



■ The Medtrade team is re-imagining this year's show, says Mark Lind. See page 5.



■ **Product Spotlight:** Check out the latest in mobility products like the ProSpin X4 Wheelchair from Invacare. See page 14.



■ How has COVID-19 impacted your referrals? See results on page 18.

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HME News

THE BUSINESS NEWSPAPER FOR HOME MEDICAL EQUIPMENT PROVIDERS

NEWS

- Stakeholders press for bid delay. **PAGE 2**
- Legal round up, COVID edition. **PAGE 2**
- Q&A: Lisa Wells. **PAGE 2**

COMMENTARY



■ To protect your customers, your employees and your community, it's important to do your due diligence when opening your business to the public, says VGM Insurance's Adam Miller. **PAGE 5**

DEPARTMENTS

PROVIDERS

- AdaptHealth makes new play. **PAGE 8**
- Tomorrow Health tries to one-up Amazon. **PAGE 8**

MOBILITY

- Numotion embraces remote technology. **PAGE 10**
- Reporter's Notebook: Short and long view. **PAGE 10**

RX & SPECIALTY PROVIDERS

- Advocates bet on choice. **PAGE 12**
- Program helps Rx build brand. **PAGE 12**

VENDORS

- Inogen reports bumpy quarter. **PAGE 16**
- Rowheels 'wants to empower rehab.' **PAGE 16**

WWW.HMENEWS.COM

Stakeholders try to get ahead of Medicaid cuts

BY THERESA FLAHERTY, Managing Editor

WASHINGTON — HME industry stakeholders are laying the groundwork to push back against anticipated Medicaid cuts, as states grapple with budgetary pressures brought on by the COVID-19 pandemic.

In a recent letter, AAHomecare urges Calder Lynch, deputy administrator and director of the Center for Medicaid & CHIP Services, to clarify for state Medicaid directors the obligation of states to comply with Medicare's equal access provision, even during the current public health emergency.

Steep cuts scheduled to take effect July 1 in Oklahoma.
See page 3

"States are looking for different agencies to reduce budgets by certain percentages or dollar amounts," said David Chandler, director of payer relations for AAHomecare. "We need to really highlight that we are not just a line item costing states money. It's the same argument that we have always had: Investing in DME and keeping people healthy in the home should resonate loud and clear during this pandemic."

That's the message the association's Payer Relations Council is

MEDICAID CUTS SEE PAGE 13

Build our case for telehealth

BY LIZ BEAULIEU, Editor

WASHINGTON — The complex rehab industry needs to make the most of CMS's decision to expand telehealth services during the coronavirus pandemic, says Mark Schmeler.



M. Schmeler

The agency announced in late April that it would begin allowing occupational therapists and physical therapists to provide telehealth services—a big win for therapists

TELEHEALTH SEE PAGE 17

Referral streams begin to return

Family Medical Supply experienced a 20% to 40% drop off in CPAP referrals during peak of coronavirus pandemic

BY THERESA FLAHERTY, Managing Editor

YARMOUTH, Maine — CPAP referrals dropped off when sleep labs temporarily closed at the peak of the coronavirus pandemic, but providers say things are picking back up.

When elective surgeries went away, so did many CPAP setups, says Jason Jones.

"In April and May, our CPAP setups were lower than normal," said Jones, president of



Woody O'Neal

Jones Medical Supply in Troy, Ala. "We've still been doing face-to-face setups with proper precautions—temperature checks and those things. We're staying on top of that, doing extra cleaning and making everyone feel welcome."

REFERRAL STREAMS SEE PAGE 13

BOOTS ON THE GROUND

Providers navigate changed climate

BY THERESA FLAHERTY, Managing Editor

IN THE early days of the public health emergency, HME providers were focused on taking on discharged patients as hospitals made way for COVID-19 patients. Now, they're caring for COVID-19 patients themselves.

"About 80% of the COVID patients are not sent to the hospital," said Terry Racciato, president of RAC & Associates, DBA SpecialCare in San Diego. "We are actively seeing a number of patients in the home right now. They need oxygen, they need a BiPAP or CPAP, wheelchairs."

In some ways, COVID patients represent a learning curve for providers accustomed to caring for patients with more common conditions like congestive heart failure and COPD.

NEW CLIMATE SEE PAGE 9

MARKET FOR CPAP CLEANERS SHIFTS

BY LIZ BEAULIEU, Editor

WINTER HAVEN, Fla. — It's been a whirlwind few months for 3B Medical's Lumin, which has found a new purpose amid the coronavirus pandemic.

The company's phone started ringing off the hook in mid-March when the New York Times published a story about the University of Nebraska Medical Center in Omaha using ultraviolet light to decontaminate medical supplies

and reuse them. The Lumin uses UV to sanitize CPAP masks and accessories.

"It kind of took off from there," said Angela Guidice, RPSGT, direc-



tor of clinical education, during a recent episode of the HME News in 10 podcast. "Now we're getting tons of calls from people. This thing has

CPAP CLEANERS SEE PAGE 17

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BID PROGRAM

Stakeholders press for bid delay

They're also looking to lawmakers to apply pressure

BY THERESA FLAHERTY, Managing Editor

WASHINGTON – It's time to take "one last shot" at getting CMS to delay Round 2021, with the agency scheduled to announce payment amounts this summer, says AAHomecare.

The association has been priming the pump in regular meetings with Demetrios Kouzoukas, principal deputy administrator of CMS and director of

the Center for Medicare.

"He has asked pointed questions and he's heard from the CEOs of Lincare, Apria and other large companies," said Tom Ryan, president and CEO of AAHomecare. "The biggest issue is, we don't know what's going to happen (with the pandemic). Capacity is very important at this time—it's cer-



Tom Ryan



Jay Witter

tainly not a time to take providers out of the market." CMS is scheduled to announce contract suppliers this fall.

AAHomecare is asking providers to reach out to their members of Congress and urge them to contact CMS and request the delay, says Jay Witter.

"We need grassroots to get

rank-and-file members on board, work out any questions or concerns they have, and ask them to reach out to CMS," said Witter, senior vice president of public policy for AAHomecare. "They are listening to Congress."

Lawmakers remain firm that any delay needs to come from CMS, says Witter. If CMS declines to pause the program, however, stakeholders will ask Congress to intervene.

"We are taking one last shot at having CMS pause it," he said. **HME**

LEGAL ROUNDUP, COVID EDITION

What is price gouging?

BY LIZ BEAULIEU, Editor

MIAMI – Amid the coronavirus pandemic, health care attorney Matthew Fischer has found himself advising clients on matters like pivoting their business to selling PPE.



M. Fischer

"I have clients whose business has dropped off and they're surviving doing other things," said Fischer, a partner at Zumpano Patricios. "I have some clients who are selling PPE to keep themselves afloat."

Fischer's helping these clients to

FISCHER SEE NEXT PAGE

A bid program in question, a technology pushed to the forefront

BY LIZ BEAULIEU, Editor

AMARILLO, Texas – With Round 2021 a wild card, health care attorney Jeff Baird is advising his clients to hold off on making any serious financial decisions for as long as possible.

CMS's latest round of competitive bidding is due to start Jan. 1, with payment amounts announced this summer and contract suppliers announced this fall, but industry stakeholders are trying to make the case to the agency that the bids they submitted last fall are outdated.

"It's really difficult to see how competitive bidding could be implemented on Jan. 1 because of all the disruptions in the marketplace," said Baird, chairman of the Health Care Group at Brown & Fortunato.



Jeff Baird

"But right now, we have DME companies trying to figure out whether or not come Jan. 1, they're going to be dealing with competitive bidding."

Providers reported equipment delays and increased product costs, among other disruptions, due to the pandemic in a recent AAHomecare survey.

Baird says a provider that didn't submit bids, for example, might be planning to cut costs and retool their business, expecting that they will no longer be able to serve Medicare beneficiaries on Jan. 1. But what if Round 2021 is delayed?

BAIRD SEE NEXT PAGE

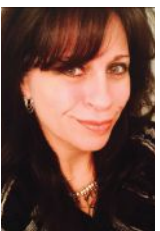
Lisa Wells gives Naturally Able reboot

BY LIZ BEAULIEU, Editor

LAS VEGAS – Lisa Wells launched Naturally Able, an online community for people with disabilities, about two years ago, but the coronavirus pandemic has pushed her to expand its scope. The initiative now includes 12 N-Able guides with various specialties to not only contribute advice, resources and news to www.naturallyable.com but

also offer consulting services to HME providers.

Here's what Wells, who also founded Wheel:Life and sold it to Comfort Medical in 2016, had to say about how the public health emergency has heightened the



Lisa Wells

need for providers to interact with their customers, just in a different way.

HME NEWS: What has it been like for people with disabilities during this pandemic?

Lisa Wells: The sense of insecurity and vulnerability in this community has been high and we've all been asking ourselves, what can we do? As more and more stories started popping up of people feeling out of control,

I got together with 12 of the best people that I know of in this space to create this community. There are leading social influencers, advocacy experts, clinicians—and the majority of them all use wheelchairs. We're now turning around and teaching HME providers how to better communicate and service these people.

HME: What tools are you using

NATURALLY ABLE SEE PAGE 9

BRIEFS

President signs bill to fix Paycheck Protection

WASHINGTON – President Trump has signed a bill that makes significant improvements to the Paycheck Protection Program. The bill, which was passed by the House of Representatives and the Senate in June, gives recipients nearly six months, instead of eight weeks, to use the funds they receive to qualify for loan forgiveness. It also allows recipients to spend just 60% of funds on payroll expenses, instead of 75%, allowing them to spend the remaining 40% on non-payroll expenses like rent, utilities and mortgage interest. Additionally, the bill extends the deadline for rehiring employees to Dec. 31, instead of June 30; and lengthens the time to repay any loan not forgiven to five years, instead of two years.

Anthem eyes steep rate cuts

WASHINGTON – Anthem and its subsidiary, Amerigroup, have proposed rate reductions of between 11% and 60% for home medical equipment, AAHomecare reports. The proposed reductions would include commercial and government plans across 22 states, according to the association. In a letter to Anthem President and CEO Gail Boudreaux, AAHomecare asks for a delay to the cuts, citing new cost structures due to the current public health emergency.

Survey collects trends, patterns

WATERLOO, Iowa – VGM & Associates and HME News have launched the 14th annual HME Financial Benchmarking Survey. The two groups have partnered to bring to the industry a single survey for providers to share their business data for benchmarking purposes. The deadline to complete the survey is July 15. The results will be available for free to participating providers.

State short takes: Florida, Arkansas, Washington

AAHomecare and the Florida Alliance of Home Care Services have met with the Agency for Health Care Administration to discuss concerns with a recent request for proposal issued by Centene to manage the HME and home health network for all Centene and Wellcare plans in the state. Concerns with the RFP, which is estimated to impact 43% of patients, include a lack of oversight of third-party administrators and subcontractors...AAHomecare seeks a delay in Medicaid rate reductions in Arkansas until the public health emergency ends. CMS has stated that its review process is not complete and it is awaiting information from the Arkansas Department of Health and Human Services...CMS recently approved a state plan amendment to allow bonus pay from state funds to front-line workers during the COVID-19 pandemic. The SPA includes workers in nursing facilities, and home health agencies, but did not include respiratory therapists, ATPs and other direct care workers.

OKLAHOMA

Cuts ignore rural challenges

BY THERESA FLAHERTY, Managing Editor

OKLAHOMA CITY, Okla. – Steep Medicaid cuts are scheduled to take effect July 1, despite multiple meetings with Medicaid officials, leading HME providers here to feel their concerns have “fallen on deaf ears.”

To comply with the 21st Century Cures Act, the Oklahoma Health Care Authority plans to take the lowest Medicare competitive bidding rates and apply them across the board, resulting in cuts of up to nearly 50% for some product categories, says Katie Roberts, director for Stillwater-based Cimarron Medical Services and a board member of the Oklahoma Medical Equipment Providers Association.

“We’ve been working with OHCA,” she said. “We’ve had several meetings and face-to-face discussions, and talked about how detrimental these cuts would be. It’s fallen on deaf ears.”

As an example, the current rural reimbursement rate for oxygen is \$136.77; the new rate would be \$74.22.

The reduced reimbursement is unrealistic for providers trying to service rural areas, says Larry Dalton, OMEPA president.

“There’s lot of areas that don’t have GPS or cell service, so we spend a lot of time on

detours or just searching people down,” said Dalton, who is COO Of Durant-based Advanced Care Medical Equipment. “There’s no way.”

The Medicaid budget is also facing additional pressure: Oklahomans on June 30 will vote on a bill that would expand Medicaid coverage to certain low-income adults, says Dalton.

“They didn’t want to add additional funds (to pay for expanded services),” he said.

In addition to the increased cost of serving a more rural population, Medicaid officials aren’t taking into account the impact of the current coronavirus pandemic, Roberts says.

“If we were to have these (new) rates and we’re talking about COVID, we’ll either have to have patients come to our office, or they are going to be back in the ER,” she said.

A recent letter to Gov. Kevin Stitt, spearheaded by state Rep. JJ Humphrey and signed by 38 representatives and 10 senators, asks the state to follow federal reimbursement rates that recognize the need for higher rural rates. Copied on the letter: OHCA’s board and executive team, says Roberts.

“Members of the OHCA Board asked the executive team at OHCA to provide more information,” she said. “That gives us hope they’ll take another look.” **HME**

BAIRD: HOLD OFF ON DECISIONS

CONTINUED FROM PREVIOUS PAGE

“I’m advising that client, ‘Sure, go ahead and do that, but, man, do your best not to pull the trigger for as long as possible,’ until we know what’s happening,” he said.

