." Insulet will also sponsor the annual JDRF 1 Walk, which has a goal of 1.6 million miles to raise \$50 million for its 50th anniversary; and will honor World Diabetes Day November 14 to recognize nurses and all they do to help in the prevention and management of diabetes.

"We understand the many obstacles faced by people with diabetes and those who care for them," said Shacey Petrovic, president and CEO. "Our innovative technology makes it possible for people with diabetes to enjoy life's many adventures and opportunities without limitations. We're committed to bringing attention to the diabetes community and we're proud to showcase these positive stories throughout November." Insulet will also sponsor the annual JDRF 1 Walk, which has a goal of 1.6 million miles to raise \$50 million for its 50th anniversary; and will honor World Diabetes Day November 14 to recognize nurses and all they do to help in the prevention and management of diabetes.

NCPA: Community Rx is vital in distributing COVID-19 vaccine

ALEXANDRIA, Va. - The National Community Pharmacists Association welcomed the news that community pharmacies will be included in the network of health care providers approved to give COVID-19 vaccines. "Community pharmacies outnumber any of the largest chains, and they very often serve populations for whom there are no other accessible health care providers," said NCPA CEO Douglas Hoey. "Defeating COVID-19 means relying on community pharmacies. Based on what we are hearing from our

members and industry partners, the lead federal agencies see community pharmacy as a critical part of their plan for fighting the disease." One major pharmaceutical manufacturer announced this week that its vaccine was highly effective in clinical tests. At least half a dozen other companies are expected to announce their results soon.

NHIA announces virtual event for 2021

ALEXANDRIA, Va. - The National Home Infusion Association will hold its 2021 Annual Conference virtually, April 19-22. "During the public health emergency (PHE), home and specialty infusion services are more critical than ever," said Jennifer Charron, COO. "Nothing replaces in-person interaction, but we are confident the NHIA team can provide the same high-quality education and opportunities for engagement attendees expect from the annual conference." Registration for the conference is now open.

DarioHealth sees 3Q revenues increase

NEW YORK - DarioHealth reported revenues of \$2.04 million for the quarter ended Sept. 30, 2020, an increase of 14.2% from the second quarter ended June 30, 2020. Gross profit was \$549,000, a decrease of \$324,000 or 37% from the previous quarter in 2019. The company said the decrease is a result of a decrease in the average selling price of its products. Total operating expenses for the quarter were \$7.15 million, operating loss was \$6.6 million, and net loss was \$6.55 million. Highlights from the quarter include: a partnership with HMC Healthworks to extend DarioHealth's reach to HMC's more than 1 million members; and inclusion in Vitality's new Gateway Flex offering, allowing Dario's digital therapeutics platform to be marketed to Vitality's employer base that provides benefits solutions to 20 million people.

Q&A: CCS MEDICAL'S TONY VEHADIAN

CONTINUED FROM PREVIOUS PAGE

part. We also see a lot of those patients have co-morbidities. We're seeing the demand from payers and providers to be able to take care of this population and how about this population, as well? A lot of our focus is on expanding our capability beyond diabetes.

HME: CCS Medical offers several wellness programs for patients. Why is that important?

Vehadian: We ask, "Where does CCS fit in the ecosystem of health care?" We work with payers, providers, manufacturers and patients. One of the areas we can add value is the relationship with the patient. With tools like the "Living Connected" program, we are monitoring diabetes patients and we can intervene and coach. It's a value we deliver to payers, providers and manufacturers.

HME: Do you feel COVID has had a big impact on how health care is being delivered in the home?

Vehadian: I think it's been a trend that's been out there for a while but that COVID has accelerated. It brought capa-

bilities that were in the background to the forefront whether it's telemedicine or ordering products. As a consumer, I'm not spending as much time in stores or at the doctor's office. Will it go back to the old normal? It may a bit, but the reality is we've found a more efficient and effective way for care to be delivered to the home.

HME: What are some of your immediate goals in your new role?

Vehadian: As I've started to learn the business, one of the areas is how do we make sure our diabetes business grows and we're giving patients what they need. As I look at future growth areas, it goes to our clinical footprint expanding, making sure those businesses are healthy and what's the next horizon of clinical care at home and how can we support that. How can we be a part of that with our digital capabilities, whether it's making it easy to order supplies or educating the patient. **HME**

Urologicals market offers a trifecta of benefits

BY JOHN ANDREWS, Contributing Editor

UROLOGICALS ARE a surprisingly versatile market segment that marry rewarding work, cross-over sales and technological advancements. Not bad for a market that has a reputation for being a strictly commodity business in the HME industry, vendors say.

John Anderson, CEO of Newport Beach, Calif.-based Cure Medical, is very upbeat about urologicals and the progress being made with respect to new products.

"It is an extremely rewarding market – I have one customer who cried with joy because she was finally able to see a movie and not worry about her bladder," he said. "The new products launched in the past few years are a super upgrade over earlier versions and conform to reimbursement realities."

