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■ **Smart Talk columnist**
Sarah Hanna offers
advice on how to keep
your team motivated
in times of stress. **See**
page 7.



■ **Product Spotlight:**
Check out the latest in orthotics and
prosthetics, like the Bio-Magnetic AirPrene
Knee Brace from ITA-MED. **See page 14.**



■ **Do you provide devices with remote
monitoring technology? **See results on****
page 19.

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HME News

THE BUSINESS NEWSPAPER FOR HOME MEDICAL EQUIPMENT PROVIDERS

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CEOs: Rein in administrative spending

'We need to be talking about getting off the damn fax machine,' says AdaptHealth's Luke McGee

BY TRACY ORZEL, Contributing Writer

THE BEST way to improve margins in an HME industry that suffers from constant pricing pressure is by reducing administrative burdens, said panelists during a recent discussion on "Post-pandemic: The rise of post-acute care."

"Everybody has way too many

people involved in paper processing and billing and collections, rather than helping patients," said Dan Starck, CEO of Apria Healthcare, during the virtual HME News Business Summit, Sept. 15-17. "And I'm hoping that what comes out of the pandemic is that CMS also realizes that it doesn't have to be the way it used to be."

Starck was joined by Luke McGee, CEO and director of AdaptHealth; Stephen Griggs, founder, president, CEO of Aero-Care; and Crispin Teufel, CEO of Lincare.

How can providers reduce administrative costs? One way is by using e-prescribing platforms like



Luke McGee

DMEhub, GoScripts and Parachute Health, says McGee.

"We need to be talking to referrals about getting off the damn fax machine," he said. "We shouldn't be competing on paperwork: 'OK, I take paper; therefore,

REIN IN SPENDING SEE PAGE 9



Numotion community

Brentwood, Tenn.-based Numotion recently held its first "Mid-Year National Leadership Conference" for all employees. The goal of the conference was to reflect on the past six months and the various dynamics that have impacted the company's customers, team and communities. The conference, which was streamed to all employees, featured opening comments from CEO Mike Swinford and updates from other members of the management team. It also included a community service event: More than 750 employees raised \$7,500 and completed 234 projects.

BID RELIEF

Release rural rule, move bills

BY LIZ BEAULIEU, Editor

WASHINGTON – Industry stakeholders believe there's a rule related to DMEPOS payment policy stuck at the Office of Management and Budget that could spell out CMS's plans for reimbursement for rural areas.

Right now, there is a 50/50 blended rate for rural areas in effect through the end of the year and a new 75/25 blended rate for non-rural, non-bid areas in effect for the duration of the public health emergency.

"From our standpoint, we are putting pressure legislatively on the OMB to move the rule," said Tom Ryan, president and CEO of AAHomecare. "There are indications that it is there."

It's déjà vu for a rule to be stuck at the OMB. A couple of years ago, it was an interim final rule related to extending a phase-in period for a second round of rate cuts for DME and enteral nutrition in non-bid areas, and amending

BID RELIEF SEE PAGE 4

Watching for advances in telehealth

BY LIZ BEAULIEU, Editor

EAST AMHERST, N.Y. – Complex rehab stakeholders need to "dig into" any new legislation related to permanently expanding the use of telehealth to make sure it includes occupational therapists and physical therapists, says Don Clayback.

Earlier this year, CMS expanded the use of telehealth, including for OTs and PTs, through the public health emergency.

"Congress needs to give CMS

TELEHEALTH AND CRT SEE PAGE 11

Philips' Sonal Matai: Who will go deep?

BY LIZ BEAULIEU, Editor

PITTSBURGH – When HME providers look at the COVID-19 pandemic in hindsight, Sonal Matai says, they will see it as "the best thing that could have happened to the industry" in one important way: its acceleration of technology, particularly virtual care.

"Telecare is no longer a sliver of health care – it's real care," said Matai, business leader, North America Sleep & Respiratory Care at Philips. "It's no longer something you do when



Sonal Matai

you don't have time; it's a new way of actually delivering care, and it's actually better. You can manage more patients and you can manage them more effectively."

Here's what Matai had to say about how the pivots the HME industry has made over the past seven months will change business forever.

PHILIPS SEE PAGE 17



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■ Stakeholders continue to advocate for relief on several fronts, says AAHomecare's Jay Witter. See story page 1.

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BRIEFS

CMS announces new loan repayment terms

WASHINGTON – CMS announced on Oct. 8 new terms for payments issued under the Accelerated and Advance Payment (AAP) Program. Under the “Continuing Appropriations Act, 2021 and Other Extensions Act,” repayment will now begin one year from the issuance date of each provider’s or supplier’s accelerated or advance payment. CMS issued \$106 billion in payments to providers and suppliers to alleviate the financial burden health care providers faced while experiencing cash flow issues in the early stages of the public health emergency. More than 28,000 Part B suppliers, including doctors, non-physician practitioners and DME suppliers, received advance payments totaling more than \$8.5 billion.

Council work groups set busy agenda

WASHINGTON – The AAHomecare Medical Supplies Council has launched the Ostomy & Urologicals Work Group to address issues arising with UnitedHealthcare. The council will also create educational resources for regulators and payers on the importance of these products and how low reimbursement rates create access issues. The council’s Woundcare Work Group is developing resources to educate referral sources and suppliers on requirements for surgical dressings and Part B billing. The Incontinence Work Group, which recently developed a white paper, is planning strategic outreach to key states and payers regarding the importance of using quality products and adequate reimbursement to achieving better patient outcomes, overall cost savings and improved care.

State round up: Florida, Louisiana

AAHomecare has submitted a letter to Sunshine Health and Wellcare in Florida, expressing its concerns with the consolidation of services under one company and the state’s history of failure with such an arrangement. The letter cites inequities in fee schedules; the elimination of patient choice; and the risk of network collapse as primary concerns. AAHomecare has also asked that Centene exclude self-referrals in its request for proposal to the state to cover the management of HME and home health for all of the Centene and Wellcare plans in Florida...AAHomecare’s payer relations team has pushed back against a cap on non-invasive ventilators after 10 months proposed by BlueCross BlueShield of Louisiana. In response, BCBSLA has agreed to modify its policy, allowing DME providers to maintain ownership of the ventilators, increasing the monthly rental rates, and paying for a licensed respiratory therapist to inspect, service and maintain the equipment, as well as pay for additional component(s) that need replacement.

Poll respondents lean toward Donald Trump

BY THERESA FLAHERTY, Managing Editor

PRESIDENT DONALD Trump is the top pick for president for 57% of the respondents to a recent HME Newspoll.

A slightly higher percentage of respondents, 59%, believe Trump will best Democratic candidate Joe Biden.