In addition to whether or not Round 2021 will take off, providers are trying to figure out their role in the growing remote patient monitoring market, now that CMS has relaxed a number of regulations around caring for patients remotely, Baird says.

“Remote patient monitoring is a good

thing—and a big deal,” he said.

Providers who want in on the remote patient monitoring market need to invest in the devices and software that provide those capabilities, Baird says.

“You have Medicare and, I believe, commercial insurers who are willing to pay so much per patient per month for monitoring and it’s a lot of money coming in to doctor,” he said, “and they can share some of that with the companies that are providing the devices and software.” **HME**

FISCHER

CONTINUED FROM PREVIOUS PAGE

negotiate with companies in China and find transport to the U.S.—all while staying in line with U.S. Food and Drug Administration regulations.

But possibly the biggest question he receives from these clients: How much can I sell the PPE for here?

“The Department of Justice came out with a Price Gouging Task Force,” Fischer said. “They’re using the anti-hoarding provision in the Defense Protection Act to go after people who hoard supplies or jack up the price. The problem is, there are

no set standards for what is a reasonable price during an emergency. So I help them navigate that and do their due diligence.”

The government’s not wasting time enforcing the law, either, with a Long Island man recently charged for buying masks for \$2.50 and selling them for \$4.50.

“I read that he has a lawyer and is going to fight it,” Fischer said. “I feel for these clients. They need to survive but their business decisions are under potential threat of prosecution. They have to buy from China; they have to transport here; they have costs. What is price gouging?” **HME**

Celebrating the 30th Anniversary of the ADA

The Americans with Disabilities Act (ADA) began in 1990 as a promise—that no individual will be socially defined or limited in life by a disability. It’s a promise the complex rehab technology (CRT) community strives to fulfill every single day.

Join VGM, U.S. Rehab, and NCART in raising awareness for the ADA and ensuring that people with disabilities have the necessary access to CRT in order to gain the full promise of the ADA.

Visit vgm.com/ADA and
Access2CRT.org/ADA to learn more.



'See' you in September

WE MADE the decision to transition the HME News Business Summit in September to a virtual event pretty early on during the coronavirus pandemic.

In addition to the uncertainty that faces us in the fall, we knew that if we didn't have a face-to-face event, we wanted to give ourselves enough time to plan a virtual event that wasn't just an afterthought.

With the gracious approval of our sponsors (thank you Brightree, Fischer & Paykel, Allegiance Group, TIMS Software, Sunset Healthcare Solutions, Prochant and ACU-Serve!), we've been working behind the scenes to make this year's Summit one of the best yet.

More on that in a minute.

First, let's address the elephant in the room: Will it feel like the usual Summit?

In one regard, probably not: It's hard to replicate those cocktail napkin conversations and networking opportunities with a virtual event.

But we're sure going to try!

We're planning to create a Slack account for the event with channels for specific sessions to encourage conversations among attendees.

We're also considering a virtual happy hour to close out the week's sessions.

From an education perspective, though, it should feel much like the usual Summit, with one-hour presentations, including time for Q&A. In fact, having a virtual event that requires no travel and hotel expenses has helped us draw some pretty big-name speakers this year, including:

✓ A hospital exec on the importance of remote monitoring technologies in caring for patients in rural populations—and now, patients who are isolating at home

✓ A panel of the largest HME providers in the country on how the pandemic is finally hitting home the importance of



LIZ BEAULIEU

post-acute care

✓ A panel of large investment bankers on larger health care trends, consolidation and more

✓ A panel of CEOs from the HME industry's public manufacturers on market

trends

We'll be offering passes to the Summit, which will comprise two sessions per day for three days (Sept. 15, 16, 17), and we think there'll be a number of sessions that will make it worth your time and the registration fee.

I'll miss seeing all of your friendly faces in person, but I look forward to "seeing" you in whatever way I can in September. **HME**



The virtual HME News Business Summit will take place Sept. 15, 16 and 17. Check www.hmesummit.com in July to view the program and register.

Dispatches from the dining room: Unicorn days and a connected future

RECENTLY, I had a unicorn day. What do I mean by that? In diabetes parlance, a unicorn is a blood sugar reading of 100.

No scientific reasoning that I'm aware of—it's just a nice, round number, generating excitement not unlike that of a perfect score on a school test.

One thing I've learned over the past 11 weeks or so of working from home is that you can't anticipate all the little technological snafus that never happened in the office.

Case in point: Although I like the little scanner that comes with the Freestyle Libre just fine, I had finally switched to using my iPhone instead (it seems to be an either/or proposition, you can't use both).

The biggest benefit: It regularly and automatically uploads to the doctor's office—a big help during my very



THERESA FLAHERTY

first telehealth appointment back in April.

The nurse already had my graphs—no extra effort needed on my part.

Downfall: Working from home, I have to use my own phone to make work calls.

While using the phone, I can't scan my blood sugar if I suddenly feel a possible low coming on.

The most recent time this happened, I managed to power through, but it's not, shall we say, ideal.

Technology, as I am so often rudely reminded, does not always get a perfect score.

Technology was at the forefront of the

recent announcement that AdaptHealth was acquiring Solara Medical Supplies. Solara is a big player these days in the CGM and insulin pump spaces.

But AdaptHealth's announcement was about more than just diabetes.

Not only do company execs expect to see growth of 20% annually for CGMs for the next few years, they are looking ahead to all the possibilities of connected care in the home.

"Why can't we do that across more products?" said Luke McGee, AdaptHealth's CEO. "We can (eventually) start pairing some of the CGM data with the CPAP. There's an increased demand to put other types of connected technologies like pulse oximeters and blood pressure cuffs in the home—all things that are natural in our supply chain."

As the current pandemic has shown, it's coming. The question is, who will be ready to jump on it? **HME**

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Unlocking the front door...

Keys to reopening your business safely after COVID-19

BY ADAM MILLER

THE CORONAVIRUS pandemic's effect on daily life has been unprecedented, and everyone—including business owners—has looked forward to returning to normal (in whatever shape that takes). Whether you find yourself in an area that has already lifted stay-at-home orders or is about to, there's a lot to consider before resuming operations.

Especially in the health care space, your customers may be part of a vulnerable population. And to protect your customers, your employees and your community, it's important to do your due diligence when opening your business to the public in the wake of this public health emergency.

WHEN SHOULD I REOPEN?

Essential businesses like hospitals and clinics, grocery stores, gas stations, etc., have remained open, at least in part, during the pandemic. However, nonessential businesses have remained closed, disrupting operations and the bottom line. In the case of HME providers, equipment fulfillment may have remained in place, but most retail operations have likely been down.

As stay-at-home restrictions are eased and businesses are allowed to resume as normal, is it really safe to reopen completely? How do you know it's the right moment? Consider the following to help you answer your questions:

- ✓ Review recommendations from state and local governments, federal agencies, and your peers. The COVID-19 pandemic impacted every industry in every region, but it didn't necessarily impact them in the same ways. Every state will handle their decision differently. That said, just because you're allowed to open doesn't mean it's the right time. Look to the relevant orders and recommendations. Your local officials and peers will be especially useful resources, as they'll have a better understanding of the population you serve.

- ✓ Understand the risks. If and when you're allowed to

reopen completely, it may be worth doing so in phases to prevent additional risk. After all, COVID-19 may still be a risk in your area, even if it's diminished. It's critical that you perform a risk assessment before reopening to establish the specific steps necessary for your unique business to keep your staff and customers safe. Review guidance from the Occupational Safety and Health Administration (OSHA), state and local agencies, industry associations, as well as your local health department. We also recommend seeking the expertise of legal, insurance and other professionals.

HOW DO I ASSESS MY RISK?

Now that we've established that resuming your business operations safely isn't as simple as unlocking the front door, how do you determine the proper steps to take? Start by performing a risk assessment. The complexity can vary from one business

to another, but all risk assessments share the following steps in common:

- ✓ Identify hazards. Think critically about your exposures. It's best to assume that someone exposed to COVID-19 entered your place of business. Walk the premises and consider high-risk areas, such as places where people linger or congregate like breakrooms. Next, consider the tasks employees perform. Does their job function put them at higher risk of exposure?

- ✓ Determine who is more at risk and how. After identifying hazards, look at who in your workforce and customer base might be at higher risk. For example, a high-risk individual may be an employee who meets with customers or a customer with preexisting medical conditions.

- ✓ Analyze the risks. Once you've identified each risk facing your business, ask yourself: What's the likelihood this risk will occur? If it does, what are the potential conse-

quences? Some consequences to consider include potential financial losses, compliance requirements, employee safety, business disruptions and reputational harm to name a few.

- ✓ Strategize. With an understanding of the threats facing your business, you can now develop a strategy for controlling and managing them. Some methods to consider include:

- Risk avoidance—involves eliminating certain hazards, activities and exposures from your operations entirely. For example, you might continue certain activities remotely to avoid unnecessary exposure for employees.

- Risk control—involves taking preventative action. This could include aggressive cleaning protocols or continuing to mandate the use of personal protective equipment (PPE).

- Risk transfer—involves transferring your exposure to a third party. If, for example, you regularly make deliveries to your customers, you could instead hire a third party to fulfill these requests on your behalf.

- ✓ Monitor the results. Risk management is a continuous process. As your risks evolve—whether due to COVID-19 or any other circumstance—you'll need to monitor the effectiveness of your solution. Reassess regularly and make adjustments as necessary.

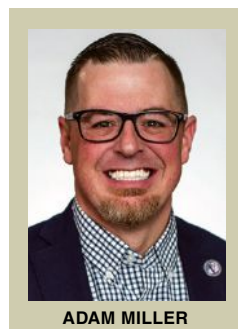
HOW DO I KEEP MY WORKPLACE SAFE?

Risks and solutions can differ widely from one business to another. Fortunately, OSHA and the Center for Disease Control and Prevention (CDC) offer a host of workplace controls to consider. For instance, you should:

- ✓ Enact administrative controls. Administrative controls include changes in policies or procedures that lessen individuals' exposure to a hazard in the workplace. For example, you may continue reducing the number of employees in an area at a given time by alternating days or adding shifts.

- ✓ Mandate the use of PPE. If your business decides to continue requiring PPE, ensure employees understand

HOW TO OPEN YOUR OFFICE SAFELY SEE PAGE 6



ADAM MILLER

MEDTRADE 2020: PONDERING POSSIBILITIES

As we sit here today, we intend to have the show in November in Atlanta. That is the goal, writes Mark Lind

BY MARK LIND

WHAT WILL the Nov. 2-4 Medtrade look like in 2020? Wider aisles, sanitation stations, dedicated entrances/exits and reimagined registration areas are all on the table. The Medtrade team is discussing these and other possibilities for putting on the event coming out of the COVID-19 situation.

The March 3-5 Medtrade Spring in Las Vegas seems like a lifetime ago, and since then trade shows across the country have been canceled or put on virtually to varying degrees. As caretakers of the Medtrade show, we are taking a serious look at what the event at the Georgia World Congress Center (GWCC) might look like.

Fortunately, our partners at the GWCC believe strongly, as do we, that the health and safety of attendees must be the top priority. With that in mind, the GWCC recently announced their commitment to achieve GBAC (Global Biorisk Advisory Council) STAR accreditation for cleaning, disinfection and infectious disease prevention. They know, and we know, that this is a difficult time for many. Our team is here to tend to exhibitors' business needs, as well as the concerns and questions of attendees.

While we are planning on staging, we are considering a virtual component after the show for folks who are not able to attend. We use the term bolt-on or add-on component. That could be webinars or full conference recaps after the show.

With the show still about five months away, we did not seriously contemplate the idea of going "full virtual" and/or canceling the event at this point. In fact, the Medtrade team and the Education Advisory Board are optimistic, and I, too, am hopeful. That said, we can't be overly optimistic and we must have backup plans. As we sit here today, we intend to have the show in November in Atlanta. That is the goal.



MARK LIND

For their part, EAB members sifted through presentation submissions, which had trickled in at first due to the COVID crisis, but picked up considerably after an extension. Medtrade usually receives more than 100 presentation submissions. This year, we ended up just shy of that number, but I was pleasantly surprised. The quality was solid

and, in some cases, it was obvious that people had even more time to plan out their topics in detail.

Not surprisingly, there are several COVID-related topics and panels planned, primarily dealing with lessons learned and business operations during a crisis. Considering potential future guidelines, we planned to be ready for the question: Should we reduce the amount of conference sessions or make them smaller with socially distanced seating? If that happens, should Medtrade increase the number of conference sessions

to account for the smaller classes?

All of those are on the table. We will consider the safety of every attendee first and foremost, while following the rules and regulations set out by the state and the facility. We will not be hasty in those decisions, and we'll be developing an onsite preparedness plan that will account for many eventualities.

All of the above goes to the "what" of a possible staging in November, but what of the why? Some have asked: How relevant are in-person trade shows in 2020? I admit to being biased on the topic, but we've been asking the question and, thus far, the answer has been consistent: Face-to-face interaction is not dead; in fact, the craving for in-person networking may indeed be stronger.

Could it be that after all the pain, isolation and real human suffering that we are more inclined to seek each other out? It's true that I'm in the trade show business, but it's also true that I'm here because I'm a people person. We may not shake hands in the same manner, and perhaps hugs will be a bit more scarce, but seeing eye to eye remains important.