In assessing urologic market demand, Anderson breaks it down into two distinct groups: "new starts" and existing users.

"Typically, the new starts consult with a urologist to find out why they visit the restroom so frequently," he explained. "This group has a condition of 'retention,' where the bladder only empties partially, so 'it feels full again' very soon. Intermittent catheters completely empty the bladder."

Existing users comprise a much larger group, in which HME providers need to offer products that meet their needs and offer a new benefit, such as ready-to-use,

CATEGORY

Urologicals

REWARDING MARKET

■ **Restoring dignity:** Urological and incontinence supplies are much more than just a commodity business – it is a category that consists of full-service patient care, consultation and discretion.

KNOW THE CUSTOMER

■ **Two main groups:** Urological clients can be classified as "new starts" and "existing users." Knowing the intricacies of both groups helps providers gauge which products and services are most appropriate for their patient base.

INTUITIVE TECH

■ **Going digital:** The age-in-place trend and the growing connectivity infrastructure have inspired digital technology application to the urological and incontinence product supply chain. By sensing when a patient needs a garment change, the technology can protect skin integrity and prevent wounds from occurring.

easy-to-carry, easy-to-open or are chemical-free, Anderson said.

"I believe these end-users do not change just to change," he said. "They change to upgrade the experience and it is up to the provider to determine how to upgrade that experience."

Urological products lend themselves to cross-over sales in various other categories, with power mobility being a primary

candidate, Anderson said.

"Almost anyone using power mobility will need urological products and with spinal cord injuries, patients will need to manage their bladders with intermittent catheters," he said. "That is probably 10% to 20% of the market. The challenge from a marketing standpoint is the wide range of people who use intermittent self-catheterization, from pediatrics to geriatrics and including both genders."

Incontinence garments, skin care and other absorbent products are all suitable complementary products to catheters for promoting continence care and skin protection. As an initial step, Anderson recommends having a manufacturer's representative come in and conduct an in-service session on new products and services.

'INTUITIVE' NEW TECH

At first glance, there doesn't appear to be any synergy between digital technology and incontinence garments. Yet Philadelphia-based Essity, maker of TENA incontinence and skin care products, has developed an "intuitive" notification system that anticipates when a garment needs changing.

Currently in a pilot phase, the TENA SmartCare Change Indicator is designed to notify caregivers via smartphone when they should consider changing their patients' absorbent garments. In doing so, the technology aims to help caregiv-

ers in home and long-term care settings to be proactive in preventing skin shear and potential wounds from forming.

Axel Nordberg, Ph.D., global brand director of IQ Solutions for Essity, said the rationale for the technology came from a 2019 national survey of U.S. caregivers who expressed reservations about "invading the personal privacy of those that are managing incontinence" and that a majority of incontinence patients are "embarrassed about having to manage it, while three in four feel like they have lost their dignity as a result of the condition."

While not readily available until after the pilot program concludes, HME providers will be an integral part of the supply chain for SmartCare, said Jenny McGinley, Essity brand activation director for North America.

"We realize HME providers are looked to for furnishing products that are innovative in delivering a high level of skilled care," she said. "This product fits perfectly with the shift to home care, as well as the growth of connectivity infrastructure."

While applying digital technology to incontinence represents a new phase, the concept is already in use for the diabetes market to detect spikes and dips in blood glucose levels.

Nordberg is bullish on the future of intuitive technology, predicting that it will gradually expand across various healthcare categories. **HME**

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Inogen offers Q4 insights

BY LIZ BEAULIEU

GOLETA, Calif. - Inogen saw sequential improvements in its financial results from the second to third quarters, but company officials aren't confident that will continue into the fourth quarter due to rising numbers of COVID-19 across the United States and Europe.

Inogen reported that total revenues in the third quarter were \$74.3 million, a 19% decrease year over year



S. Wilkinson

but a 3.7% increase sequentially. Its domestic business-to-business sales were \$23.1 million, a 23.5% decrease year over year but a 6.9% increase sequentially.

"You're seeing the prevalence of cases go up in the United States as we get into the fourth quarter and there's talk of, you know, what do we need to do to control that and curb that?" said Scott Wilkinson, president and CEO of Inogen, during a conference call to discuss the company's financial results. "While we'd love to continue the trend of sequential growth, you have to acknowledge those signals are out there. We also have to put in the pot that, even in normal times, the fourth quarter is a seasonally slower time."

INOGEN SEE NEXT PAGE

ADJUSTED EBITDA IMPROVEMENT

'We deliver in tough times,' says Invacare's Monaghan

BY LIZ BEAULIEU

ELYRIA, Ohio - COVID-19 may be flaring up again in different parts of the world, including the U.S., but Invacare officials don't expect the impact of these subsequent waves to be as severe as the first wave, helping them to see the fourth quarter and full-year 2020 more optimistically.