“A Trump win will be good for small business vs. Biden,” wrote Randall Cramer. “Name-ly, less taxation and regulation. Improvement in reimbursement is essential to the future of the HME industry.”

Since the business-friendly Trump took office, his administration has made reducing burdensome regulations a priority, say some respondents.

If the industry plays its cards right, there’s no reason to think that won’t translate into bigger gains for HME businesses, too, they say.

“There’s so much going on politically that I believe with the appropriate approach from (industry stakeholders), there will be mean-

ingful positive impact,” wrote Deborah Parra. “Trump actually did what he said he would do, so I believe he will with HME also.”

But the HME industry is also an industry firmly rooted in health care and some respondents say they can’t overlook both Trump’s and the Republican party’s efforts to overturn the Affordable Care Act.

“The Trump administration is in court trying to end insurance coverage for 20 million Americans,” wrote

one respondent. “His administration has destroyed the reputation of the Centers for Disease Control. These two issues have far-reaching effects throughout the entire health industry, not just HME.”

It simply makes no sense for businesses that depend on Medicare and Medicaid funding to support a Republican, say some respondents.

“Republicans want to make health care harder to obtain,” wrote one. “Always have; always will.” **HME**



COVID accelerates intersection of DME, remote care

BY THERESA FLAHERTY, Managing Editor

YARMOUTH, Maine – The COVID-19 pandemic has unlocked telehealth, creating new opportunities for home-based care and DME, particularly in rural America, says Dr. Jacob Warren.

Under the public health emergency, CMS has expanded the use of telehealth and, while it’s too soon to know whether these changes will be permanent, it’s unlikely that the agency will be able to put that genie back in the bottle, said Warren, a behavioral epidemiologist in the Mercer University School of Medicine during “Rural health care and COVID-19: Where technology and home care must meet” at the virtual HME News Business Summit, Sept. 15-17.

“Reading the tea leaves, the consumer now has realized the convenience and the power of home-based care and I’m optimistic that there will



Dr. Warren

be substantial pressure to maintain this access,” he said. “I think there will also be pressure from providers because they can see

more patients in a more efficient way.”

DME AND REMOTE MONITORING INTERSECT

In rural areas, issues like lack of transportation, hospital closures, unemployment and lack of insurance create barriers to access and can contribute to higher rates of chronic disease, even in a non-pandemic environment, said Warren. While remote patient monitoring has long been a way to increase access, the pandemic has accelerated its use, positioning providers and the increasingly sophisticated equipment and services they provide to play a

REMOTE CARE SEE PAGE 4

Outlook for 2020: ‘Focus on service’

BY TRACY ORZEL, Contributing Writer

YARMOUTH, Maine – The COVID-19 pandemic has hit home that providers need to go from being HMEs to HMAs—home medical advisors, said Invacare’s Matthew Monaghan during the virtual HME News Business Summit in September.

“It’s less of a focus on E for equipment and more on service and trust,” said Monaghan, chairman, president and CEO of Invacare. “For the next 18 months, it’s really about going beyond equipment and being that trusted care advisor.”

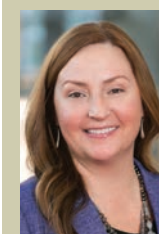
Monaghan, a panelist for the session “Outlook for 2020 and beyond,” was joined by Scott Wilkinson, CEO of Inogen, and Jim Hollingshead, president, sleep and respiratory care, at ResMed.

As more residential and long-term care facilities close or face restrictions due to COVID-19, at-risk patients will have to be cared for in the home—a reality that didn’t exist six months ago—and providers can use their expertise to put the minds

Medtrade knows ‘what works’ for virtual conferences

But officials believe in-person events will come back strong

BY LIZ BEAULIEU, Editor



Sarah Varner

ATLANTA – Emerald, which hosts Medtrade, knows a thing or two about virtual conferences by now and plans to apply lessons learned to its upcoming Medtrade Virtual Conference, says Sarah Varner. Here’s what

Varner, senior director of marketing for Medtrade, had to say about their plans for the Nov. 4-5 virtual conference and their

MEDTRADE CANCELS SEE PAGE 7



Hollingshead



S. Wilkinson



M. Monaghan

of family members and professional care providers at ease, Monaghan said.

“That will be a neat opportunity for providers to show they’re different—(making) people feel comfortable that they can provide loved ones the care that they need in this environment, which is going to linger for awhile,” he said.

ADAPT AND ADOPT

The pandemic has made providing health care more difficult, but it’s also

driving convenience, Monaghan said. Invacare is developing products that are easier to set

OUTLOOK ON 2020 SEE PAGE 4

BRIEF

CMS touts reduced premiums, increased access for Advantage

WASHINGTON – The Medicare Advantage average monthly plan premium is expected to decrease 11% to \$21 in 2021, according to CMS. Since 2017, the average monthly plan premium has decreased 34.2%, according to the agency, saving beneficiaries nearly \$1.5 billion in costs. “This is the lowest that the average monthly premium for a Medicare Advantage plan has been since 2007,” CMS state. “In some states, including Alabama, Nevada, Michigan and Kentucky, beneficiaries will see average premium decreases of more than 50% since 2017.” Medicare Advantage continues to be popular, CMS says, with enrollment projected to increase to an all-time high of 26.9 million beneficiaries from current enrollment of 24.4 million. The projected enrollment for 2021 represents a 44% increase in Medicare Advantage enrollment since 2017. CMS has also announced that, for the first time, seniors who use insulin will have more than 1,600 Medicare Advantage and Part D prescription drug plans to choose from that will offer insulin at no more than a \$35 monthly co-pay beginning in January.

BID RELIEF

CONTINUED FROM PAGE 1

regulation to resume the transition period for items furnished from 2017-18.

Stakeholders don't know the specifics of the rule, which they say has been stuck at the OMB since April, so they're “proceeding on all angles,” says Jay Witter, senior vice president of public policy for AAHomecare.

“We'll ask Congress to intervene.”

Jay Witter

“We're continuing to advocate for relief and we're continuing to talk to Congress to be prepared,” he said. “It may not come out; it may come out and be negative. We'll ask Congress to intervene.”

Congress could intervene by moving on H.R. 2771, which would make permanent the 50/50 and 75/25 rates, and which now has 82 co-sponsors.

“We had some good activity on that in September,” Ryan said.

Stakeholders are also working to move H.R. 8158, a bill that would eliminate the budget neutrality requirement for home oxygen therapy, as part of a larger or standalone bill.

“Once the House passes the bill, the Senate could consider it under consent,” Witter said. “We're working with the committees of jurisdiction to drive that.” **HME**

CEOs ON OUTLOOK FOR 2020

CONTINUED FROM PAGE 3

up and designing order forms that allow for more nuance, so products are ready out of the package.