The idea of handling equipment and meeting (safely) so many people in a few days remains an amazing opportunity that has worked for quite a long time. I, for one, believe that Medtrade will endure, much like the HME providers who have proven so resilient throughout the years. I look forward to seeing you in Atlanta. **HME**

Mark Lind is show director for Medtrade and Medtrade Spring.

CONTRACTING



Understand contract terms

Q. What do I need to know when it comes to my managed care contracts?

A. Unfortunately, there's no Rosetta Stone for payer contracting. You need to understand operational and strategic terms that can have

a meaningful implication on your organization and financial performance. We've outlined five critical contract terms that need to be understood for each of your payer contracts.

TERM & TERMINATION

You want to maintain your options, as this allows you to get out of unfavorable situations or pursue renegotiations with more conviction. It's critical to understand when the termination date is so that you can initiate renegotiation conversations. Ideally you allow for appropriate

coordination (i.e. 3 to 6 months).

PROVIDER MANUALS

The provider manual is an extension of your contract. The payer can make changes to this and you are committed to those changes. It's crucial to understand if they are required to give you notice of updates and what your rights are if any "material changes" occur.

MEDICAL NECESSITY

You will only be reimbursed if the services you deliver are considered medically necessary. Ensure you understand the parameters out-

lined in the agreement. If you were to submit a bill to a payer that was known to be medically unnecessary, that could be evaluated as potential fraud.

CLAIMS PAYMENT PROVISIONS

The details behind what constitutes a clean claim are defined by the contract. From all the components that need to be accurately populated on the claim (e.g. patient information, dates of service, etc.), to additional dependencies that must be met (e.g. substantiating medical necessity, if applicable), to the time frames that

must be acknowledged.

LESSER OF PROVISIONS

This language compares the rates that are in your fee schedule to either (i) your billed charges or (ii) usual and customary charges. You will be paid whichever rate is the lesser of the two rates being compared. It's important you understand the details so you avoid "leaving money on the table." **HME**

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

EQUIPMENT MAINTENANCE



Reduce service, 'touches'

Q. What are the best ways to reduce the cost of maintaining equipment?

A. Providers of respiratory equipment recognize the significant revenue opportunities that come with this line of business. They also recognize, sometimes with surprise, the equally significant expenses involved with keeping their fleet

of respiratory equipment in clean, patient-ready condition.

Here are five lessons we have learned in years of working with providers of respiratory equipment.

Maintain PM schedules. Much like changing the oil in your car, adhering to the manufacturers recommended schedules for preventative maintenance will save you money in the long term.

Reduce the number of service vendors you work with. Administrative costs are often a large (and often overlooked) area of equipment management. The more vendors you manage, the more problems you will have. Smart compa-

nies reduce administrative costs by working with one or two vendors who service all their equipment.

Reduce insect infestation and smoke-damage. Neither your patients nor Medicaid pay for damage to insect-infested or smoke-damaged ventilators or concentrators. Some providers simply terminate patients whose living conditions continue to damage their respiratory equipment. Others use nylon to cover the access points so insects cannot enter the equipment and make it their home.

Train your warehouse staff to reduce damage. UPS shipments often arrive in our facilities with

damage caused by improper packing materials or processes. A \$300 PM service turns into a \$1,500 repair. Make sure your warehouse staff uses the correct boxes and plenty of bubble-wrap.

Reduce the number of "touches." Every time a piece of equipment is touched by an employee, it costs something. Examine the business process used to manage your equipment and identify ways to reduce the number of people, paper and processes involved. **HME**

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

STRATEGIC PLANNING



Turn around denials

Q. How do we keep orders moving and turn around medical necessity denials during the COVID-19 emergency?

A. In response to the public health emergency, CMS approved the use of telehealth to improve patient access to equipment. With patients still fearful about going to the physician's office, this practice looks likely to continue.

Fortunately, physicians are getting comfortable with telehealth and seeing patients using FaceTime, Zoom, Messenger or other tele-video methods.

This doesn't mean authorizations will always go through. If the insurer denies your authorization, there are several options for turning it around.

1. The patient can call and speak with a clinical reviewer. 2. You can request a re-review process where you can submit additional information that might support medical necessity. 3. You can have a peer-to-peer discussion with the client's doctor and the insurance company's medical director.

Reach out to the physician to see if they would be willing to assist the patient in turning the denial around. Let them know the options they have in the appeal process. The doctor can submit additional backup and/or write an appeal letter.

If the doctor is on board, send them the original submitted authorization packet, including the insurance denial to him/her. List all the reasons why the client's equipment was denied. Now the doctor is prepared and can address each and every reason with the client.

Have the doctor's office schedule a tele-visit with the client to address all issues listed and have the doctor document in their chart notes. Now he is prepared to write an appeal letter or conduct a peer-to-peer discussion. Written appeals can take up to 30-45 days. **HME**

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

WORK FROM HOME



Put measures in place

Q. How can I ensure employees are working efficiently and getting things done?

A. Many people in the workforce have transitioned to working from home and there are a couple key components to review when managing a remote workforce.

First, you need to put measures in place to gauge if the work is getting completed on time and if the teams are working effectively. To do this, you need to address workload.

Regardless of the billing platform a provider has implemented, there are several ways to get a high-level view of what is and is not getting done. The first place to look is throughput: What is the total volume of claims being processed and, based on the increase or decrease, do the deposits reflect the same? This should provide a 30,000-foot overview of what needs to be done and whether you are staffed appro-

priately.

If the numbers do not align, there are two logical places to look. If the volume has increased but the cash is not reflecting that, the on-hold or unbilled claims could be the bottleneck. If the volume has decreased and the cash has decreased, does your workforce have enough to do? The staff may have extra time in the day to help with other areas of the business.

Second, you need to ensure you maintain HIPAA compliance. I have previously mentioned the 10Zig zero client and its pre-configured HIPAA compliancy but

you also need to put a HIPAA strategy in place and continue to monitor, train and improve how you protect patient data. We are all judged by Department of Health and Human Services guidelines, specifically completing and maintaining a security and risk assessment. On first glance, this seems like a daunting task, but if providers break it down into manageable pieces, it is much less overwhelming. **s. HME**

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

OPENING UP

CONTINUED FROM PAGE 5

how to properly put on, take off, and care for PPE, as well as best practices and when it's required. Create training material that is easy to understand for all workers.

✓Install engineering controls. Engineering controls remove hazards or place barriers between the worker and the hazard. Some common engineering controls following COVID-19 include: High-efficiency air filters; increased ventilation rates in the work environment; and physical barriers, such as a clear plastic guard, placed between the worker and customer at the register.

✓Be flexible. Be prepared to change your business practices to continue maintaining essential operations, as many did when the public health emergency first started. Adaptive measures can include identifying alternative suppliers, prioritizing existing customers, or continuing to temporarily halt or

slow down some aspects of your operations, such as your retail space.

✓Speak to your vendors and partners. When crises like COVID-19 hit, we're better off helping one another. Continue to discuss your response and reopening plans with your business partners. Share best practices with businesses in the communities you serve along with those in your supply chain.

✓Continue to encourage social distancing. Social distancing, sometimes referred to as physical distancing, is the practice that aims to minimize the spread of disease by increasing the physical space between people. Consider maintaining the following best practices: Avoid gatherings of 10 or more people; keep at least six feet between yourself and other people; continue to host some meetings or appointments virtually; and continue encouraging staff to work from home whenever possible.

✓Adjust staffing to manage

various risk levels. Note that some employees may be at higher risk for serious illness, such as older adults and those with chronic medical conditions. Continue to minimize the amount of face-to-face contact higher risk employees have with others. Adjust their tasks so they can more easily maintain six feet of distance from their co-workers and customers.

✓Separate symptomatic employees. Employees who exhibit symptoms of illness should stay home. If one of your employees has a confirmed case of COVID-19, you should inform other employees of their possible exposure and instruct them on how to proceed based on the CDC Public Health Recommendations for Community Related Exposure.

✓Support proper etiquette and hygiene. Encourage your employees to cough or sneeze into a tissue or their upper arm. Businesses should continue to encourage good hygiene to prevent further spread of

COVID-19.

✓Clean and disinfect the workplace regularly. Focus on frequently touched surfaces, ensuring they're properly disinfected. Discourage workers from sharing equipment (e.g., phones, desks, or other tools) when possible. Provide disposable wipes so employees can easily disinfect commonly used surfaces before and after they use them.

WHAT ELSE SHOULD I KNOW?

Reopening your business in the wake of the COVID-19 pandemic may not be as simple as unlocking the front door, but there are plenty of resources available to help along the way. When in doubt, remember that your insurance agent or broker is in the business of helping you mitigate risk. Contact them when you need help determining what steps you need to take to open your business safely. **HME**

Adam Miller is a senior HME program manager for VGM Insurance. Reach him at adam.miller@vgm.com or on LinkedIn.

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AdaptHealth makes diabetes play, with emphasis on tech

BY THERESA FLAHERTY, Managing Editor

PLYMOUTH MEETING, Pa. – AdaptHealth execs say recurring revenue streams and a focus on connected health care made a recent pair of acquisitions doubly attractive.

The provider in late May announced it would pay \$425 million for Solara Medical Supplies and \$62 million for ActivStyle, extending its reach further into the diabetes and incontinence supplies markets, respectively.

The Chula Vista, Calif.-based Solara, a national supplier of continuous glucose monitors, insulin pumps and diabetes supplies, with annual revenues of about \$225 million, was especially attractive, says AdaptHealth CEO Luke McGee.

"This establishes AdaptHealth as a leader in the high growth diabetes market, while continuing to diversify the company's revenue streams and increase its exposure to recurring supply sales," he said on an investor call announcing the deals. "This aligns squarely with our long-term strategy of delivering connected care solutions in the home."

AdaptHealth expects to see 20% growth annually in CGMs over the next couple of years, say executives.

"The diabetes market is rapidly adopting CGM and connected devices driven by easier-to-use products and expanding reimbursement," said Solara CEO Steve Foreman, who

BY THE NUMBERS

Solara

Established: 2002
\$225m estimated revenues
40,000 active patients
300 employees

ActivStyle

Established: 1997
\$60m estimated revenues
65,000 active patients
900+ payer contracts

ADAPTHEALTH SEE NEXT PAGE

Decline in providers strains those that are left

There are fewer providers to serve more patients, amid a pandemic that has increased demand

BY THERESA FLAHERTY, Managing Editor

MEDICARE'S COMPETITIVE bidding program has decimated their ranks over the past 10 years and now those HME providers that are left are facing Round 2021 starting Jan. 1.

The industry has seen a significant decline in providers nationwide since the bid program debuted in 2011, ranging from 48% in Illinois and Arizona to 13% in Maine and Alaska, according to the VGM Group.

"Reimbursement cuts from bidding have made it almost impossible for providers to provide products at any kind of profitable margin," said Ron Evans,

DECLINE SEE NEXT PAGE

FRAGMENTED MARKET

Great Elm seeks 'stabilization'

BY THERESA FLAHERTY, Managing Editor

WALTHAM, Mass. – Despite the challenges of the current business environment, Great Elm DME is "exploring" opportunities in related markets and with other respiratory-focused DME companies, said CEO Peter Reed on an earnings call in May.

"These opportunities may result in relationships that provide stabilization in a fragmented industry," he said. "In addition, these opportunities could help to further diversify our payer and product mix."

Great Elm DME is part of Great Elm Capital Group and was formed in 2018 when the holding company combined Mesa, Ariz.-based Valley Healthcare Group with Portland, Ore.-based Northwest Medical.

The company grew 20.2% year over year in the third quarter of its fiscal year 2020, with growth in all major product categories, particularly the "key" PAP category, said Reed.

"New patient setups hit a new high this quarter," he said.

Great Elm DME has taken a proactive

approach to the COVID-19 pandemic to ensure it can continue to provide critical respiratory services, said Reed.

"Toward the end of the quarter, local shelter-in-place orders negatively impacted physician referrals," he said. "The decline in referrals continued past quarter end."

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

Tomorrow Health tries to one-up Amazon

BY TRACY ORZEL, Contributing Writer

NEW YORK – While online platforms like Amazon may sell DME at competitive prices, their cash-only business model leaves insurance beneficiaries out in the cold. Tomorrow Health looks to fill that void.

The technology-driven company works with Medicare and more than 100 private insurers to provide respiratory, mobility, wound care, urological and nutritional products—all with two-day delivery.

"Insurance is one of the least consumer-friendly industries out there," said Vijay Kedar, co-founder and CEO. "I built (Tomorrow Health) on the idea that we could bring technology and operations and a consumer focus together to make a better insurance experience."

The idea for Tomorrow Health was born out of Kedar's own experience coordinating his mother's home care after she was diagnosed with stage 3 cancer. Not only did he have to work with multiple providers to get the

right equipment, he also had to navigate her insurance benefits.

At Tomorrow Health, users can talk to care advocates over the phone, order online, or coordinate with their physician or insurance company to select products. The company offers real-time, upfront prices based on people's plans and then manages the reimbursement process end to end.

"Amazon is good at telling you when the box is going to get there, but they have no idea

TOMORROW HEALTH SEE NEXT PAGE



Vijay Kedar

BRIEFS

ABC Plus, Sleep Coaches partner with Team@Work

LOS ANGELES – ABC Plus Pharmacy and Sleep Coaches are collaborating with Team@Work to offer newly enhanced services to patients and referral sources. Team@Work offers revenue generation, compliance and market share growth for HME providers. The rapid adoption of telehealth during the current COVID-19 pandemic makes this an opportune time for the three companies to collaborate, says Ty Bello, Team@Work CEO. "There are many parts of this new normal, but increased revenue opportunities and a clinical sales approach with the referral community, may be a leading indicator for growth," he said.