When the pandemic first hit earlier this year, "we didn't have a playbook," said Matthew Monaghan, chairman, president and CEO, but now "we've learned to deal with it." Health care facilities have found a way to continue elective and other less essential care, he said, helping to revive referral streams, bit by bit, for the company's products.

"Invacare typically serves non-perishable health care needs," he said during a conference call to



M. Monaghan

discuss the company's third quarter financial results. "Those needs haven't gone away. Somebody had a diagnosis that was a permanent reduction in abilities say in May or June - they're going to have to have that health care provided at some point. So we think that accumulation of need and access to health care...(will likely result in a) more benign (impact) than in the second quarter. It'll come and go through the winter, and I think we're prepared for that."

This outlook, as well as an expected continued sequential improvement in overall sales in the fourth quarter, has led Inva-

care to improve its updated full-year guidance for 2020 to \$840 million in net sales, up from the previous range of \$810 million to \$840 million; and adjusted EBITDA of \$28 million to \$32 million, up from \$27 million to \$30 million.

Invacare expects to see a boost in the fourth quarter for sales of mobility and seating products, in particular. Because of the longer quote-to-order cycle for these products, restrictions in the second quarter limited assessments and dampened quotas. But as restrictions have eased, the company says it saw "significantly higher quotes" in the third quarter, which it expects to result in strong sales in the fourth quarter.

"In mobility and seating, we're seeing a general recovery in demand," said Monaghan, who

INVACARE SEE NEXT PAGE

ResMed rides shift in product mix

But 'our focus is on our core market' says CEO Mick Farrell

BY LIZ BEAULIEU

SAN DIEGO - ResMed benefited from \$40 million in sales for ventilators and accessories in the first quarter of its fiscal year 2021 - again helping to compensate for sluggish new patient volume for CPAP devices due to the COVID-19 pandemic.

In the last quarter, ResMed recorded \$125 million in sales for vents and, at the time, the company was "muted" on whether demand for vents would continue into the first quarter of 2021. It did, but ResMed expects sales to be "significantly reduced" again in the



Mick Farrell

second quarter. "We don't think we're going to reach a state where there's going to be hospitalizations like we had early January-February in Wuhan and February-March in Milan and then March-April in New York, where you reached a 100% capacity and literally ran out of vents and ICU beds," said said CEO Mick Farrell, during a conference call to discuss the company's financial results. "Our best models

show that the magnitude of the second and third waves are actually reduced...and so we're just being realistic. Our job is to focus on our core market and the coming back of that."

That core market being CPAP devices and masks. Because new patient volumes are under pressure from the pandemic, ResMed has seen growth only in the single digits year over year for devices.

But ResMed officials emphasized the company is showing quarter to quarter increases in sales of CPAP devices, as a result of more sleep labs opening back up and home sleep

RESMED SEE NEXT PAGE

LUCI's Borcharding on pushing envelope on innovation

BY LIZ BEAULIEU, Editor

WHAT GOT Tom Borcharding, a complex rehab veteran with decades of experience, "hooked" on LUCI?

"The energy and excitement that this startup has," said Borcharding, LUCI's new senior vice president of business devel-

opment. "The founder's zest for life; his daughter's zest for life. I wanted to be part of something special. I've been in the CRT field for a long time, so I wanted to do something that makes a difference."

Earlier this year, LUCI's founder and CEO, Barry Dean, launched a platform that prevents wheelchair users from

running into objects, alerts them to tipping danger, and protects them from steps and drop offs, inspired by his daughter Katherine, who has cerebral palsy and has used a wheelchair her whole life.

Here's what Borcharding had to say about



T. Borcharding

the challenges of getting a product off the ground in the middle of a pandemic and why need, not coding, should be the industry's main focus.

HME NEWS: You're leading LUCI's sales efforts. What's job No. 1?

BORCHARDING SEE NEXT PAGE

BRIEFS

Ventec honors RTs

BOTHELL, Wash. - Ventec Life Systems recently donated \$10,000 to a COVID-19 RT Fund created by the American Association of Respiratory Care's board of directors. The fund sends financial assistance to the surviving families of licensed respiratory therapists who have died while caring for patients with COVID-19. To date, the AARC has been able to assist 21 families. Ventec Life Systems made the donation during National Respiratory Care Week, Oct. 26-31.

VGM Insurance marks 30 years in business

WATERLOO, Iowa - VGM Insurance Services, a division of VGM Group, is celebrating 30 years providing specialty insurance programs for a variety of niche industries. "We're excited to celebrate such an important milestone," said Mike Mallaro, VGM's CEO. "VGM Group as a whole has experienced significant growth over the past three decades, and VGM Insurance has been essential to that progress." Over the last five years, VGM Insurance has made strategic acquisitions and diversified from servicing primarily HME providers to many other allied health care classes, in addition to businesses in the golf and hospitality industries.