“Amazon is helping us find what the ultimate tools of convenience are and providers can get those same kinds of benefits that allow them to get more done,” he said.

Inogen is also making it easier for providers by offering to drop ship on their behalf.

“We've all got to work together to drive cost out of the system,” said Wilkinson. “Why should we ship a product to a home care company, and then they have to pay to ship or deliver it, when we can cut that out and all share in the savings?”

But the best way providers can get ahead is

by embracing technology, which has already been fast tracked by the pandemic by at least two or three years, says Wilkinson.

“Telemedicine and connected devices are here to stay,” he said. “That's a great way to reduce service costs, minimize unplanned events and eliminate unnecessary product swaps.”

With reimbursement and volumes, in some cases, temporarily down, Hollingshead acknowledges that it's hard for providers to make that kind of investment, but it's the best way to streamline care and manage operating expenses.

“To me it's simple: Adopt the tools,” he said. **HME**

REMOTE CARE

CONTINUED FROM PAGE 3

larger role in the continuum of care, he said.

“The line between DME and RPM equipment is getting blurred,” he said. “As we talk about things like smart glucometers, mobility tracking chairs, and CPAPs that have smart build-ins—COVID has pushed all of this forward by leaps and bounds.”

OPERATING OUTSIDE LIMITATIONS

The ongoing shift toward outcomes-based reimbursement is also going to acceler-

ate the use of RPM, even when it's not covered under insurance, said Warren. That's especially true as Federally Qualified Health Centers step in to fill the gap created by hospital closures in rural areas, a trend that has only increased because of the pandemic.

“FQHCs are very innovative in the way they track their outcomes, so if they start to see that an individual who's given a smart glucometer gets better outcomes, they might be willing to help defray the cost of that,” he said. “There's a lot of intersection here.” **HME**

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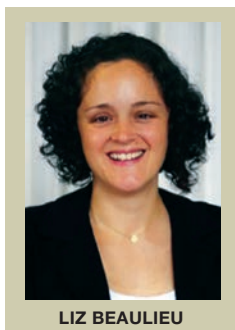
IT WASN'T intentional, but nearly every session at the virtual HME News Business Summit in September stressed the importance of providers leveraging technology to not only improve care but also make their businesses more efficient and profitable.

Sure, technology creeps up at the Summit every year and it's often the focus of a session or two, but never has it so dominated our entire event.

There were sessions at the Summit that I knew would focus on technology, like the keynote by Dr. Jacob Warren of the Mercer University School of Medicine on how telehealth, remote patient monitoring and other technology can transform health care in rural areas. Providers in rural areas that leverage technology will have a "unique role to play in increasing care in a way that we haven't seen before," he said.

But the topic took on a life of its own in other sessions. In "Post-pandemic: The rise of post-acute care," Luke McGee, CEO of AdaptHealth, didn't mince words when he said, "We need to be talking about...getting off the damn fax machine" as part of efforts to improve provider margins in an industry under constant reimbursement pressure. McGee walks the talk, here: AdaptHealth is an early adopter of Parachute Health's e-prescribing platform.

McGee also said providers need to stop "lying to ourselves" that patients don't want



LIZ BEAULIEU

more technology in their lives. He believes it's a situation where, if you build it they will come. They will download the app. They will use it to monitor their therapy.

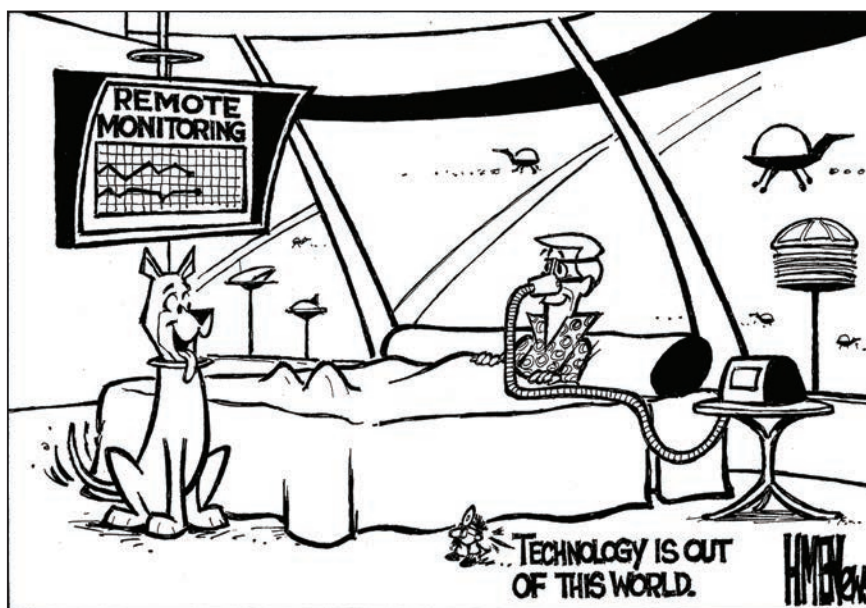
In "The view from Wall Street: Wild cards in the fall," Asim Akhtar, CEO & principal at Sullivan Health Holdings, said investors are putting a premium on providers that leverage technology. "Tech is everything and we have to be paced with the world at large, especially nowadays that everything is virtual," he said. "It's huge when you go into a company

and evaluate whether to acquire it. If someone has a robust IT system and everything is automated, without a lot of human interaction or errors, that's just going to drive the value up."

In "Outlook for 2020 and beyond," Jim Hollingshead, president, sleep and respiratory care, at ResMed, put it simply: "Adopt the tools."

Even the format of this year's Summit leveraged technology, making the event possible amid a global pandemic. Shout out to Go to Webinar and Zoom!

Shameless plug: If you didn't attend the Summit the week of Sept. 14, you can still register to access the recordings at www.hme-summit.com. **HME**



GUEST COMMENTARY

Are you ready? Watch for changes

DID YOU see that CMS has updated the Provider Enrollment FAQ affecting several flexibilities for DME suppliers? They modified:

Question 20 (accreditation and re-accreditation).

Question 21 (supplier standards 7, 9, and 30 for physical facility, business telephone, and minimum hours, respectively).

Question 22 (site visits).

ACCREDITATION AND RE-ACCREDITATION RESUME

On Aug. 21, 2020, the NSC resumed enforcement for new and re-accreditation survey applications. Moreover, the agency is notifying suppliers that received extensions at the onset of the public health emergency (PHE) they have 30 days (from the date of the notice) to submit required documentation and resume the process. Those suppliers enrolled during the waiver period can expect to hear soon of rescheduled deadlines to produce documentation. Suppliers that do not comply risk loss of billing privileges.