AdaptHealth taps new chief financial officer

PLYMOUTH MEETING, Pa. – AdaptHealth has appointed Jason Clemens, CFA, as CFO, effective Aug. 3. Clemens has nearly two decades of financial leadership, most recently as senior vice president and operations chief financial officer at MEDNAX, a national provider of health solutions for hospitals and health systems. He also served in the U.S. Army. "I started my career with the U.S. Army, and ultimately transitioned to health care, because mission and service are very important to me," said Clemens. "I'm excited to join AdaptHealth and their leadership team, to be part of a greater mission of empowering patients to live their best lives." Clemens succeeds Gregg Holst.

CareCentrix adds Dr. Popiel to board

HARTFORD, Conn. – CareCentrix has added Richard Popiel, MD, MBA, to its Strategic Advisory Board. Dr. Popiel brings industry insights and years of expertise leading health care transformation, most recently as executive vice president and corporate chief medical officer of Cambia Health Solutions, a Portland, Ore.-based health insurer. "COVID-19 exposed the fragility and fragmentation of our health care system and demonstrated once again the value of providing more care to the home," said John Driscoll, CEO. "Dr. Popiel's experience delivering innovation and change at scale within large health plans and provider organizations will help us accelerate opportunities to bring care home." Popiel has also held senior leadership roles at Regence Health Plans, Horizon Blue Cross Blue Shield of New Jersey and Kaiser Permanente. He joins an eight-member Strategic Advisory Board that welcomed former Cleveland Clinic CEO Toby Cosgrove, MD, earlier this year.

Short take: Rotech

Rotech Healthcare in Lakeland, Fla., donated nearly \$900 to the Wooden Spoon diner, which has so far given out more than 1,000 free meals to front line workers during the COVID-19 pandemic.

Protech 'ready to seize on industry forces'

CINCINNATI – Protech Home Medical reported revenues of \$24.1 million in the second quarter of 2020, a 16% increase compared to the same period in 2019.

Adjusted EBITA for the quarter was \$4.9 million. Net income for the quarter was \$1.6 million, compared to a loss of \$0.5 million for the same period in 2019. The company received more than \$7.5 million in payments related to the CARES Act.

"These second quarter fiscal 2020 results showcase the resiliency of our business model, and I could not be prouder of our whole team," said CEO and Chairman Greg Crawford.

Protech's supply chain for critical equipment has remained strong during the COVID-19 pandemic, officials say, helping the company to transition patients out of the hospital system to free up beds.

"In the midst of the COVID-19 pandemic, the emphasis on the need for in-home health care has been magnified, and robust industry tailwinds have developed as a result," Crawford said. "We believe this pandemic has underscored the importance of Protech's mission going into the future, and as a dynamic home health care provider, we are ready to seize on these industry forces." **HME**

DECLINE

CONTINUED FROM PREVIOUS PAGE

co-founder and CEO of Mesa, Ariz.-based Valley Healthcare. "There were a lot of very good companies just in Phoenix, companies that provided good quality care, that either aren't able to survive or are struggling to."

Particularly in rural states, those providers that are left are being asked to pick up patients who no longer have providers. Evans has received calls asking if the company has considered expanding into certain underserved areas.

"We've had opportunities to pick up new patients," he said. "By the same token, it's not the way you would want to grow."

It's the same story in Texas, which has seen a 44% decline in providers. Kevin Hill has had to streamline operations at his 40-year-old company, even as he picks up patients from former competitors.

"We had a competitor out of Fort Worth, they had a branch they shut down so we are getting all their patients," said Hill, president and founder of Tyler, Texas-based CPS Medical. "But, we had three branches and now we have one."

Despite a coronavirus pandemic that has further increased demand but simultaneously challenged operations, providers are hanging in there and are, in many ways, in a better position than hospitals and restaurants, says VGM's John Gallagher.

"The feedback from many providers is they are pleasantly surprised their business is still here," said Gallagher, vice president of government relations. "The Paycheck Protection Program and other assistance that came through—I think that helped many."

Evans is optimistic changes made to the bid program are a step in the right direction, but says it's crucial to continue lobbying for relief.

"It's crucial to fight for what is fair and ensuring patients have access to good care," he said. "I think we can't ever give up that fight." **HME**

NATURALLY ABLE

CONTINUED FROM PAGE 2

to help providers do that?

Wells: We're creating authentic content. We're expanding the reach of their brand through social channels. We're teaching their employees how to be more inclusive. We provide a whole host of services—product advice, event support—anything that can help a provider connect with the community they serve.

HME: Why is it more important than ever for providers to strengthen their connections with customers?

Wells: Obviously, providers have had to pivot their marketing plans unexpectedly, with travel being limited and service calls being limited and hospital engagements being limited. The traditional means for obtaining referrals and brand growth are tabled for now. Going to a more online marketing approach reduces the overall costs of sales and it creates instant touch points with a potential customer base, which desperately needs support right now.

HME: So customers are responsive to this approach?

Wells: One of the silver linings of the pandemic has been the importance of connection. If there's any way providers can relieve some of the anxiety out there, it will be received with thanks. **HME**

TOMORROW

CONTINUED FROM PREVIOUS PAGE

what's in the box," Kedar said. "And this is a category in which we think that level of personalized support and guidance is really essential."

Tomorrow Health currently works with payers in 25 states, including most of the Northeast, Texas, Washington and Michigan, and plans to operate in all 50 states by the end of fall. In the meantime, individuals in all 50 states have access to direct-pay categories.

The company is also keen to partner with providers as an online extension of their brick-and-mortar stores.

"Our technology and operations will be beneficial for providers seeking to improve efficiency, reduce costs and acquire new customers," said Kedar. **HME**

NEW CLIMATE

CONTINUED FROM PAGE 1

Family Medical Supply sees new COVID patients every day, says provider Brad Heath.

"We are thinking (they will be on our service) anywhere from one to six or eight months, depending on their condition when they got diagnosed," said Heath, vice president of operations for Dunn, N.C.-based Family Medical Supply. "Some folks recover fast; some may recover but the respiratory damage may mean they don't come off of oxygen."

As essential businesses, most providers didn't close down completely, opting instead to implement remote work where possible, close locations to the public and ramp up infection control protocols to protect employees and patients. That's not changing anytime soon, they say.

"We're checking temperatures as people come in and requiring face coverings," said Katie Roberts, director for Cimarron Medical Services in Stillwater, Okla. "We do have panic buttons in the pockets

of employees working the front door in case someone (has a problem)."

Other providers say they will continue with distancing methods, like offering curbside service and outside delivery.

"If possible, we don't go into the home," said Racciato. "For oxygen and other stuff, we do (the visit) on the front porch."

One thing that hasn't changed: equipment shortages, say providers. Jason Jones was down to his last oxygen concentrator last week, before managing to secure more.

"Back orders are the biggest thing," said Jones, president of Jones Medical Supply in Troy, Ala. "We finally got over-bed tables; beds have been a challenge. We've put out almost every piece of inventory, but we've managed."

Jones' fingers are crossed. His rural county has recently seen an uptick in COVID cases, he says.

"One of the biggest misconceptions was that Alabama dodged it," he said. "We're late bloomers—in the last three weeks, we've seen 50% growth in (COVID cases), and now everything is re-opening." **HME**

ADAPT HEALTH

CONTINUED FROM PREVIOUS PAGE

will join AdaptHealth. "Over the past several years, Solara has worked to deepen its relationship with Abbott, DexCom, Tandem and the other major diabetic stakeholders, while also building out a national sales force."

CGMs are also a natural fit for AdaptHealth's strategy to meet the rising demand for increased care in the home, particularly in the wake of the COVID-19 pandemic, says McGee. The company already remotely monitors thousands of sleep apnea patients.

"Why can't we do that across more products?" he said. "We can (eventually) start pairing some of the CGM data with the CPAP. There's an increased demand to put other types of connected technologies like pulse oximeters and blood pressure cuffs in the home—all things that are natural in our






supply chain."

Both acquisitions dovetail nicely with AdaptHealth's growing supplies platform, which it launched when it acquired McKesson's Patient Care Solutions business, and offer cross-selling potential for patients with multiple co-morbidities, says McGee.

"We are in regular monthly contact with sleep apnea patients," he said. "We'll ask them whether they are diabetic. It's a significant opportunity to make our patient base more aware."

While ActivStyle's portfolio of incontinence and urological supplies, with an estimated \$60 million in annual revenues, is a lower profile business, it will benefit from AdaptHealth's broad reach, says McGee.

"The market is lower- to mid-single digit growth, but if we use our payers and referrals to diversify their source of inbound customers, we can drive higher growth," he said. **HME**

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REMOTE TECHNOLOGY & TELEHEALTH

'The data will bear this out'

Remote assessments, deliveries no longer 'unicorns' for Numotion

BY LIZ BEAULIEU, Editor

BRENTWOOD, Tenn. – Numotion has remotely conducted more than 3,000 evaluations and delivered more than 1,500 wheelchairs during the public health emergency as of June 1.

The company has an increasing number of partnerships with physician and occupational therapists, including those at Blue Sky Therapy in Ohio, to conduct evaluations and deliveries remotely, he says.

"The telehealth aspect of these partnerships is not unusual," said John Pryles, executive senior vice president of sales. "Well, as of June 1, it's not usual; we're doing it with multiple companies. Prior to June 1, it was unheard of. It

Clinicians see pros, cons

BY LIZ BEAULIEU, Editor

TWO CLINICIANS provided a realistic view of what telehealth looks like in practice during a May 28 webcast sponsored by NCART, NRRTS, U.S. Rehab and The Clinician Task Force.

Jennifer Lewis, PT, DPT, ATP, of Tidelands Health Rehabilitation Services in Myrtle Beach, S.C., has used telehealth for about 10 deliveries, or about 50% of deliveries, since April.

"They've gone pretty successfully," she said. "The delivery is going out with the supplier. Our telehealth is based through our EMR system. There's a waiver signed by the parent and then documentation guidelines."

Still, there have been "stressful situations," like the time a child with a supplier fell backward in a stander.



Jill Sparacio

"That has been one of the cons," she said. "You just can't get there to assist, even though you're communicating with the supplier, the parents and the nurse in the room."

There's also the work involved. Lewis says she has to prepare for the visit, conduct the visit and then follow up after the visit.

CLINICIANS SEE NEXT PAGE

was a unicorn."

CMS's decision to allow PTs and OTs to conduct telehealth services and to add a code used by therapists for "wheelchair management" to the list of approved codes for those services paved the way for Numotion to "shift our mindset," Pryles says.

Along the way, the company has found there are a number of advantages to conducting evaluations and deliveries remotely, including improving access to patients in remote areas; getting a better sense for how patients use their equipment in their homes; and reducing cycle times by several days.

"As we've done more of these, we've realized, we can provide the same or better experience for our customers," Pryles said. These "mini-light bulbs" have Numotion thinking about how

NUMOTION SEE NEXT PAGE

Long view, body cams, deadlines

BY LIZ BEAULIEU, Editor

TAKING A SHORT AND LONG VIEW

While there are "still some fires to put out," complex rehab stakeholders are shifting part of their focus on longer-term issues related to the coronavirus pandemic, says Don Clayback.

"There are real practical challenges that we're encountering, whether you're a customer, a clinician, a supplier or a manufacturer," said Clayback, executive director of NCART, during a May 14 "CRT Industry and COVID-19 Update" sponsored by NCART, NRRTS, U.S. Rehab and The Clinician Task Force. "There are real issues related to physical access, safety, operations, financials. We're going to be dealing with this for a while."

At the top of the list of longer-term issues are how to make the expansion in telehealth services

NOTEBOOK SEE NEXT PAGE

30th anniversary of ADA It's time of celebration, cause for improvements

BY TRACY ORZEL, Contributing Writer

TO COMMEMORATE the 30th anniversary of the Americans with Disabilities Act, VGM & Associates, U.S. Rehab and NCART have released a video featuring longtime champion and lead sponsor of the act, retired Sen. Tom Harkin.

The Harkin Institute for Public Policy & Citizen Engagement was established in 2013 to continue to catalyze change on issues of social justice, fairness and opportunity.

"Having him speak to the CRT policies that are needed helps set the stage for us to have those more detailed conversations, whether it be on a federal or state level," said Don Clayback, executive director of NCART.

The five-week campaign, which is symbolic of the five titles of the ADA, will also feature additional clips; quizzes posted to social media; and a remote social event on July 26, the anniversary of the act passing.



FORMER SEN. TOM HARKIN is a long-time champion of people with disabilities. He was a lead sponsor of the ADA.

While the ADA was landmark legislation, Clayback says improvements still need to be made.

"One of the premises of the ADA is to make work and social settings open to people with disabilities," he said, "but if you don't have the right wheelchair and right seating, you're really not able to fully participate in the benefits and the accomplishments of the ADA."

Then there's the aviation industry, which is not regulated by the ADA. Due to size and weight limitations, it has lagged behind the rest of the transportation industry in terms of storage

and accessibility.

"Access means how does that person safely get in and out of that airplane, how is their wheelchair protected and how is it delivered to them when they arrive at their destination," said Clayback.

To that end, NCART, the United Spinal Association, and U.S. Rehab are working with RESNA to help the aviation community come up with solutions to safely transport those with disabilities and assistive technology devices.