Itamar names president

CAESAREA, Israel - Itamar Medical has appointed Shane Brown as president-U.S. effective immediately. In this role, he will oversee commercial strategy and execution in the U.S. as the company plans to further accelerate its investment in penetrating that market. Brown brings more than 20 years of commercial experience to the position. Most recently, he served as vice president, enterprise accounts at Abbott Laboratories.

SoClean partners with Extend

PETERBOROUGH, N.H., and SAN FRANCISCO - SoClean has a new partnership with Extend, a company that provides extended warranties and protection plans. SoClean now has the ability to offer an "up-leveled extended warranty experience, while also increasing their bottom margins and bottom-line profits," according to a press release. Extend provides a way for companies to integrate an extended warranty program into e-commerce platforms like Shopify and into custom solutions through APIs.

SoClean reorganizes

PETERBOROUGH, N.H. - SoClean is reducing staff in its call centers, but it's looking to grow staff in R&D and other areas of the company, CEO Bob Wilkins has told the Monadnock Ledger Transcript. The company, citing the negative impact of the COVID-19 pandemic, has laid off 23 call center employees here and in Montana in recent weeks, according to the newspaper. Wilkins told the newspaper the company is reorganizing to focus on its Air Purifier and Device Disinfectant, new products that don't require as much call center support.

Parachute Health eases transition

Company launches end-to-end ordering solution and iPhone app for sales reps

BY LIZ BEAULIEU, Editor

PRINCETON, N.J. - Parachute Health recently launched an end-to-end ordering solution to help HME providers and their referral sources ease into e-prescribing.

The solution still allows the use of fax machines, but everything is centralized in a digital intake platform.

"If a fax order needs to be fixed, it gets sent back digitally through the platform," said Brandon Zaharoff, vice president of strategy, marketing and data for Parachute Health. "Then the provider gets a fax or email or text with link to fix that order in the platform. It gives them a nice trial."

While there are e-fax platforms,

Zaharoff says only Parachute brings together e-fax and e-prescribing, keeping providers and referral sources in one system.

Parachute has also launched an iPhone app for sales reps that notifies them of any new activity, including order push-backs and patient refills, helping them to prioritize their day.

"If you're a sales rep today, you're maybe getting a lot of emails coming at you and maybe some texts from your CSRs," Zaharoff. "If you're working in sales force or other ERP, you also have to log into that to look at different accounts. It's a lot of information in different places, making it hard for the sales rep to prioritize."

At the same time that Parachute has been trying to ease the transition to e-ordering, the COVID-19 pandemic has gone a long way to accelerate adoption, Zaharoff says, something that has been a challenge in the past.

"We're seeing a lot more people adopting it on the referral side," he said. "It's a priority of a lot of major health systems."

"Now that they've dealt with most of the emergency around the pandemic, they're looking at how to optimize their workflow for this new world where it's not always possible to be in person and have sales reps coming into the hospital or doctor's office," Zaharoff said. **HME**

BORCHERDING

CONTINUED FROM PREVIOUS PAGE

Tom Borcharding: I jokingly tell people we're a sales organization of one, which is me. I need help quickly, so job No. 1 is building a U.S. sales organization to support all the interest in LUCI that's coming to us from users and providers and especially clinicians. This is something I've done in the past, especially at ROHO. I know the profile of the sales professionals that I hope will join the team at LUCI - the common skill I'm looking for is a passion for meeting the needs of users.

HME: Have you been able to get on the road?

Borcharding: Team LUCI has been traveling by limo buses. Barry, he found out that all these musicians in Nashville aren't touring, so their travel buses are available. We've been traveling in style, hauling our equipment and being in our own bubble. As a startup, you have to get out there and engage with clinicians. It's been a good way to get from Point A to Point B.

HME: Another challenge to getting LUCI off the ground has to be the lack of coding and reimbursement for the platform. Currently, it's a cash-pay item.

Borcharding: I think the mindset that LUCI has, and it starts with Barry's mission, is that you need to build to the need, not the code. I've seen too often in my career where we've been trying to build to the code. When you do that, you don't push the envelope on innovation, because there's too much risk. With any innovation in the industry, we've had pioneers that are willing to take a risk.

HME: Without reimbursement, what's the strategy for getting LUCI's platform on as many wheelchairs as possible?

Borcharding: You have to challenge the coding system and the way to do that is through the passion of the clinicians, and users and their families. We're going to have to fight for reimbursement along the way and fight through appeals. It's not an insurmountable obstacle. It gives us the chance to provide the value of the technology and build the story for the technology and how it avoids accidents. I think we're going to have a lot of data to make a compelling case for reimbursement, and I think we will influence payers over time. **HME**

INOGEN

CONTINUED FROM PREVIOUS PAGE

Broken down, Inogen's direct-to-consumer sales were \$29.2 million in the third quarter, a 22.7% decrease year over year but a 3.3% decrease sequentially. Rental revenues were best of all: At \$7.5 million, they represented a 40.1% increase year over year and a 23% increase sequentially.