SITE VISITS RESUME

On Aug. 6, 2020, the NSC announced it resumed site visits in accordance with the expiration of the standard 7 waiver. Standard 7 requires suppliers to occupy an appropriate site and post hours of opera-

tion.

Suppliers should ensure they:

- ✓Post accurate hours of operation visible to the public and site inspectors.

- ✓Take care to answer the business telephone during those hours.

Failure to do so could result in PTAN revocation.

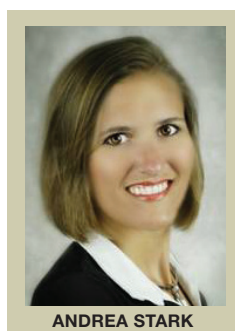
CONTINUED WAIVERS

FOR ON-SITE BUSINESS PHONE AND MINIMUM HOURS OF OPERATION

Question 21 of the CMS FAQ contains incorrect information related to the enforcement of Standard 9 (primary on-site business phone, e.g. not a mobile or forwarded number) and Standard 30 (minimum hours of operation). The answer prematurely suggests CMS expired this waiver, when in fact, the NSC continues to waive standards 9 and 30 for new and existing suppliers. As of this publication date, the CMS FAQ remains uncorrected.

PUBLIC ACCESS EXPECTATIONS UNDER ACTIVE WAIVERS

Despite continuation of the waivers for standards 9 and 30, the NSC expects suppliers to staff business phone lines during



ANDREA STARK

normal business hours. While the waivers persist, suppliers can forward calls to a remote office or cell phone, if necessary. As for retail hours open to the public, the NSC will not penalize locations with limited hours while waiver protection remains in force. Nonetheless, suppliers' posted hours of operation should accurately reflect any temporary changes

for the location.

WATCH FOR ENFORCEMENT CHANGES

CMS continues to phase out waivers and flexibilities when the agency believes the climate no longer necessitates them. As such, suppliers should subscribe to NSC newsletters and check the NSC website for updated news on enforcement actions and waiver termination dates. We encourage suppliers to monitor conditions and self-impose a return to normal when feasible for each of their locations. When suppliers proactively phase out their reliance on waivers, they experience less disruption when the contractor announces a termination date. **HME**

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LEADERSHIP



Communicate, collaborate, acknowledge

SARAH HANNA

Q. How do I keep my team motivated in times of stress and the unknown?

A. When people discuss motivating employees, most think in terms of gifts, parties, rewards, pay increases, etc. However, there are other ways of encouraging

staff that last longer than the “hit” of dopamine the brain releases from a “feel good” moment/activity. Don’t get me wrong, those rewards are needed for a short-term boost, but what builds long-term motivation and loyalty, especially in stressful times? Actions by leadership. Here are just a few key areas to focus on as leaders.

COMMUNICATION

Continual, transparent communication reduces rumors, promotes trust, shows that leadership cares and is involved. It is also important to clearly and frequently articulate work product

expectations to your team. The vehicles to help foster communication individually and as a group are endless: email, Zoom calls, internal chat features, etc. Open and clear communication demonstrates that you are in this together and are supportive of the work that they are doing.

CREATE SENSE OF BELONGING

The emotional connection of belonging feeds people’s sense of commitment to the company and its mission. To promote belonging, provide personalized interactions, relevant and

timely communication, and continual feedback regarding performance.

ENABLE COLLABORATION

Bring people together to solve problems, promote a safe space for open feedback without the fear of repercussions and demonstrate that their ideas are heard.

ACKNOWLEDGE HARD WORK

Often, receiving a “shout out” from leadership recognizing their efforts and for a job well done is the only credit some need. Sending an email, private chat or mentioning them during a meeting provides the rec-

ognition needed to inspire them. Material items can be given, too, in showing appreciation to get those “feel good” hormones moving in the brain.

By focusing on the needs of individuals, promoting honesty and integrity, trust, clear communication and direction, and collaboration, you will witness your team rise to the occasion and be motivated for the long haul. **HME**

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

M&A



Save time with an advisor

SAMANTHA LINCOLN

Q. If I know the most likely buyers for my business, do I need to hire an M&A advisor?

A. Of course you don’t need to, but here are five key reasons why you would want to.

ADVISORS KNOW THE DECISION MAKERS

You may know the company, but do you know the M&A folks within those companies and what information they like to see? An advisor knows the strategic importance of your business and how to present it to each buyer, which can be very different.

ADVISORS CREATE A PROCESS

Knowing other potential buyers are in the wings, an advisor is better able to hold a buyer to a timeline and create a competitive

process that moves a deal forward to a fast close at the highest value.

ADVISORS LET YOU DO YOUR WORK

Preparing and marketing a transaction takes significant time away from running your business at a time when you want it firing on all cylinders. An advisor carries the brunt of the up front work on a deal, letting you focus on operating and financial results.

ADVISORS CAN ACT AS BAD COPS

If you are continuing on with

the buyer to run and grow your operation, you want to have a friendly relationship with the buyer, which can become contentious in the throes of negotiating a deal. Having an advisor to negotiate on your behalf, dig in on difficult terms and generally act as a buffer saves your relationship for a productive future.

ADVISORS KNOW OTHER BUYERS

Advisors are in regular conversation with private equity firms looking to put their capital to

work. Advisors vet these firms so that you don’t waste time with unfunded search firms, tire kickers or firms outside the sweet spot of your business niche, geography and size. Yet, often advisors can uncover financial buyers with domain knowledge and available capital to be competitive to the most strategic buyer. **HME**

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

RESUPPLY PROGRAMS



Contract for expertise

MARK BOARDMAN

Q. What are the advantages of outsourcing my compliance and resupply program?

A. As a previous HME owner and CPAP provider, we found it very challenging to consistently maintain maximum levels of patient

compliance and supply orders.

Optimizing our patient outreach many times required resources beyond the scope of our operation. Thus we resorted to inconsistent patient follow-up or engagement combined with an IVR (robo-dial) system. This, ultimately, did a disservice to the patient and their provider who had referred them to us for their continuum of care.

From COVID to significant changes in reimbursement rates, challenging circumstances have required many HME owners and

managers to consider alternative CPAP program management solutions. The emphasis has been on operational efficiency, while attaining superior productivity and revenue.

Outsourcing has proven to have distinct advantages to those who have chosen to contract out their CPAP compliance and resupply programs.

ECONOMICS

A good outsourcing program has been designed with the customer in mind. It is a service meant for the customer to offload a com-

ponent of their operation to gain improvement and efficiency. The service can be customized to specifically fit the needs of each individual customer and their operation. The economic benefit is significant, doing the job at much lower cost and achieving much greater results.