"So we're not seeing as much damage (to their wheelchairs)," said Greg Packer, president of U.S. Rehab. **HME**

BRIEFS

Travis Medical doubles down on Texas

AUSTIN, Texas – Travis Medical has combined operations with Allumed, positioning the regional complex rehab provider to provide additional services from Dallas and Temple, Texas. Travis Medical provides complex rehab services across Texas and seven other states. Luis Crespo will lead operations for Temple, Texas-based Allumed, as the founders transition into retirement. Last year, Travis Medical merged with American Seating & Mobility, expanding its reach to the Pacific Northwest.

NSM prioritizes client safety with new initiative

NASHVILLE, Tenn. – National Seating & Mobility is committed to "Serving Safely" as it kicks off National Safety Month. The company prioritizes the health and safety of its clients and incorporates additional guidance into existing protocols that are part of its Joint Commission accreditation. It is introducing a "Serving Safely" seal and launch kits, including internal and external signage, informational posters and vehicle magnets. Additional marketing resources will be distributed to NSM branches nationwide.

Numotion Foundation contributes to relief

BRENTWOOD, Tenn. – The Numotion Foundation has contributed \$100,000 each to the COVID-19 relief efforts of the Christopher & Dana Reeve Foundation and the Multiple Sclerosis Society. The Christopher & Dana Reeve Foundation will primarily use its \$50,000 contribution to support its mission to enhance the health and quality of life of those living with paralysis, and continue research on new treatments for spinal cord injury. The MS Society plans to use its \$50,000 contribution to support its MS Navigator program.

United Spinal partners with Google Accessibility

WASHINGTON – The United Spinal Association has partnered with the Google Accessibility team to provide its members with information on products and services that help people with disabilities have greater independence. Brook McCall, United Spinal's community manager, has been trained by the Google Accessibility team on a number of products and accessibility features and functionalities, and will serve as a resource for members with questions. As part of the partnership, United Spinal will also publish product highlights, with the first featuring Google Nest.

Show news

NCART and NRRTS will not hold an Access-2CRT Summit this year, after originally postponing it in March due to the COVID-19 pandemic. Those who have paid registration fees for 2020 can have the amount held for 2021 or request a refund...The 37th International Seating Symposium is accepting abstracts for conference courses through July 12. ISS is scheduled to take place March 18-20 in Pittsburgh.



FINALLY HOME

National Seating & Mobility and Operation FINALLY HOME partnered to provide a new wheelchair ramp for Ray Marin, who served in the U.S. Marines for six years during the Vietnam War. After open-heart surgery, a stroke and a battle with cancer, Operation FINALLY HOME provided home modifications to support his needs. NSM collaborated with National Ramp on the donation and the installation of the ramp. Pictured: Joshua Bernal, access specialist, NSM (left), with Lucille and Ray Martin (center).

NOTEBOOK

CONTINUED FROM PREVIOUS PAGE
for clinicians, OTs and PTs, permanent; and staving off reimbursement cuts by state Medicaid programs that will likely be under pressure to tighten their budgets.

TELEHEALTH AND BODY CAMS
Speaking of telehealth, Mark Schmeler of the University of Pittsburgh envisions “a whole new market out there now for telehealth and equipment” in the wake of CMS expanding these services.

“We’re kind of piecing things together and have been with USB and speakers and cameras, but there is stuff out there that’s ready to go more for tele-home care,”

said Schmeler, associate professor and vice chairman for education and training in the Department of Rehabilitation Science and Technology. “But I’m imagining pinch meters, dynamometers and force gauges that we may be using in the future that automatically connect to the computer. I think body cams is a big area. We’ve done some investigations. It helps to move around.”

STICKING TO DEADLINES
On a positive note, stakeholders are pleased to see CMS sticking with a July deadline for implementing the suspension of competitive bidding pricing for accessories for complex rehab manual wheelchairs. The agency will adjust payments for

claims submitted on or after July 6, 2020, through June 30, 2021.

“We were concerned it might get pushed back (due to the pandemic),” Clayback said.

On or after July 6, providers will also be able to adjust previously paid claims with dates of service on or after Jan. 1, 2020, but they will need to “take specific action to get that increase in payment,” says Rita Stanley.

“CMS hasn’t announced that yet, but there is a (website) address that CMS has indicated to go to to get that information as soon as it is made available,” said Stanley, vice president of government relations for Sunrise Medical. **HME**

CLINICIANS

CONTINUED FROM PREVIOUS PAGE

“It’s three times the amount of work,” she said.

A major advantage of using telehealth, though, has been the view it provides, Lewis says.

“There’s been a huge advantage to assess the home environment—how the room is set up, how the house is set up,” she said.

For Jill Sparacio, “Telehealth is of no value in my facility because the facility won’t let the suppliers in, either. Telehealth in my definition is me standing in a hallway looking 20 feet down at a resident in their chair who desperately

needs growth modifications, so I eyeball it.”

Sparacio, OTR/L, ATP/SMS, ABDA, of Sparacio Consulting Services, contracts with a long-term care facility in the Chicago area and has been working with the case managers to determine what adjustments need to be done to their residents’ wheelchairs. The case managers then transfer residents to beds, while she works on their wheelchairs from a distance.

“I get the chair, I disinfect it, I do the modifications, I disinfect it again, and then I peer down the hallway to see how they look,” she said. **HME**

NUMOTION

CONTINUED FROM PREVIOUS PAGE

it will continue conducting evaluations and deliveries remotely for certain patients, even after things go back to “normal,” Pryles says.

“There are a high percentage of customers who are still going to need (clinics and in-person services), but there’s a big need (for remote services),” he said. “So depending on the type of customer and where they are, we can incorporate what we’ve learned for bet-

ter seamless outcomes across the board.”

Speaking of outcomes, Numotion is collecting data not only for its own internal purposes but also for Medicare and other payers, in the event they decide to roll back the expansion of telehealth services, Pryles said.

“We’ve come up with a good way to track that and analyze that, and will present that data in conjunction with (industry stakeholders),” he said. “The data will bear this out.” **HME**



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Advocates bet choice has new meaning

BY T. FLAHERTY, Managing Editor

WATERLOO, Iowa – While choice has always been important for women recovering from breast surgery, the current public health emergency underscores that need, says Nikki Jensen, vice president of Essentially Women, a division of VGM.

There could be an increase in women opting for a prosthesis over reconstructive surgery, predicts Jensen.

“We feel that women will be looking for options that lower the risk of exposure,” she said.

It’s a message that could boost efforts to build support for the Breast Cancer Patient Equity Act, which was introduced in both the House of Representatives and the Senate in March 2019 and which currently has 42 and four co-sponsors, respectively. Similar



WOMEN'S HEALTH PROVIDERS hope this is the year the Breast Cancer Patient Equity Act passes.

legislation has received broad bipartisan support in the past and stakeholders are hoping that this is the year it finally makes it across the finish line.

While lobbying efforts were mostly on hold this spring, women’s health stakeholders are now

ready to push forward, says Jensen.

“We’re definitely ready to get back up and going,” she said. “We will be urging people to take action and let their voices be heard.”

EW is working to reschedule a Call-In Day **WOMEN'S HEALTH SEE NEXT PAGE**

Diabetes program helps Rx build brand

BY THERESA FLAHERTY, Managing Editor

IN MANY parts of the country, community pharmacists are often the most accessible health care providers, says the National Community Pharmacists Association. That’s a big reason why the association was recently awarded a contract by the Centers for Disease Control to help independent pharmacies prevent Type 2 diabetes, says John Beckner, NCPA’s senior director of strategic initiatives.



John Beckner

“We really felt like our members were in a great position to offer this, particularly those that were in rural, underserved areas, which aligns with

DIABETES PROGRAM SEE NEXT PAGE

BRIEFS

DarioHealth signs initial RPM contracts

NEW YORK – DarioHealth has signed its first two remote patient monitoring contracts. Dario’s RPM product integrates the company’s existing open platform, application technology and the DarioEngage coaching platform to offer physicians, health systems and large provider groups a turnkey solution to leverage the recently approved remote patient monitoring codes. “We are very pleased to have entered into our first two RPM contracts within a couple of months of launching into this entirely new market for us, which we believe demonstrates the value of our solution,” said Rick Anderson, president and general manager for North America. CMS recently approved RPM codes for Medicare patients.

Singular Sleep adds CPAP titration service

JACKSONVILLE BEACH, Fla. – Singular Sleep, an online sleep apnea center, has launched a new program to help patients find the required pressure for their CPAP machines from their homes. “The traditional method has been to undergo an in-lab CPAP titration study after the diagnosis of sleep apnea is made to find the most effective pressure setting for the individual,” said Dr. Joseph Krainin, president of Singular Sleep. “However, due to COVID-19, the vast majority of sleep labs are closed. We have become aware that, because of these closures, many people have been unable to start the CPAP therapy that they need.”

Incontinence affects majority of middle-aged women, study finds

ASHEVILLE, N.C. – Almost 72% of women between ages 40-64 have experienced bladder control or leakage issues, according to a survey sponsored by Aeroflow Healthcare. About 65% say they experience bladder leakage at least once a month and 25% say it’s a daily occurrence. Other findings: More than half of women say incontinence affects their daily lives and activities, including work, education and exercise. Additionally, more than half of women say they have not visited a health care provider after experiencing loss of bladder control, and 37% say they did not seek treatment because they did not think it was a big deal. A third party polled more than 1,000 women aged 40 to 64 living in the United States to conduct the survey.

Short takes

Option Care Health has expanded its use of Wolters Kluwer’s Simplifi 797, its web-based compounding compliance solution. This will allow it to standardize training and promote nationwide adoption of best practices to ensure staff and patient safety, and maximize efficiency... **Aeroflow Breastpumps** has added the Willow Wearable Breast Pump to its product portfolio. The all-in-one, in-bra pump retails for \$499.99.

SLEEP & TECHNOLOGY

Aeroflow embraces telehealth for sleep

BY THERESA FLAHERTY, Managing Editor

ASHEVILLE, N.C. – Aeroflow Healthcare was already dabbling with telehealth for its sleep patients, but the COVID-19 pandemic pushed the provider to ramp up its efforts, says Eric Mongeau.

“We saw an opportunity to get away from the concept of sending a clinician to the homes,” said Mongeau, national sales director of its sleep and respiratory division. “Some (things) are hard to handle over the phone, but we saw opportunity to have a video interaction with patients.”

Aeroflow had already been testing an outsourced telehealth technology platform, so it was well-positioned to pivot once CMS started

relaxing certain guidelines and increased reimbursement to make it easier for physicians and other health care professionals to provide telehealth services, says Mongeau.

Clinicians can help patients remotely with everything from initial CPAP setup and mask fittings to changing filters and helping patients maintain that all-important compliance, says Mongeau.

“We have a robust compliance program,” he said. “Our sleep coaching team works with patients for the first 90 days. We use email marketing to communicate with



Eric Mongeau

AEROFLOW SEE NEXT PAGE

Another arrow in compliance quiver

Providers on mask tools: They’re ‘tremendously valuable’

BY THERESA FLAHERTY, Managing Editor

NEW TOOLS aim to reduce the guesswork when it comes to helping sleep apnea patients get the right masks and maintain compliance, say CPAP providers.

ResMed in May launched ResMed MaskSelector to create personalized mask recommendations based on a patient’s sleep attributes and facial measurements; Philips Respironics last year launched Philips Mask Selector to leverage 3D technology to find the best mask fit.

“(These tools are) tremendously valuable,” says Brad Heath, director of operations for Dunn, N.C.-based Family Medical Supply. “Tradition-

ally, patients have been the least involved in those decisions and this is giving them many more tools to have a custom fit. It’s such a personal piece of respiratory equipment, because it touches the face.”

It’s not uncommon for patients to be refitted for masks after the initial one doesn’t work out. When a mask is uncomfortable or simply the wrong size, the patient may give up on CPAP therapy before they even get started, says Jason Jones.

“It’s a deal breaker,” said Jones, president of Jones Medical Supply in Troy, Ala. “You can have a guy who needs a CPAP and can’t get a mask or tries two or three masks and after a week or two still can’t get it to work.

MASK SELECTORS SEE NEXT PAGE

NCPA DIGEST

Business changes due to COVID-19 will 'outlast disease,' survey says

ALEXANDRIA, Va. — Sixty-one percent of community pharmacists expect to offer point-of-care testing for various illnesses, including COVID-19 when it becomes available, according to a new survey from the National Community Pharmacists Association.

Nearly three-quarters of respondents said they didn't offer this testing prior to the pandemic.

"Pharmacies have adapted to the crisis in ways that may outlast the disease," said Brian Caswell, president of the NCPA and owner of Wolk Drug.

Many of the operational changes that pharmacies have adopted in response to the pandemic will also last, the NCPA found. Sixty-one percent of respondents say consumer demand for online products will remain high even after the pandemic abates, and 82% say they plan to continue home delivery and curbside service.

"Our pharmacy, like most local pharmacies, offered same-day delivery before the pandemic," Caswell said. "We doubled our delivery service and started curbside service to keep our patients and employees



Brian Caswell

safe. Most local pharmacists think those are services that consumers will value after the national emergency fades."

NCPA JOINS ORGANIZATIONS SEEKING PROTECTION...

The association signed on to a letter urging Congress to pass Good Samaritan legislation that would shield businesses from COVID-19 lawsuits. The coalition of organizations represents health care providers, industry groups and educational institutions who are at risk of being taken to court despite taking precautions to protect employees, patients and customers. Such lawsuits would wipe out many businesses and impede economic recovery, says the NCPA.