While Inogen sees those rental revenues as a "bigger part of our future," Wilkinson is hesitant to predict what the company's product mix might be in the future. He did note that when the company went public in 2014, rental revenues made up 40% of its business.

"We've already been in a spot where it has been a significant part of our revenue," he said.

Reimbursement reductions from Medicare's competitive bidding program somewhat soured Inogen on rental revenues over the years, but the company is now better positioned to make that reimbursement work with operational efficiencies, Wilkinson says.

"(Rental revenues) got knocked out with competitive bidding reimbursement cuts, but we've weathered that storm and, we're ready to go climb that mountain again," he said.

Inogen considers the pandemic a bump in the road for POC adoption - since March, patients have de-emphasized travel and, therefore, the need for POCs; and providers have emphasized stationary oxygen concentrators with higher flow characteristics to treat COVID-19 patients.

"Share of POCs in the traditional, fee-for-service Medicare long term oxygen therapy market grew from 13.9% in 2018 to 18% in 2019, and that doesn't include patient cash sales or private insurance transactions, so this data is a conservative estimate of actual POC market concentration," Wilkinson said. "POCs are still the fastest growing modality in oxygen therapy and we still believe this category has a significant growth opportunity ahead." **HME**

MONITORING

CONTINUED FROM PAGE 1

"We need their help with the practitioners on the ground - they have all the relationships they've built over the years and they can be our eyes and ears locally," said Goode, executive vice president of sales. "This really leverages those relationships and the good name those companies have, and includes them in the process."

Verustat's RPM solution encompasses blood pressure cuffs, weight scales, pulse oximeters and glucose meters from several manufacturers to measure vital signs daily.

What differentiates Verustat from other RPM solutions, however, is its full-service approach, which includes remote care coordinators to set up and monitor patients, company officials say. When a patient's vitals are outside the thresholds set by their physicians, for example, the coordinators call the patient to make sure it's not a false alarm and, if not, notifies their physician.

"When you think about the solutions being offered by Silicon Valley companies, they're going straight to the physician through Google ad words and they're focusing on the equipment," Goode said. "They don't have the coordinator program that we have."

Roberts, Seibels and Goode looked into RPM back in 2016, when they were running Verus Healthcare, a CPAP resupply company that leveraged software and call centers, but without Medicare reimbursement, "there wasn't enough money in it," says Seibels, president of Verustat.

Now there are a handful of CPT codes associated with RPM and interest in the technology has skyrocketed due to the COVID-19 pandemic.

"When that happened, we knew we had to use our CPAP compliance knowledge and software knowledge, and go after this," said Seibels, who, along with Roberts has also launched SnapWorx, a software company providing a patient contact management and workflow optimization platform for the CPAP resupply market. "The name of the game in RPM is compliance and technology." **HME**

RESMED

CONTINUED FROM PREVIOUS PAGE

testing becoming more common.

"Where we end up in Q2 or Q3 - time will tell," said Brett Sandercock, CFO. "We're certainly seeing that nice sequential increase week to week, month to month, which I think gives us a lot of confidence that sleep devices are improving throughout FY2021."

Also helping to dull the pain: Sales of masks and accessories have continued to be strong throughout the pandemic, driven by an increased awareness of and emphasis on "respiratory hygiene and respiratory health" by patients.

"What's going on is patients want new, clean equipment," said Jim Hollingshead, president of the sleep and respiratory care business. "They're more sensitized to that because of the pandemic, and our HME provider customers have realized it's an avenue that's better for patient care and better for the business."

OTHER TOPICS DISCUSSED

DURING THE CALL:

Company officials called CMS's plans to drop 13 product categories, including CPAP devices and masks, from Round 2021 of national competitive bidding, and to extend the current 50/50 blended reimbursement rates in rural areas "really good outcomes for our industry." "The one thing we know is that on Jan. 1, the rates will remain where they are," Farrell said. "And it was great that CMS listened to feedback from the industry. And it wasn't just around COVID. The rates just as they are fit the need. CMS found they weren't going to have savings, which means we've reached sort of a market equilibrium."

Company officials expect use of home sleep testing to continue to increase post-pandemic. "The data we do have, from our devices and from anecdotes from the market, strongly suggest HST has become a much higher percentage of testing," Hollingshead said. "I do think it's sustainable. Patients prefer it and a number of clinicians are seeing it as an easier way to diagnose."

Company officials announced that, as part of a new value-added reseller agreement, Brightree has become a preferred solution for Cerner's HME, pharmacy and home infusion customers in the next step in ResMed's partnership with the giant EHR vendor. **HME**

INVACARE

CONTINUED FROM PREVIOUS PAGE

pointed out the company already saw a 38% increase in net sales for these products in Europe in the third quarter.

Bigger picture, Invacare highlighted that the third quarter represented its 12th consecutive quarter of adjusted EBITDA improvement.