EXPERTISE

By outsourcing your CPAP patient compliance and resupply program, you are contracting for expertise. Your service provider has the unique advantage of being a “hub of knowledge” for

you, offering best practices and insights from other successful programs.

PARTNER IN BUSINESS

When outsourcing you’re gaining a business partner - someone who has mutual interest in your success and benefits by helping you achieve the performance and goals that align with your business objectives. **HME**

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

CBD



Provide effective relief

ANDREA MANGINI

Q. What’s the difference between full spectrum, broad spectrum and isolates, and does it matter?

A. A CBD isolate has been put through a refinement process

that removes all other cannabinoids and plant matter, resulting in nothing but the CBD compound. Most often you’ll see this sold as a powder or wax and, occasionally, as an oil. While isolate is purely CBD, which will still provide some benefits to anxiety and inflammation treatments, using an isolate will typically take trial and error with figuring out effective dosing and losing out on the “entourage effect” that you’d get through a broad or full spectrum product.

In short, it’s never the first thing I recommend to someone looking for relief.

Broad spectrum and full spectrum products are likely what you see the most in stores and online. The only difference between broad spectrum and full spectrum is that broad spectrum has undergone a process to have all THC removed, whereas full spectrum CBD uses the entirety of the hemp plant and can contain up to 0.3% THC, which, it’s important to note, is

so minute the product can still be considered THC-free and legal in all 50 states.

Both broad and full spectrum offer the user benefits of the “entourage effect,” which simply refers to the way that all the cannabinoids, flavonoids and terpenes in an extract work together to be more effective. Broad spectrum products are appealing to anyone who is completely against THC and, while I stress that it would take a ton of full spectrum product to even have

to worry about THC being traceable in your system, I can see the appeal for people who are paranoid about it. Full spectrum always wins for me in terms of effectiveness, though, because many studies have shown that even that tiny trace amount of THC enhances the entourage effect and provides the most effective relief. **HME**

Andrea Mangini is director of marketing at Well Care Brands. Reach her at andrea@wellcarebrands.com.

MEDTRADE

CONTINUED FROM PAGE 3

confidence in future in-person events.

HME: What have you learned through this whole process of deciding whether or not to hold an in-person event and switching gears to a virtual event?

Varner: Emerald has had to cancel

several in-person events this year, so we have learned from other virtual events about what works content-wise, as well as the cleanest and most efficient ways to interact with our audience. Another thing we’ve learned is how much people miss in-person events. We believe face-to-face trade shows are more relevant than ever. We are optimistic that Medtrade West

and Medtrade East can eventually come back strong.

HME: It’s still a ways out, but what is Emerald doing now to make sure Medtrade West is as safe as possible for attendees and exhibitors?

Varner: Our next in-person show is the newly branded and re-located Medtrade West, which is scheduled for April 12-14, 2021, at the Phoenix Convention Center in Phoenix,

Ariz. We are working with the venue and planning to ensure we host a productive, safe and healthy event for our customers. We can’t predict the exact situation of the virus spread and/or the mood of the attendees, but Emerald will be monitoring the situation carefully and drawing upon our considerable resources and experience.

HME: What about refunds, credits

for upcoming shows, or credits for the virtual conference?

Varner: Providers who wish to credit their registration fee should contact Tasha Beckford at Tasha.Beckford@EmeraldX.com. The deadline for credit requests is Dec. 3, 2020. Providers who want a full refund should contact Registration Customer Service on or before Dec. 3, 2020. **HME**

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Spiro Health expands into Vermont.	9

■ Providers should treat their e-commerce sites like cash registers, says Kamal Haddad. See story this page.



M&A & COVID: 'Tech is everything'

BY THERESA FLAHERTY, Managing Editor

M&A ANALYSTS expect a busy fourth quarter, as changes brought on by the COVID-19 pandemic create stronger companies that are attractive to both buyers and investors.

In an industry that has traditionally lagged in its adoption of technology, HME companies have finally embraced all things digital, said Asim Akhtar, CEO and principal of Sullivan Health Holdings, during the panel discussion "The view from Wall Street: Wild cards in the fall" at the virtual HME News Business Summit in September.

"Tech is everything and we have to be paced with the world at large, especially nowadays that everything is virtual," he said. "It's huge when you go into a company and evaluate whether to acquire it. If someone has a robust IT system and everything is automated, without a lot of human interaction or errors, that's just going to drive the value up."

Looking at the final quarter of 2020, analysts expect sustained activity, even with the wild cards



Jon Hill



Asim Akhtar

of a continuing pandemic, an upcoming new round of Medicare's competitive bidding program, and a contentious election.

"With the potential change of presidency (and) change of tax, I think Q4 right now is going to be one of the busiest times for transactions," said Akhtar. "If anyone's been on the fence about selling, this is the time because we don't know what could happen next year."

Overall, however, the pandem-

ic has done more to help than hurt the HME industry, highlighting its importance and resiliency, analysts say.

"I think the COVID situation just reinforces the value of the home and the community-based setting," said Jonathan Hill, a managing director at TripleTree. "From a volume and patient perspective, there was a lull in the April-May timeframe, (but) when elective surgeries came back, we saw a rapid rebound in terms of patient volume and the overall health of the post-acute environment has rebounded quickly. With that has come a significant increase in what we are expecting in terms of M&A activity." **HME**

REMOTE MONITORING

Embrace technology, gather data, drive value

BY THERESA FLAHERTY, Managing Editor

YARMOUTH, Maine—There's "an explosion" in remote patient monitoring and HME providers need to have a firm grasp of the market if they want to benefit from the trend, says Dr. Richard Popiel.

"I would encourage you to understand the market and what people are trying to do with the treatment plan," said Popiel, senior advisor at McKinsey & Company and a member of CareCentrix's strategic advisory board. "How do you monitor that? If you are delivering care at home and want to understand patient progress, you have to have more robust RM capabilities."

Popiel was speaking with CareCentrix President and COO Laizer Kornwasser during "Fire-side chat: Making the home the center of care," part of the virtual HME News Business Summit in September.

Through robust remote monitoring, providers can embrace data to hone in on what works and



L. Kornwasser



Dr. Popiel

what doesn't, says Kornwasser.

"There's a lot of things that don't make a difference," he said. "What's the data they need to focus on what will drive value to everyone else in the system and what makes sure the patient is getting the care they need."

While RPM has been around for more than a decade, for better or worse, the COVID-19 pandemic has forced people to deliver and receive care virtually, says Popiel. That will only continue post-pandemic.