... LAUDS NEW PILOT PROGRAM FOR COVID TESTING

New York Gov. Andrew Cuomo has announced a new pilot program that involves independent pharmacies conducting up to 7,000 COVID-19 tests per week. The National Community Pharmacists Association, which represents more than 21,000 independent pharmacies across the country, applauded the program, which is being coordinated with the Pharmacists Society of the State of New York and with the state's network of CPESN clinically integrated pharmacies. **HME**

MASK FIT

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That's a no-go. The mask is key."

Ultimately, it comes down to the provider and the patient working together to find a mask that works, say providers. Richard Spafford offers "fit packs"—a kit from the manufacturer that contains small, medium and large masks. That cuts down on returns and exchanges, and saves valuable time, though the provider is still available to help.

"If the fit pack doesn't work, we can try a size higher; we can walk them through it," said Spafford, president of USA Medical Supply in Springfield, Mass. "That's helped us substantially and it offers good protection for both sides." **HME**

AEROFLOW

CONTINUED FROM PREVIOUS PAGE

patients—little tricks (to help with CPAP), where they are in the process (of obtaining their CPAP), and educating them on insurance rules."

Aeroflow still does in-home or in-office visits for patients who prefer to do so, says Mongeau.

"We've tried to set up a model where everything we do has multiple modalities," he said. "We don't want to put all of our patients into any specific box." **HME**

REFERRALS

CONTINUED FROM PAGE 1

Family Medical Supply experienced a 20% to 40% drop-off in CPAP referrals, much of it attributable to sleep labs temporarily closing, says Brad Heath.

But with American unemployment figures lingering in the double digits, people are worried about their pocketbooks, too, and that has also impacted referrals, says Heath.

"We saw some folks not sure if they could afford the co-pay and deductible," said Heath, vice president of operations for the Dunn, N.C.-based provider. "(It can be a large) out-of-pocket expense."

Providers do anticipate more buy in on remote patient monitoring and home sleep testing going forward, helping to lessen the pandemic's impact on referrals.

"I think that will be a lot more interest—that's an area that has always been dabbled in," said Woody O'Neal, vice president of Pelham, Ala.-based O2 Neal Medical. "What we'd have to see for widespread acceptance is probably patients demanding it and we may have that demand now."

Still, it's important to remember successful sleep therapy is more than just drop-shipping and video consults, says Heath.

"Early indications are that you have higher compliance with real face-to-face interaction," he said. "It's easy to do drop-ship and do video, but if we are going to do it we have to be able to keep compliance rates. That's one of the challenges." **HME**

DIABETES PROGRAM BUILDS BIZ

CONTINUED FROM PREVIOUS PAGE

the CDC's goals for the program," he said.

Per the program, pharmacies will be able to offer the National Diabetes Prevention Program in partnership with the Association of Diabetes Care & Education Specialists and Omnisys. The program is already underway, with 18 participating pharmacies in the initial phase.

Beckner spoke with HME News recently about the contract, how it benefits both patients and pharmacies, and the need to make such programs sustainable.

HME NEWS: How does the CDC contract allow independent pharmacies to develop a diabetes prevention program?

John Beckner: The idea is to defray some of the costs the pharmacy would incur.

HME: Do the pharmacies get any other support for the program?

Beckner: NCPA is providing a lot of educational resources if they have questions or concerns. It's in our best interest for these to be successful so we're going to

Ultimately, we hope to get these folks full CDC recognition for these types of services.

do whatever we can to make sure they are successful.

HME: How did you select the pharmacies that are participating?

Beckner: We had a list of criteria. One was, they have current or previous involvement in patient care programs, whether its diabetes self-management, or immunizations or health screenings. We also looked at those pharmacies that were planning to utilize someone other than a pharmacist. For this to be sustainable beyond the scope of the contract, they really need to look at non-pharmacists, such as a technician or community outreach worker, with reaching out to patients and teaching classes.

HME: This benefits patients, obviously, but how does it benefit pharmacists?

Beckner: Just being able to offer those services, you brand your pharmacy as a destination for people with diabetes or as a wellness-type brand. By establishing that wellness brand, they can hopefully attract additional customers into the store. Ultimately, we hope to get these folks full CDC recognition for these types of services and the pharmacist needs to be reimbursed so we need to make it sustainable. **HME**

MEDICAID CUTS ON THE HORIZON?

CONTINUED FROM PAGE 1

hoping to convey to not only to Medicaid programs but also commercial payers, says Chandler.

"If the state says they are going to reduce reimbursement, those other companies are going to look for reductions, as well," he said. "It all flows downward."

Between increases in the number of unemployed and increases in the number of people receiving Medicaid compared to even a few months ago, payers could also look for savings beyond just rate cuts, says Craig Douglas, vice president of payer relations for VGM.

"They might have to cut back on the services they cover or they may question medical necessity," he said. "You can't get blood from a turnip. If the money isn't there, they have to cut something."

One state that highlights the impact of the pandemic: California. The state went from a projected \$7 billion surplus to a \$55 billion deficit for the next fiscal year,

says Bob Acherman, executive director of CAMPS. Providers there also face a 10% clawback—retroactive to Jan. 1, 2019—on top of rate cuts that took effect in April as Medi-Cal seeks to comply with the 21st Century Cures Act.

"They had a rainy day fund, but they chewed through that with unemployment increases and (other costs)," he said. "It's hard to argue when they want to cut rates across the board."

Other states, including Arkansas and Oklahoma, are rolling out changes to comply with the Cures Act, too. Oklahoma, for example, plans to implement rate cuts across several product categories July 1, says Laura Williard, vice president of payer relations.

"We don't deny the changes need to happen, but the timing is bad," said Willard, vice president of payer relations. "They've known about this for 2.5 years and now they are doing it in the middle of a pandemic." **HME**



D. Chandler



Laura Williard

WOMEN'S HEALTH

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that was originally scheduled for April 1, then pushed to April 15, then cancelled amid the "chaos" of the pandemic, says Jensen. With lawmakers still grappling with COVID-19, stakeholders are taking it day by day.

"We will be looking at how things are evolving," she said. "We know this isn't a standalone bill and we are hopeful that there will be a health care package and we can get this included." **HME**



ESSENTIALLY WOMEN'S NIKKI JENSEN thinks the pandemic might push issue of choice for women.

Technology name of game in mobility market

BY JOHN ANDREWS, Contributing Editor

THE COVID-19 pandemic has exposed a need for the mobility market—specifically the supply chain—to take full advantage of information technology and virtual services. Utilizing the latest advancements in communications not only minimizes disease transmission, it maximizes interaction and efficiency, mobility specialists say.

“As a result of the COVID-19 pandemic, technology is being embraced by all channels in the industry, from clients to referral sources and payers,” said Bill Mixon, CEO of Franklin, Tenn.-based National Seating and Mobility. “The use of technology certainly supports the safe provision of services, but it also streamlines the client experience.”

For example, NSM’s remote evaluation service incorporates verbal diagnostics, video diagnostics and connected chair integration to facilitate repairs before or by the first in-person appointment, Mixon said, adding that he is “hopeful the recent acceptance and use of telehealth will open the door to additional long-term changes.”

Renae Storie, vice president of Exeter, Pa.-based Pride Mobility, recommends upgrading technology for online marketing and says it also improves customer relationships.

“The current COVID-19 environment has underscored the need for providers to improve their websites, create e-commerce platforms, invest in search engine optimization platforms and digital marketing campaigns to make the shopping experience eas-

ier for consumers,” Storie said. “Additionally, brick-and-mortar locations are adapting to a new way of doing business, creating comfortable social distancing environments. Providers cannot assume things will eventually get back to normal with respect to in-store interactions and volume.”

As for the products, Storie says technology is advancing performance.

“Some examples of technology advances include the use of lithium-ion batteries on some scooter models,” she said. “At Pride, technology like iTurn Technology for a tighter turning radius on the Jazzy Zero Turn Series and the ability to elevate with our Jazzy Air 2, offers the consumer social mobility and innovative solutions to improve the experience.”

C. J. Copley, executive vice president of sales and marketing at Old Forge, Pa.-based Golden Technologies, says the company’s technology focus has centered on its GB120 Buzzaround Carry-On folding scooter.

“Our innovation has been on driving weight out of the scooter while increasing strength, weight capacity and range,” he said. “It’s easy to load into a car and it’s designed to fit in the smallest compartments when folded, with an optional airline friendly battery.”

RETAIL GROWTH EYED

Retail has been a growth segment in the mobility market for nearly 10 years, since competitive bidding went into effect in 2011. Meant as an alternative for providers who did not win a wheelchair bid, retail has become a common commercial outlet for HME provid-

CATEGORY

Mobility

TECH CONFIDENTIAL

■ **Deploy IT:** Utilizing online tools like websites, e-commerce platforms, search engine optimization and digital marketing campaigns not only enriches relationships with clients, it minimizes physical contact during the pandemic age.

RETAIL POTENTIAL

■ **Add-on sales:** Accessories hold enormous promise for rounding out wheelchair and scooter purchases. Travel bags, additional batteries, baskets, color shrouds, cell phone holders, USB charger ports, scooter covers, cup holders and extra chargers are among the many examples of items that can augment sales.

REPAIR ESSENTIAL

■ **One step beyond:** Offering repair and maintenance services is an integral part of holistic mobility patient care and should include repairing the charger, batteries, motor, tires and rims, caster wheels, electronics and comfort adjustments.

ers, especially among baby boomers.

Led by scooters and light power chairs, retail mobility is brimming with sales potential, Copley said.

“We find that the retail market is certainly growing with mobility products more tailored to customers who want not only ease of use and portability in a scooter or power

wheelchair, but a way to express their individual style as well,” Copley said. “We see our retailers taking advantage of the BuzzAround with a choice of colors for the shrouds kits. The GP162 LiteRider Envy is a super portable power wheelchair with a unique tubular design that is available in multiple colors.”

Augmenting retail sales are a plethora of accessories. Items such as travel bags, additional batteries, baskets, color shrouds, cell phone holders, USB charger ports, scooter covers, cup holders and extra chargers are among the examples of add-on products.

REPAIR CRITICAL

Offering repair and maintenance services is a critical part of the HME business, Storie said.

“Providers should be able to service all the equipment they sell, directly or through a third-party industry repair service,” she said. “Common repairs include the charger, batteries, motor, tires and rims, caster wheels and electronics. Comfort adjustments also fall into this category. Offering exceptional service improves the relationship with the consumer and will lead to referrals and repeat business.”

Providers need to take care of each client’s entire range of mobility needs, Mixon said.

“Our clients have expressed the desire to work with a trusted partner to not only provide equipment, but to care for them and their equipment for the duration,” he said. “Just like the car industry, we want to support our clients from the start and establish a relationship for the long term. **HME**

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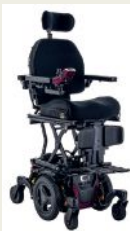


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- ContourU creates a precise individual fit, providing pressure redistribution and positioning.
- Silhouette option is designed to provide comfort, stability and skin protection.

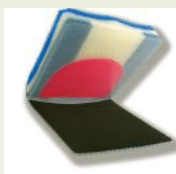


www.invacare.com

Supracor, Inc.

STIMULITE ADJUSTABLE CONTOURED CUSHION

- Provides maximum pressure relief, reduced shearing and ventilation to help prevent pressure injuries.
- Features an adjustment cavity in the bottom of the cushion with multiple honeycomb inserts to customize for immersion, skin protection and positioning needs, including pelvic obliquities.
- Naturally antimicrobial and allergen free; machine washable and dryer safe.



www.supracor.com

Dalton Medical Corp.

3" FOAM SEAT CUSHION

- High density polyurethane foam.
- Stretch cover is breathable.
- PMC-2600116 16 inches x 16 inches; PMC-2600118 18 inches x 16 inches; \$11/each.



www.daltonmedical.com

Drive DeVilbiss Healthcare

BALANCED AIRE ADJUSTABLE SKIN PROTECTION CUSHION

- Flexible, interconnected, independent air cells for deep immersion.
- Low-shear, washable stretch cover with adjustable locking straps and non-skid bottom.
- 4-inch and 2-inch air cell heights available, adjustable with hand pump.



www.drivemedical.com

Ride Designs

RIDE CUSTOM ACCUSOFT CUSHION

- Accurate custom fit with a softer, more forgiving, sitting surface.
- Inner incontinent-proof cover included; optional outer wipeable cover available.
- Two foam options, two contour options, plus cushion is modifiable in field.



www.ridedesigns.com

Accessories

Quantum Rehab

LED FENDER LIGHTS

- Ultra-bright, long-life LEDs allow optimal user visibility at night.
- Slim-line fender integration for ultimate compactness and durability.
- Standard with iLevel, Edge 3 Stretto, Edge 3, 4Front, Q6 Edge Z.



www.quantumrehab.com

Armadillo Mobility Accessories

ARMADILLO OXYGEN TANK HOLDER

- Holds both E and D cylinder oxygen tanks.
- Three-pocket design.
- Robust fabric, available in white/gray.



worldsbestaccessories.com

Troy Technologies, Inc.

WHEELCHAIR HANDLE EXTENDER

- Attach quickly and easily to all major brands of travel wheelchairs and strollers.
- No tools required.
- Adds up to 8 inches of height.

<https://travelwheelchair.net/collections/accessories/products/wheelchair-push-handle-extensions>



Dalton Medical Corp.