"We've been showing (improvements) for a long time," Monaghan said. "People have come to appreciate that, we don't just deliver in the easy times; we deliver in the tough times. To have the first three quarters of this year and still (be) carrying on, going 10, 11, 12 consecutive quarters of improvement with a pandemic - we're definitely going to keep doing this. We know how to improve business and, if after 12 quarters, people are still looking for evidence of whether we can improve I'm not sure what kind of billboards we're going to need to light up." **HME**

Pride Mobility Products

Go Chair MED Power Chair

The Go Chair MED is a feature-rich power chair with a compact design and a tight turning radius. It has feather-touch disassembly so the chair can be easily disassembled in just a few steps, making it extra portable. Two different seating options allows consumers to get the seat size that is right for them. Anti-tips on the front tires enable the unit to climb to 40 millimeters. HCPCS code K0821.

WWW.PRIDEMOBILITY.COM



Sunrise Medical

Quickie Power Portfolio

Sunrise has made upgrades to its Quickie Power Portfolio, including C-Me elevation and drive functionality now available on the Q500 M and Q400 M. Drive up to 3 MPH while elevated up to 12 inches. The C-Me has a no-lock suspension. The Q500 M now also features the Sedeo Lite seating system, an adjustable frame seat. Traditional back canes are width-adjustable from 15 inches to 20 inches and easily fit JAY backs and most aftermarket back supports.

WWW.SUNRISEMEDICAL.COM



ProTEC-USA Products

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EZDoff Medical Gowns are designed to maintain the integrity of comfort, flexibility and safety for all end users' needs, while also conforming with AAMI PB70 Barrier Level 1, 2 and 3 standards, withstanding water spray and water penetration under constant contact with increasing pressure. Sleeve-in-thumb loop ensures full arm and wrist protection. Maintains a cool temperature for users during work performance. One size fits all. Made in USA.

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LifeWalker Mobility Products

UPWalker Lite

The UpWalker Lite's upright design enables users to walk with better posture, looking forward with greater dignity and improved mobility. It's ISO certified for safe indoor and outdoor use. The UPWalker Lite weighs 15.5 pounds, and features sit-to-stand handles, ergonomic armrests and easy height adjustment. Comes with free backrest and beverage handles; additional accessories available. No assembly required. Lifetime warranty on frame.

WWW.LIFEWALKERMOBILITY.COM

Fisher & Paykel Healthcare

F&P Evora

Introducing the F&P Evora, Fisher & Paykel Healthcare's new compact nasal mask for the delivery of PAP therapy to treat obstructive sleep apnea, which features CapFit headgear, designed to be put on like a cap. The floating seal and stability wings are our next generation of Dynamic Support Technology, allowing freedom of movement, while keeping the mask comfortably in place throughout the night.

WWW.FPHCARE.COM/EVORANASAL

VirtuOx/HLS

Ez Ox, Disposable Pulse Oximetry Program

This Ez Ox disposable pulse oximetry program offers DMEs the ability to test a patient up to 10 times for one low cost. No need to send someone to a patient's home to deliver the oximeter - Virtuox/HLS will handle that!

WWW.VIRTUOX.NET



Philips

DreamWear Silicone Pillows

Aiming to address mask refit and therapy compliance challenges for both patients and providers, DreamWear Silicone Pillows is the latest addition to the Philips modular DreamWear system, designed to simplify setup by offering multiple cushion options on one mask frame. The new pillows cushion was designed using Philips advanced 3D facial scan technology to anatomically conform to various nostril shapes and sizes across patient populations and geographies.

WWW.PHILIPS.COM/DREAMWEAR

Waystar

DME Same or Similar Batch

DME Same or Similar Batch allows providers to systematically check all HCPCS codes (including A, B, E, K, L and V codes) for same or similar items on multiple patients at once. The tool delivers bulk patient information back to you so you can efficiently process your claims. This tool helps reduce denials and write-offs, and improves cash flow.

WWW.WAYSTAR.COM

Western Medical Inc.

EXP 30W Solar Panel

The EXP 30W Solar Panel is the perfect accessory to take your hand-held EXP 48 and 96Pro on the go. Each solar panel comes with cords to plug directly into the batteries for charging. It is foldable, allowing it to easily fit into most backpacks. Take it with you on the adventures you plan, and even the ones you don't. The panel will provide up to 18V at 1.5A and has a two-year warranty.

WWW.WESTERNMEDICAL.COM



PARI Respiratory Equipment

PRONEB Max Aerosol Delivery System

Performance meets style with PARI's newest aerosol delivery system, the PRONEB Max. This powerful 1.6 bar compressor, paired with PARI's clinically proven nebulizers, was designed for patients who need a reliable and durable compressor nebulizer system for frequent aerosol treatments.

WWW.PARI.COM/PRONEBMAX



Medline Industries

Steel Elongated Bedside Commode, G1-200LX1

Folding frame design assembles in seconds without tools. Commode folds down to reduce storage by 35% and makes delivery easier. All models include pail, lid and splash guard. Clip-on seats can be removed. 400-pound weight capacity.