"Over time, we will have a much larger (set) of experiences by specialty in a virtual or at-home environment that we can look back on and make some

MONITORING SEE NEXT PAGE

Great Elm DME sees slower growth

BY THERESA FLAHERTY, Managing Editor

WALTHAM, Mass.—Great Elm DME's new patient setups for PAP declined 23% year-over-year in its fiscal fourth quarter, but things are improving, say company officials.

Before the COVID-19 pandemic took its toll on in-lab sleep tests, the company experienced 19% growth in new patient setups for PAP and hit a new high for total PAP patients.

"(But) sales growth of PAP supplies were strong, with more moderate growth in rental revenues," said CEO Peter Reed during a recent earnings call.

Great Elm DME saw revenue grow 7.9% year-over-year in its fiscal fourth quarter, which ended June 30. It generated \$13.9 million in revenue, \$2.8 million in net income and \$7 million in adjusted EBITDA.

Despite "significant" negative impact from the pandemic, Great Elm DME says things are improving, to the point that the business has resumed its search for add-on acquisitions, said Reed.

"In the near term, (we're) focused on acquiring businesses within existing or tangential geographic markets, with significant product overlap," he said. **HME**

BRIEFS

Vertess closes four deals during pandemic

FORTH WORTH, Texas—Vertess closed four DME transactions in the second and third quarters, despite the challenges brought on by the COVID-19 pandemic. "Even in the face of adversity that is 2020, I am thrilled to have helped deserving owners successfully exit their businesses, while also helping bridge the gap for these health care providers to extend their established platforms," said Bradley Smith, managing director. The transactions are: Med Inc., a Virginia-based respiratory provider, has been acquired by Rotech, a Florida-based national provider; the assets of Metro-Med, Inc., a California-based respiratory provider, have also been acquired by Rotech; Health Technology Resources, an Illinois-based provider, has been acquired by Protech Home Medical Corp., a Kentucky based publicly traded health care services company; and Alliance Medical Supply, a Texas-based pediatric respiratory and nutritional provider, has been acquired by Pediatric Home Service, a Minnesota-based home care provider.

AdaptHealth adds chief accounting officer to executive team

PLYMOUTH MEETING, Pa.—AdaptHealth has appointed Frank Mullen as chief accounting officer, a newly created position. He will report to Jason Clemens, CFO. Mullen will manage AdaptHealth's accounting functions, including financial reporting, controls and operations. He will also lead the development, implementation and management of enterprise-wide practices, systems and internal controls. Mullen brings more than 25 years of public company accounting and finance leadership, most recently at Ryder System, a global logistics and transportation company, where he served as vice president and controller.

CIT provides financing to Protech Home Medical

NEW YORK—CIT Group's Healthcare Finance Group has provided a \$20 million senior secured credit facility to Cincinnati-based Protech Home Medical. Protech Home will use the credit facility for general corporate purposes, acquisitions and ongoing business development, according to a press release. "With this new credit facility in place, we have added another tool in our toolbox that will further enable us to take the company through its next stage of growth with our key objectives in mind," said Greg Crawford, chairman and CEO. In connection with the financing, CIT is also providing a package of treasury management and capital markets services. Earlier this summer, Protech Home raised about \$28.8 million in a public offering.

What's e-commerce done right?

'Use it as a cash register'

TRACY ORZEL, Contributing Writer

CHICAGO—Since the COVID-19 pandemic hit in mid-March, pharmacies and HME providers have been rushing to court online shoppers, but just because you build an e-commerce website, doesn't mean they will come, says Kamal Haddad.

"As an industry, we can't catch up with e-commerce giants,"

said Haddad, CEO of Health Mobius. "Look how hard it's been for Walmart to compete with Amazon and you want to take an independent chain of 30 or 40 stores, and you want him to go up against Amazon? It's hopeless."

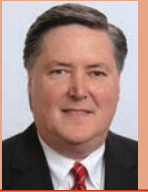
Health Mobius offers an out-of-the-box e-commerce platform that includes website hosting, maintenance, design, branding, product pricing, payment processing, detailed reporting and

customer service, and integrates with a pharmacy's or HME provider's existing website.

So if pharmacies and HME providers can't beat Amazon on their e-turf, how can they compete? By treating their e-commerce websites like cash registers, says Haddad.

"You already know you have a patient—you just got a script for them to get a wheelchair—you know they need a cushion, you

E-COMMERCE SEE NEXT PAGE



NSM: Let us keep patients SAFE

'We can't prevent falls, but we can mitigate falls,' says CEO Bill Mixon

BY LIZ BEAULIEU, Editor

NASHVILLE, Tenn. – National Seating & Mobility launched its SAFE program to help health insurers and home health agencies keep patients in their homes safely, addressing one of the biggest social determinants of health.

The Centers for Disease Control and Prevention estimates that by 2030, there will be 73 million



Bill Mixon

people over 65 years old and, within that population, there will be 52 million falls, with each fall costing an average of \$30,000, points out Bill Mixon, CEO for NSM.

"We've been in the home access business for five years now, so we decided to create a solution around falls mitigation," he said. "We can't prevent falls, but we can mitigate falls."

NSM's Solutions for Accessible & Functional Environments program includes a clinical care team to provide a turnkey solution for clients, from accessing risks in and around the home to install-

ing needed equipment to create a more accessible and functional environment.

The SAFE program is an extension of NSM360, a recently launched solution that gives clients access to customized wheelchairs, an enhanced service and repair department, and an expanded accessibility division, says Isaac

NSM IS SAFE SEE NEXT PAGE

Numotion accelerates outcomes with ATOM

BY LIZ BEAULIEU, Editor

BRENTWOODS, Tenn. – The complex rehab industry's efforts to advance outcomes measurement took another significant step forward with the launch of Numotion's Assistive Technology Outcome Measure in early October.

ATOM, a validated, peer-reviewed, client-reported survey, will help to: inform areas for the clinical team to focus on during evaluations; provide a better understanding of client needs for applicable reimbursement; create a comparison of client satisfaction and function with telehealth vs. in-person evaluations; and quantify the effectiveness of assistive technology in helping clients achieve greater independence and health.

"We have a very large client population," said Susan Taylor, OTR/L, director of training and education for Numotion, which has more than 150 locations and serves more than 260,000 clients. "We're fortunate to have the number of clients that we do so we can take this data and it will mean something. It's super exciting."

Numotion's ATPs or partner therapists will administer ATOM and it will manage the survey in conjunction with the Georgia Institute of Technology.

NUMOTION SEE NEXT PAGE



Susan Taylor

SEAT ELEVATION & POWER STANDING

Stakeholders ask CMS to make technology a priority

BY LIZ BEAULIEU, Editor

THE ITEM Coalition's Peter Thomas is bullish on a recent formal request to reconsider the national coverage determination for mobility assistive equipment to include power seat elevation and power standing systems for Group 3 power wheelchairs.