ZCF-E263-24A

- Backpack bucket.
- Material: 100% cotton canvas; \$14.95.
- For use with manual or electric wheelchairs.

www.daltonmedical.com



GF Health Products, Inc.

EVEREST & JENNINGS EJTRAY18 WHEELCHAIR POSITIONING TRAY

- Multipurpose tray ideal for eating, reading, or writing.
- Easy-to-clean composite top and removable, washable cover.
- 1.3-pound total weight; 10-pound weight capacity, evenly distributed.



www.grahamfield.com

Ramps

EZ-Access

PATHWAY 3G MODULAR ACCESS SYSTEM

- Interchangeable ramp system with mix-and-match options.
- Complete modularity and versatility to accommodate standard to unique home entrances.
- All-aluminum, lightweight design with few components and minimal hardware for simple installation.



www.ezaccess.com

Prairie View Industries, Inc.

THE WHEEL-A-BOUT RAMP

- Stores upright in a garage and then effortlessly rolls into place.
- Full, 30-inch wide solid and stable platform.
- Available in 10- and 12-inch lengths.

www.pviramps.com



Scooters

Pride Mobility

IRIDE SCOOTER

- Ultra-lightweight scooter weighs just over 46 pounds.
- Features foldable tiller; height-adjustable, removable seat; and air-safe lithium-ion battery pack.
- Supplemental foot brake, easy-to-grip tiller adjustment knob, twist grip throttle and more.



www.pridemobility.com

Dalton Medical Corp.

2454 FOUR WHEEL SCOOTER

- SEGAEGO 4-wheel scooter with batteries.
- Overall dimension(LxWxH): 52 inches x 21 inches x 18 inches.
- Weight capacity: 300 pounds; \$495.

www.daltonmedical.com



New Solutions

PRIDE REPLACEMENT SCOOTER WHEELS

- Three and four wheel scooters.
- Fits Victory 9, 10 and GoGo Scooters (front and rear).

www.newsolutions1.com

Golden Technologies

BUZZAROUND CARRY-ON

- The Carry-On folding scooter is sporty, compact, portable and fun to drive.
- Designed to take up minimal space, it is only 12 inches high when folded without the seat.
- Features an infinite adjustable tiller, long-range coverage and optional airline friendly battery.

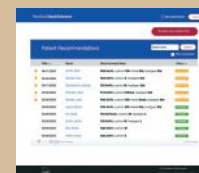
www.goldentech.com

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Invacare tries to even out impact of pandemic

Company balances increased demand for respiratory products with decreased demand for mobility products

BY LIZ BEAULIEU, Editor

ELYRIA, Ohio – Invacare saw decent sales in the first quarter of 2020, particularly in mobility and seating products, but the company expects a decline in the second quarter due to the coronavirus pandemic.

The company saw a constant currency 4% increase in sales for mobility and seating products in the first quarter, which took place largely before the pandemic hit, driven by a 16% increase in power wheelchairs and offset by a decline in sales for manual mobility products.

“We were very pleased with the mobility and seat-



Matthew Monaghan

ing performance in first quarter 2020,” said Matthew Monaghan, chairman, president and CEO. “We have been growing our commercial organization and improving our new product launch processes. The results in mobility and seating, especially with power wheelchairs, were strong.”

In April and going into May, however, the pandemic has been limiting end user

access to the clinicians who perform fittings for mobility and seating products.

While Invacare has seen an increase in demand for beds and respiratory products due to the pandemic, mobility and seating products typically carry higher margins, so losses in that product category carry more weight.

“Which is why we’re anticipating that there will be some pressure on margins,” said Kathleen Leneghan, senior vice president and CFO.

Invacare is already taking operational and cost management actions to mitigate “margin dilution” like

INVACARE SEE NEXT PAGE

Inogen reports bumpy first quarter

BY LIZ BEAULIEU, Editor

GOLETA, Calif. – Inogen saw an 8.9% drop in its direct-to-consumer sales in the first quarter of 2020 vs. 2019, with consumers not traveling and, therefore, not needing portable oxygen concentrators.

The impact of the pandemic is continuing into the second quarter, as well, with the company reporting a 25% decrease in DTC sales in April.

“Typically, we would expect to see order volume increase going into the second quarter, which is seasonally stronger for us,” said Ali Bauerlein, CFO. “If you

look at the historical increase we’ve seen going from Q1 to Q2, from 2012-18, that average (has been) about 25%. What we also saw, though, in April is we still are generating significant patient interest.”

Inogen reported total revenue of \$88.5 million for the first quarter, a 1.9% decrease from the same period last year. Net loss was \$1.6 million vs. net income of \$5.3 million.

To counteract losses, Inogen is decreasing certain personnel hires, reducing advertising—it spent about \$10 million on advertising in the first quarter—and implementing other cost saving measures.



Scott Wilkinson

“Given where Inogen stands today and in spite of the challenges we and the global economy face in the coming months, we believe our strong cash and cash equivalents of \$208.4 million with no debt outstanding provides us with a certain level of stability and liquidity to operate and be

INOGEN SEE NEXT PAGE

Rowheels ‘wants to empower rehab’

BY LIZ BEAULIEU, Editor

MADISON, Wis. – Rowheels has launched RehabPulse.com to expand its e-commerce presence beyond just its own products.

Rowheels announced recently that McKesson, Compass Health, Ki Mobility, Merits Health, Motion Composites and WHILL have all signed up to have their products sold through the online marketplace, which company officials liken to Amazon.

“We want to evolve the access of these products from the manufacturers to the end users,” said Gaurav Mishra, CEO of Rowheels. “When we did that for ourselves, it benefitted us tremendously. We want to empower the rehab world.”

Rowheels already sells its products on its own website, Rowheels.com.

The company made the decision fairly early on to go direct to consumer, frustrated by the time it took to get its products included in other online stores.

“We wanted to spread the awareness of our technology, but it was painful,” Mishra said. “We have removed all the problems, especially for international business, with understanding the sales channels and politics.”

Speaking of politics, RehabPulse minimizes any push-backs from selling products direct to consumer.

“We are not just online geeks developing a website; we are a manufacturer and

ROWHEELS SEE NEXT PAGE

BRIEFS

CAIRE buys Spirosure

BALL GROUND, Ga. – CAIRE has acquired Spirosure, a California-based company that recently launched its first product to market, the Fenom Pro, a device that measures FeNO, a key indicator of allergic inflammation in asthmatic patients. “FeNo is quickly becoming recognized by the clinical community as an important diagnostic and management tool for clinicians who treat asthma patients,” said Earl Lawson, CAIRE president and CEO. “The acquisition of Spirosure further diversifies our portfolio and provides access to the \$5 billion respiratory diagnostic sector.” Spirosure will operate as a division of CAIRE called CAIRE Diagnostics.

Golden preps for digital sales

OLD FORGE, Pa. – Golden Technologies’ sales team has undergone extensive digital training in recent weeks as the company prepares to adapt to the way HME retailers are doing business in the current pandemic environment. In addition to social media training, the team has been trained on conducting virtual meetings and been given turnkey marketing content with images for retailers to use on their social media platforms. Once states reopen for business, retailers will be able to have their lift recliner, scooter and power wheelchair programs ready to sell faster.

Somnetics repurposes Transcend CPAP

MINNEAPOLIS – Somnetics International is working to repurpose its inventory of Transcend CPAP machines for use in the fight against COVID-19. “We know we have a part to play in fighting this pandemic,” said Clarence Johnson, CEO of Somnetics. “We are working as fast as possible to boost product and convert our CPAP machines to help prevent a nationwide shortage of ventilators in health care settings.” Somnetics is taking steps to repurpose its Transcend CPAP machines into respiratory support devices to assist patients that have trouble breathing as a result of COVID-19. The company’s engineers are working on a solution that includes designing a new breathing circuit to help control aerosolization of virus particles to protect health care workers.

Invacare completes private exchange

ELYRIA, Ohio – Invacare has completed its separate, private negotiated exchange transactions with certain shareholders of its 5% convertible senior notes due 2021 and certain holders of its 4.5% convertible senior notes due 2022 to exchange about \$35.4 million in aggregate principal amount of 2021 notes and \$38.5 million in aggregate principal amount of 2022 notes, for aggregate consideration of about \$73.9 million in aggregate principal amount of 5% Series II Convertible Senior Exchange Notes due 2024.



Pride debuts in Germany

Pride Mobility Products has launched its newest international standalone subsidiary, Pride Germany in Hovelhof. Pride has had a presence in Germany for more than 20 years and discussions for the subsidiary started last year. “We had to locate an appropriate facility, hire knowledgeable staff and create a top-notch sales force,” said Tim Murphy, vice president of European and Middle East operations and sales. The new facility features 16,000 square feet of warehouse, showroom, repair and service space. It employs 12.

Trace Medical: 'We can help you get business'

BY LIZ BEAULIEU, Editor

WHITMORE LAKE, Mich. — Trace Medical's provider customers now have access to SunMED Medical Solutions' contracts with hundreds of managed care and other payers for non-invasive and invasive ventilators.

Per an agreement, SunMED Medical subcontracts with Trace Medical, and Trace Medical, in turn, subcontracts with their provider customers, says Elliot Campbell senior vice president at Trace Medical.

"The process is simple," he said. "If you're one of our provider customers and you find yourself out of network with a payer, you



Elliot Campbell

submit an intake form to us and we work on the approval with SunMED for that payer. If the payer approves, we issue our provider customer a purchase order. We're a rental company that can help you get business."

Trace Medical and Marlton, N.J.-based SunMED announced the agreement in April of 2019, but they're officially rolling it out in the first quarter of 2020.

Campbell calls the agreement a win-win. Ideally, Trace Medical rents more vents

(and collects a nominal processing fee), SunMED gains scale (and collects a nominal processing fee) and provider customers diversify their payer mix.

"Sure, the margins are lower for providers, but they're accretive," he said. "The best thing is, there's no risk for them; Trace holds all the risk. It's upside only."

Campbell believes the agreement is a strong play for its provider customers to make a dent in Lincare's and Apria Healthcare's dominating presence in the vent market.

"We know there are 100,000 vents in the market today and if we can get a fraction of those, 5% to 6%, that's enough to turn the

wheel," he said.

The timing of the agreement—before CMS announces the new payment amounts for Round 2021, which includes non-invasive vents for the first time—is important, Campbell says.

"I mean, look, we owe it to ourselves," he said. "In the unlikely event that they decide not to include it in this round—everything we've seen, even though it has been lobbied against, makes it look like they're going to move forward with it—either way we're diversifying ourselves. Everyone at the table is diversifying themselves." **HME**

INVACARE

CONTINUED FROM PREVIOUS PAGE

instituting: salary reductions for senior executives, including members of its board of directors; part-time work schedules; and furloughs for a limited number of associates.

"These actions, in addition to proactively borrowing on our bank credit facilities, strengthen our balance sheet and preserve liquidity to support our continued transformation efforts," Leneghan said.

Invacare has also added temporary surcharges to mitigate significant costs from supply issues and expedited materials related to the pandemic and the increased demand for beds and respiratory products.

"We buy components from places like Italy and China and even across the United States, and you could imagine, in all those places local shelter orders have made it more difficult for those suppliers to assemble

a workforce and for their suppliers to do the same thing," Monaghan said. "So we've got a small army of people who are working really hard every day to overcome those, and then squeeze into what is effectively more expensive and much more limited logistics capacity around the world. So the costs have been extraordinarily high."

Invacare expects sales for mobility and seating products to bounce back in the third quarter.

"Mobility and seating demand is expected to rebound with the resumption of elective care, easier access to clinics and the loosening of stay-at-home orders," Monaghan said. "Predicting the exact profile of the change in demand is difficult, but we generally expect recovery to begin as early as the third quarter." **HME**

concentrators through our rental business."

While Inogen's DTC sales were down, domestic business-to-business sales were up 5.7% in the first quarter, primarily driven by increased demand from its HME provider partners for oxygen concentrators during the pandemic.

But that might not last.

"While there was an initial surge in demand, we believe that demand could be limited or declined while physician offices continue limiting patient interactions that traditionally have led to new oxygen patient referrals," Wilkinson said. **HME**

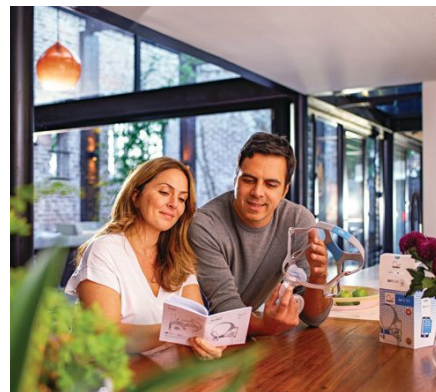
that product, even after the sale."

RehabPulse does allow dealers to set up their own shops on its marketplace, also like Amazon.

"The dealers can set up their own portal here," Mishra said. "If you have a license to sell, you can set up an account."

Rowheels has additional plans for RehabPulse, including building a referral business that directs end users to certain repair centers.

"It's a mega project aimed at providing better holistic care, and providing the best deals at the best price," Mishra said. **HME**



MaskSelector

ResMed has launched ResMed MaskSelector, a digital tool to make remote patient mask selection and sizing easier and more effective. MaskSelector creates personalized ResMed mask recommendations based on a patient's sleep attributes and facial measurements. MaskSelector is available at no charge through Dec. 31.

TELEHEALTH

CONTINUED FROM PAGE 1

who specialize in seating and mobility, and who are trying to continue serving patients remotely.