WWW.MEDLINE.COM

Amoena

CuraScar Silicones/ CuraScar Garments

New CuraScar silicone patches and CuraScar garments, worn in combination, help minimize the risk of excessive scarring after common breast procedures such as mastectomy, reconstruction, lumpectomy and augmentation/reduction. CuraScar Silicones, available in four adhesive shapes, are washable and reusable, and prevent scar areas from drying out. CuraScar Garments add compression therapy, particularly for reconstructive surgeries with autologous tissue.

WWW.AMOENA.COM



HUB'S EXPANDS AMID PANDEMIC

CONTINUED FROM PAGE 8

employed, which "was a major goal of ours," said McNulty.

Otherwise, it's been business as usual—as usual as the new normal allows. The company saw an increase in some product lines, like hospital beds, because people wanted to get loved ones home and out of hospitals and care facilities. Oxygen also

saw a slight uptick, but CPAP took a hit since many sleep labs were closed.

"We saw an increase in business from 2019 through 2020," said McNulty. "We're fortunate. We're the only independently owned HME that has brick-and-mortars in some of our areas—there are counties where we're the only ones." HME

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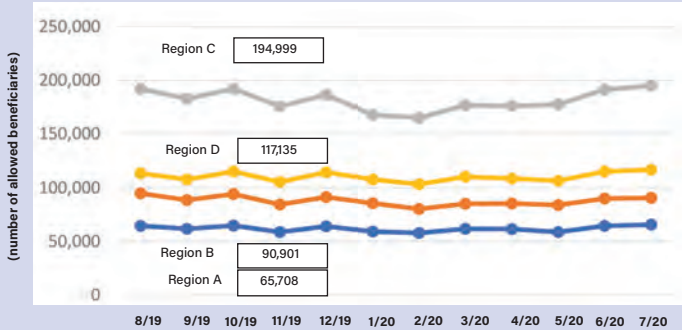
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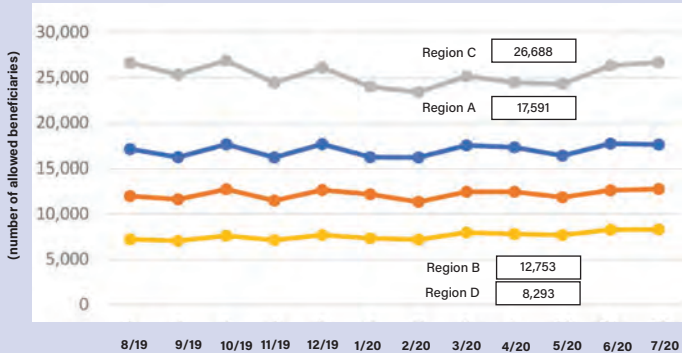
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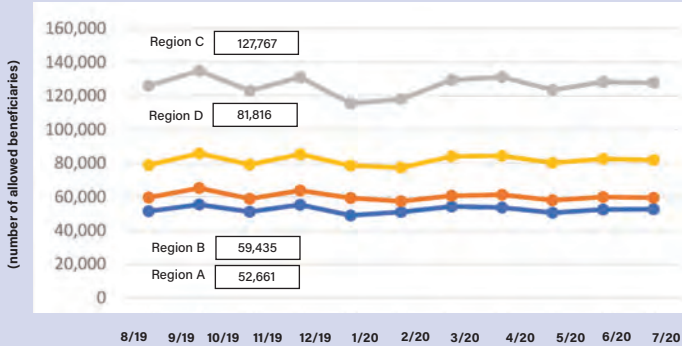
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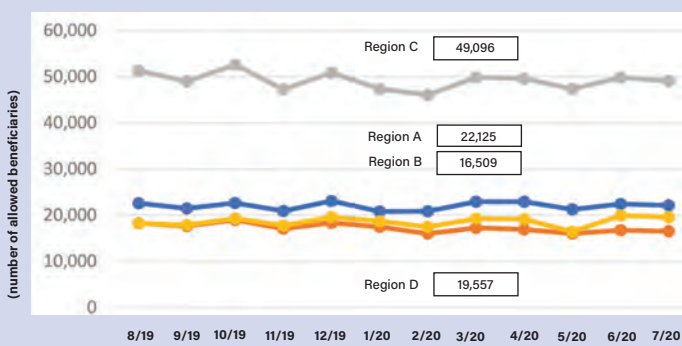
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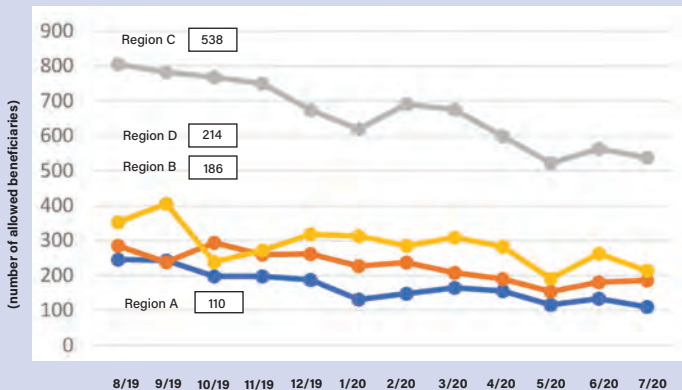
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K0001: STANDARD WHEELCHAIR



K0823: 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 to learn more.