"We believe coverage of these features is inevitable – there's no question they will be covered in the future – and we believe CMS should be leading in this respect," said Thomas, a principal at Powers Law Firm and coordinator of the ITEM Coalition.

The ITEM Coalition, supported by dozens of experts, including power wheelchair users, clinicians, ATPs and disability advocates, submitted the request to CMS in September.

AT ISSUE

The request challenges a decision by the DME MACs way back in 2005 that power seat elevation and power standing systems are not "primarily medical in nature" and, therefore, should not be included in the DME benefit. The request counters that with more than 120 peer-reviewed studies supporting the medical benefits of the systems, which include everything from enabling transfers from one surface to another, a key aspect of achieving the mobility related activities to daily living or MRADLs that are already part of the coverage

Two actions needed

✓ Make a benefit category determination or BCD that both power seat elevation and power standing systems in power wheelchairs are "primarily medical in nature" and, therefore, covered durable medical equipment under the Medicare program.

✓ Explicitly recognize coverage of these systems for beneficiaries with a medical or functional need for vertical movement in a Group 3 power wheelchair to perform or obtain assistance to participate in mobility related activities of daily living in the home.

criteria; to increasing a user's circulation; to improving their GI function.

"(The contractors) believe this is primarily for the convenience for the beneficiary and we flatly reject that," Thomas said. "We have a large evidence base that demonstrates otherwise."

COMMON SENSE

Thomas points out that, per Medicare rules, a system becomes part of DME if it is attached to or integral to that DME. Such is the case for power seat elevation and power standing systems to power wheelchairs, he says.

"Seat elevation is embedded in the power wheelchair," he said, "so the lack of coverage is inconsistent with Medicare law."

IT TAKES A VILLAGE

The ITEM Coalition created four work groups (clinical, reimbursement/technology, legal and congressional/advocacy) to work on the request, drawing input and feedback from more than 60 national organizations across the disability and rehabilitation

spectrum.

"It's been hours and hours of work, and we have a lot of people to thank," Thomas said. "It was a team effort because we didn't want anyone from the community saying, 'We don't agree with that; it's too restrictive.' We built in every constituent and stakeholder we could think of. There's a lot of buy in for this request."

WHAT'S NEXT

CMS must now review the request and determine if it's complete. After that, the agency and various offices within the agency will begin a two-pronged process of determining: what are the benefits of the systems; and is it reasonable and necessary.

"This ought to be viewed as a priority," Thomas said. "It's not a convenience to be able to bear weight on your limbs so you can improve your bodily functions. Those aren't conveniences; those are clinical needs." **HME**

BRIEFS

Rehab Medical establishes presence in Texas

INDIANAPOLIS – Rehab Medical has expanded into Texas with its acquisition of San Antonio-based Wheelchairs Plus. Formed in 1982, Wheelchairs Plus is a complex rehab company that offers custom rehabilitation equipment, home medical equipment and disposable medical supplies. "Rehab Medical is very excited about this opportunity to expand into the great state of Texas," said Rehab Medical President Kevin Gearheart. "Wheelchairs Plus has a good history of taking care of patients in San Antonio and we are proud to be able to build on the foundation they currently have in place."

Letter draws support from 41 reps

WASHINGTON – Forty one members of the House of Representatives have signed a congressional letter urging CMS to permanently stop applying competitive bidding pricing to accessories for complex rehab manual wheelchairs. Reps. John Larson, D-Conn., and Lee Zeldin, R-N.Y., began circulating the letter in August. "Our sincere thanks goes to Reps. Larson and Zeldin for their continued leadership in protecting access to CRT for people with disabilities and to their 39 colleagues," said Don Clayback, executive director of NCART. "We also thank all the organizations and individuals who reached out to their representatives asking them to add their signatures. If your representative has signed on, please thank them and give them a plug through social media."

NCART names new officers

EAST AMHERST, N.Y. – Chris Yule of Travis Medical is the new president of NCART. Greg Packer of U.S. Rehab is vice president; Seth Johnson of Quantum Rehab is treasurer; and Alexis Ward of National Seating & Mobility is secretary. Doug Westerdahl, immediate past president, will continue to serve on NCART's Executive Committee. NCART operates under the direction of a 15-member board of directors, with representatives from a cross section of small, medium and large providers and manufacturers.

ISS reschedules for Oct. 26, 2021

PITTSBURGH – The 37th International Seating Symposium, hosted by the University of Pittsburgh, has been rescheduled for Oct. 26-30, 2021, in Pittsburgh. "We attempted to confirm that the revised schedule does not directly conflict with other events; however, the October 2021 dates are the only option to reschedule the 37th ISS," said Mark Schmeler, associate professor/vice chairman for education and training in the Department of Rehabilitation Science & Technology at UPitt. "Note the plan for the in-person conference is dependent upon approval for gatherings relative to the COVID-19 situation in late 2021." Remote attendance alternatives will be available for those who cannot or choose not to attend in person. ISS was originally scheduled for March 18-20, 2021.

NSM cracks 11 new markets

NASHVILLE, Tenn. - National Seating & Mobility has acquired Austin, Texas-based Travis Medical, in a deal that includes 27 locations in 23 markets across the Pacific Northwest, Texas, Oklahoma and Florida.

Eleven of those markets are new to NSM. "As the third largest company in the industry, Travis Medical has an outstanding reputation and proven history as a passionate provider of medical equipment," said Bill Mixon, NSM CEO. "The scale and efficiencies created through this purchase, as well as the combination of our business segments, allows us to further strengthen our commitment to the communities we serve."

More than 270 employees at Travis Medical will join the NSM team to continue to serve clients in these markets.

Chris Yule, CEO of Travis Medical, will join the NSM executive team as senior vice president of payer relations and government affairs.

"We have had a lot of interest from prospective buyers in recent years," he said. "Because our culture and client focus are foundational to our business, it was imperative that we choose a partner that aligns with our culture, our values and our vision for the future. NSM checked all the boxes." **HME**

NSM IS SAFE

CONTINUED FROM PREVIOUS PAGE

Rodriguez, senior vice president of strategic development for NSM.

"SAFE zeroes in on services and the specific problem of ensuring safety in the home environment," he said.

NSM believes the scale and scope of the SAFE program (the company has 30 locations specifically providing home access nationwide) and the emphasis on credentials (the program's team members are all certified environmental access consultants) will resonate with health insurers and HHAs.

"If someone is worried mom is going to fall, they're going to call Chuck in a truck to install a ramp," Rodriguez said. "He might not have the right certifications." **HME**

NUMOTION

CONTINUED FROM PREVIOUS PAGE

The company will mainly use the results in two ways. The first: to make sure it's making the right business decisions.