"We don't want this taken away (after the pandemic)," said Schmeler, associate professor and vice chairman for education and training in the Department of Rehabilitation Science and Technology at the University of Pittsburgh in Pittsburgh. "We need to start putting together best practices, so six months from now, we can say, 'This really worked well and we want it to continue.' (But) they're going to ask, 'What are your protocols and practices?'"

The CRT industry doesn't have to start its best practices from scratch, Schmeler says. The American Telehealth Association has established protocols and practices in four areas: administrative, clinical, technical and ethical. Also, the American Occupational Therapy Association published a position paper in 2018 with guidelines, including "consider the validity and reliability of measures" for telehealth.

"We should apply some strategy to doing some universal outcomes measures," he said. "So we can show some comparative effectiveness between the two."

Schmeler acknowledges that telehealth isn't for every patient, but even without the pandemic, it's a useful tool for the 50% of the population that doesn't live in metropolitan areas, where most seating clinics are located.

"It's not something we do on everybody, but it does have benefits," he said.

Schmeler has been a proponent of what he calls telerehab going back to the '90s. Still, before the pandemic, he estimates UPMC was doing about 2% of outpatient clinic appointments through telehealth; now it's 40%.

"It's a great opportunity for complex rehab," he said. "Unfortunately, it's not well-recognized or respected due to concerns that it's not equivalent or as effective." **HME**

CPAP CLEANERS

CONTINUED FROM PAGE 1

just exploded in a way that we never thought it would."

3B Medical has received calls from hospitals, doctor offices, clinics and urgent care facilities, all interested in using the Lumin to sanitize their PPE masks.

"We've heard everything," Guidice said. "Like in upstate New York, they were using

hydrogen peroxide and hair dryers to try and disinfect their masks so they could get more use out of them. We thought that was crazy."

The company has also received calls from fire and rescue departments, including the Snohomish County Fire Department in Seattle, which has purchased 75 Lumin devices.

"They've purchased a Lumin for every fire station and ambulance, so everyone has access to disinfecting their PPE," Guidice said.

3B Medical has been working closely with the U.S. Food and Drug Administration along the way, creating guidelines for using the Lumin to reprocess PPE masks, but at press time in mid-May, the company was still awaiting formal approval for this use.

"We're literally on the edge of our seats waiting," Guidice said. "We know it's going to happen; it's just a matter of when it's happening."

In the meantime, 3B is promoting the use of Lumin to reprocess PPE masks as off-label.

"To have the FDA helping us to decide how to reprocess masks for PPE to protect first responders, respiratory people and people just sitting in waiting rooms and just being able to help them, even on financial level, to get more use out of PPE—we hope that has really gone the distance in doing our part," Guidice said. **HME**



A. Guidice

INOGEN

CONTINUED FROM PREVIOUS PAGE

adaptable during this unprecedented time," said Scott Wilkinson, CEO.

Inogen also plans to shift its focus on increasing rental set ups during the pandemic, in light of Medicare's decision to cover oxygen concentrators based solely on a clinician's assessment.

"We believe this could reduce the paperwork burden on the system and allow for quicker patient set ups," Wilkinson said. "Given this increased flexibility, we believe these changes could facilitate Inogen's ongoing conversion of patients to portable oxygen

ROWHEELS

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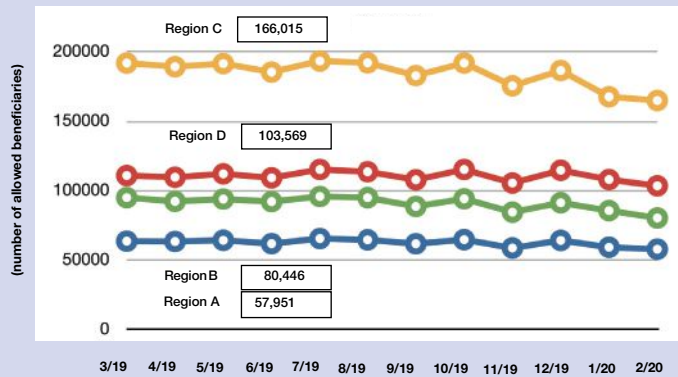
have engineering in house," Mishra said. "We have provided our products with 100% satisfaction. If you buy a power wheelchair from us, we are able to service it."

Dave Jones at Merits Health says it's that support that sold the company on adding its products to the website.

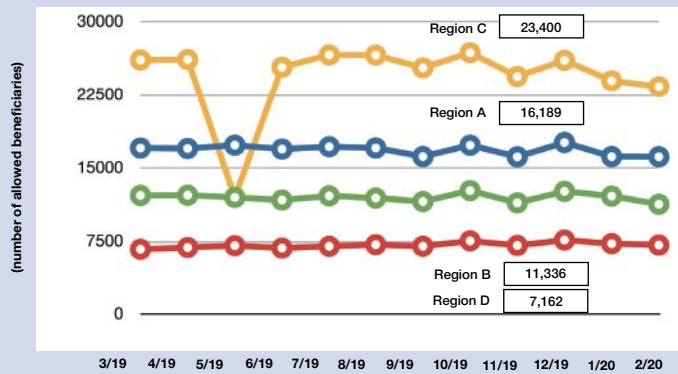
"We want exposure for our products where we can get it, especially in the e-commerce space," said Jones, executive sales director. "But it has to be up to our expectations, in terms of providing

Medicare Market Marker

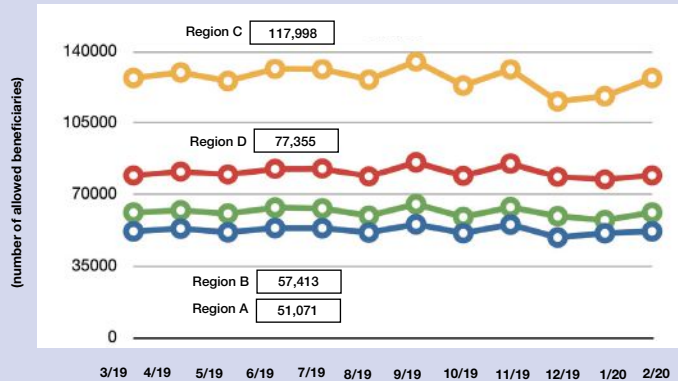
E 1390: OXYGEN CONCENTRATOR



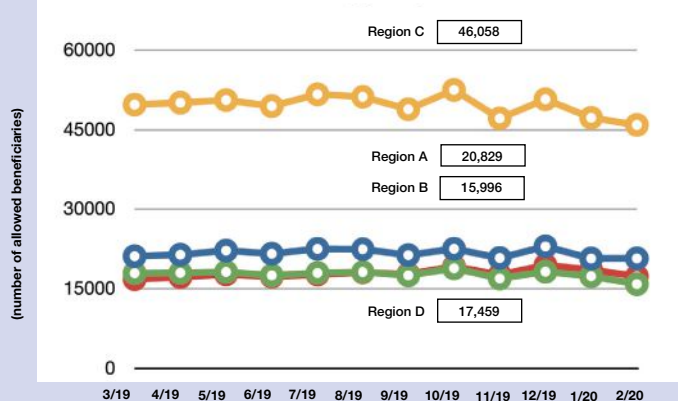
E 0260: SEMI-ELECTRIC HOSPITAL BED



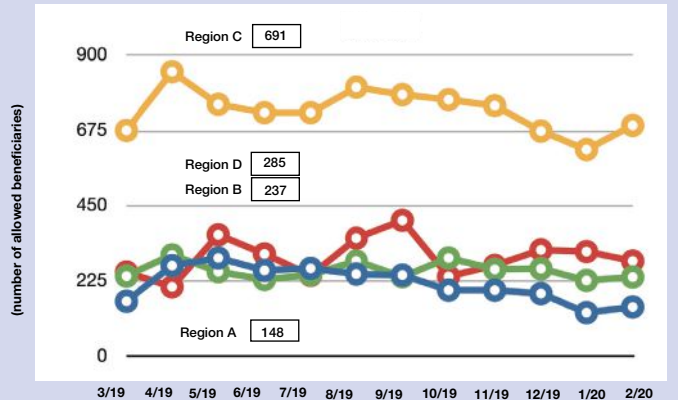
E 0601: CPAP



K 0001: STANDARD WHEELCHAIR



K 0823: POWER WHEELCHAIR**



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

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

HMEDATABANK.COM

The HME DataBank has the latest Medicare reimbursement data for the top 1,000 HME providers nationally in 261 key product categories, as well as for all of the products in the NCB program. You can determine your market share, look for new product opportunities and check out your competition using the latest available Medicare data. Go to hmedatabank.com to learn more.



HMENews.COM

Most viewed stories in May

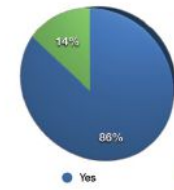
1. CMS opens up telehealth to therapists
2. AdaptHealth sees oxygen 'broadly up'
3. Stakeholders try to get ahead of Medicaid cuts
4. Invacare tries to even out impact of pandemic
5. PPP funds are 'must have' for HME companies
6. AAHomecare takes short and long view
7. Aeroflow searches for synergies
8. AdaptHealth makes pair of supply buys

HME NEWS POLL

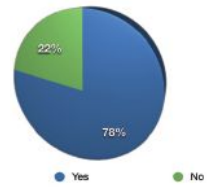
"We are seeing a slow increase in referrals now that elective procedures have begun."
—Irene Magee, Northeast HME, Albany, N.Y.

"A couple of sleep therapy referral sources were closed and the ones that stayed open saw a reduction in patient volume."
—Marty Walker, Pharmaceutical Health Care, Charleston, S.C.

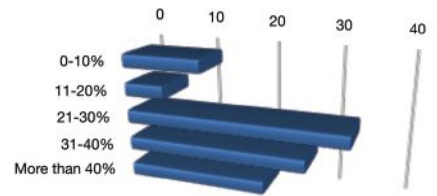
Did your referrals decrease in March, April and May when the pandemic was at its peak?



Did your referrals begin to increase again in June?



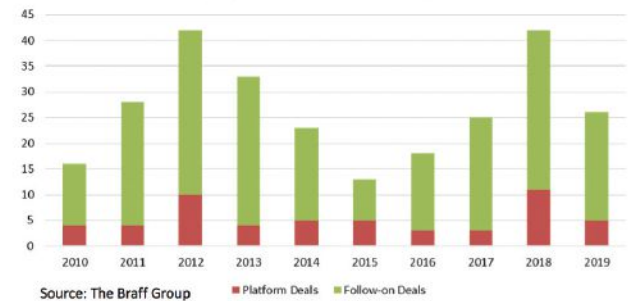
How much did they decrease, on average?



Newspoll based on 38 respondents.

The Braff Group M&A Insider

PRIVATE EQUITY INVESTMENT TRENDS IN HME

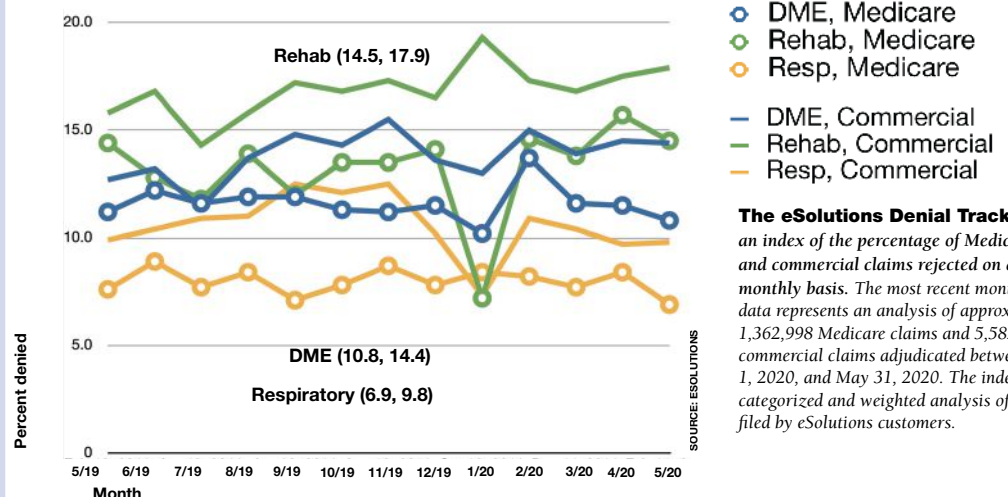


Source: The Braff Group

This month, we examine private equity investment trends in home medical equipment, and how they may view the sector in a COVID-19 environment. As illustrated in the chart above, over the past decade investors have had a "she loves me, she loves me not" relationship with HME. We suspect the reasons for this flirtation are twofold: On the plus side, after years of cuts, reimbursement has largely stabilized, and could even see some increases. Moreover, HME is increasingly being seen as a "last man standing" opportunity—an environment that beckons PE. The yang to that yin is the sector's tight margins (which sponsors bet can be addressed with investments in technology and extracting economies of scale). Flash forward to 2020. Amid the uncertainty of coronavirus, job No. 1 for buyers is to identify sectors that are inherently more resistant to downturns relating to the pandemic (or may even see an upturn). With (a) sustained and perhaps increasing demand (particularly for higher margin respiratory equipment), and (b) largely long-term rental and repeat sale revenue streams, we suspect that love will be back in the air for HME.

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 1,362,998 Medicare claims and 5,582,105 commercial claims adjudicated between May 1, 2020, and May 31, 2020. The index is a categorized and weighted analysis of claims filed by eSolutions customers.

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