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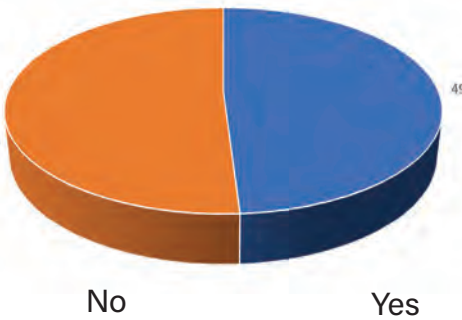
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HME NEWS POLL

"Disappointed that bid rates only go in one direction - down - but not surprised. Unfortunately, until there is a shortage of equipment that patients need and are unable to acquire because reimbursement is so low that nobody will provide them, we are on our own. We will do what we always do - provide equipment that will allow us to make a profit."

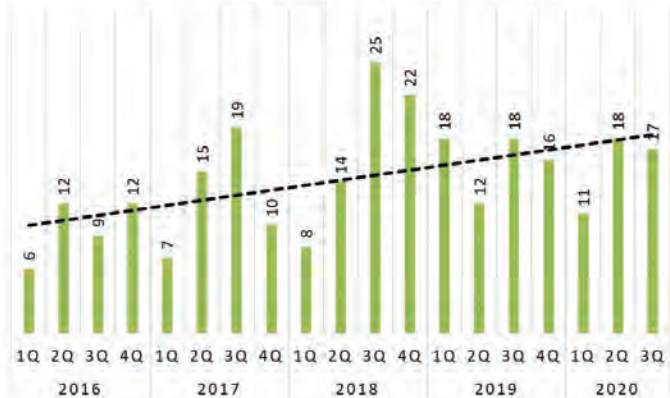
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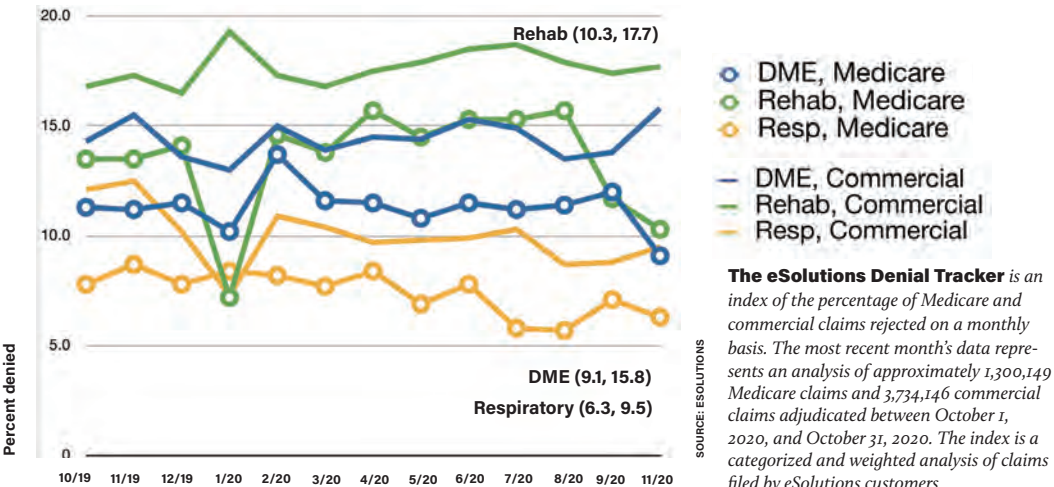
HOME MEDICAL EQUIPMENT DEAL TRENDS



Several months ago, The Braff Group speculated that given its comparatively COVID-resistant revenue streams and expectations of stable to potentially increasing reimbursement, that the home medical equipment sector would fare well during an otherwise desultory year in mergers and acquisitions. Well, as the chart above illustrates, the speculation was warranted as the sector posted another strong quarter of deal flow. Moreover, as the trendline indicates, home medical equipment mergers and acquisitions activity has more or less been on a steady rise since 2016. With the last round of competitive bids yielding no further cuts in reimbursement in all product categories except OTS back braces and OTS knee braces, we anticipate sustained acquisition interest over the coming months, especially as those buyers that may have been sidelined by the pandemic seek to regain their merger mojo.

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 1,300,149 Medicare claims and 3,734,146 commercial claims adjudicated between October 1, 2020, and October 31, 2020. The index is a categorized and weighted analysis of claims filed by eSolutions customers.

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