"When we consider telehealth, for example – are we seeing similar outcomes?" said John Pryles, executive vice president of sales for Numotion. "ATOM gives us a contemporary platform to help us figure that out."

Numotion will also use the results to appeal to regulators about the value of complex rehab – using more than anecdotes.

"We're really good storytellers because we really care about our customers," Pryles said. "But what we're seeing is, for CMS and payers – the people writing the bills – they need to see data." **HME**

TELEHEALTH

CONTINUED FROM PAGE 1

the authority to extend the expansion of telehealth outside of the public health emergency," said Don Clayback, executive director of NCART during a recent webcast. "When the PHE ends, so will the policies tied to that expansion."

CMS also added CPT 97542 – a code

used by OTs and PTs for "wheelchair management" – to the list of approved codes for telehealth services during the PHE.

There is a "general sense of support" in Congress for expanding the use of telehealth beyond the PHE, Clayback says, and a new industry consortium is working on developing some documentation to support that request.

"The devil is always in the details," he said.

Those who watch Congress closely, like Seth Johnson, say there may be vehicles before the end of the year to address expanding the use of telehealth. For example, the president in late September signed a bill to continue funding the government – but only through Dec. 11.

"That kicks the funding battle beyond

the election," said Johnson, senior vice president of government affairs for Pride Mobility Products. "Lawmakers will be looking to complete work on appropriations in November and December. That's important for us; that's a must-pass legislative vehicle. We will need to go after that to include a provision to advance our telehealth priority." **HME**



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OIG REPORT

Medicare pays too much for non-invasive vents

Agency recommends CMS include E0466 in bid program 'as soon as possible'

WASHINGTON – Medicare pays more for non-invasive ventilators than certain other payers, according to a new report from the Office of Inspector General.

The OIG estimates that Medicare and beneficiaries could have saved \$86.6 million if Medicare-allowed charges were comparable with payment rates of

select non-Medicare payers for HCPCS code E0466.

Medicare paid \$424.4 million for non-invasive vents in 2018, a 52% increase compared to 2016, the OIG found.

The agency believes Medicare pays more for non-invasive vents than select non-Medicare payers because CMS does not routinely evaluate the pricing trends or payment rates of those payers. Instead, CMS uses statutorily mandated fee schedule payments and applies an economic update factor to them.

The OIG recommends

that CMS review Medicare-allowed charges for non-invasive vents and add E0466 to the competitive bidding program as soon as possible.

In response, CMS confirmed that it has been evaluating non-invasive vents for potential inclusion in the bid program and noted that it had included the product category in Round 2021 but removed it in April due to the COVID-19 pandemic.

The agency said it will consider whether to include non-invasive vents in future rounds of the program. **HME**

At US Med, it's skill not luck that grows business

BY JOHN ANDREWS, Contributing Editor

HME PROVIDERS need to seize control of their future instead of leaving it to chance, says Mary Ellen Conway, chief compliance officer for US Med.

"Lower barriers to entry in various HME sectors mean more competition sprouting daily," she said. "Strategic planning and focus must be intentional to ensure that one's company maintains a sustainable, competitive advantage preventing others from stealing market share."

Growing market share requires a deep understanding of stakeholder needs, market dynamics and company core competencies, Conway says.



M. Conway

"Customer needs and market dynamics can quickly shift so it's important to constantly assess one's strengths and weaknesses, and match those up with market opportunities," she said. "Leaving it to luck may work in the short-term but will, ultimately, lead to suboptimal sales in the short

and long-term."

When assessing opportunities for growth, customer empathy is a critical factor, added Patricio Casillas, chief strategy officer for US Med.

"Understanding the attitudes, needs and

US MED SUPPLY SEE NEXT PAGE

Soleo's Monique Nelson wins award

BY TRACY ORZEL, Contributing Writer

FRISCO, Texas – Monique Nelson, director of patient advocacy at Soleo Health, recently took home a Gold Stevie Award at this year's International Business Awards. HME News spoke to Nelson, who won in the "Backline



M. Nelson

Medical Hero of the Year" category, about how the COVID-19 pandemic is reshaping what it means to be a patient advocate.

HME NEWS: What was your path to becoming a patient advocate?

Monique Nelson: My son got his first immunoglobulin infusion in the NICU. When he was four, our health insurance company denied him for IG therapy, so I had to learn how to navigate this complicated world of insurance authorizations and how to write appeals on my own. Once I won that appeal, I was fortunate enough to work with a specialty pharmacy that also employed advocates and I began employment with that organization, and I've

NELSON SEE NEXT PAGE

BRIEFS

NHIA honors longtime champion Rep. Engel

ALEXANDRIA, Va. – The National Home Infusion Association has awarded Rep. Eliot Engel, D-N.Y., the 2020 Congressional Leadership Lifetime Achievement Award for his longtime support and advocacy on behalf of patients in need of home infusion therapy services. "For more than two decades, Congressman Engel has worked tirelessly to expand home infusion therapy coverage for Medicare beneficiaries," said NHIA President & CEO Connie Sullivan. "We are proud to honor him with this prestigious award in recognition of his distinguished career in promoting home infusion policies that help patients lead healthy, independent lives." Engel has introduced several home infusion related bills, including a bill this year directing CMS to revisit its interpretation of the "home infusion calendar day" outlined in the 21st Century Cures Act. "In light of the COVID-19 pandemic, now more than ever, it is important for Congress to ensure Medicare beneficiaries maintain access to home infusion therapy services," Engel said. "There is bipartisan support for home infusion therapy, and we know these services enable patients – especially seniors and those in vulnerable populations – to receive lifesaving care, safely in the comfort of their own homes."

CGS adds ostomy supplies, diabetic shoes to review list

NASHVILLE, Tenn. – CGS has announced two more widespread post-pay, service-specific reviews for ostomy supplies and therapeutic shoes/inserts. For ostomy supplies, the codes affected are A4431, A4434, A5081, A5122. CGS says data analysis showed Jurisdiction C's allowed dollars for these codes were significantly above expected amounts. Additionally, these codes were consistently ranked in the top 20 for CERT errors. For therapeutic shoes/inserts, the codes affected are A5500 and A5512 through A5514. CGS says data analysis showed Jurisdiction B's allowed dollars for these codes were significantly above expected amounts. Additionally, this policy group ranked No. 8 in total CERT errors.

Short take: Soleo Health

Frisco, Texas-based Soleo Health has ranked 10th among the 50 Fastest-growing Middle Market Companies in Dallas by the Dallas Business Journal. The journal ranks the 50 fastest-growing local companies that are headquartered in the Dallas-Forth Worth areas with annual revenues of \$10 million to \$1 billion based on their growth over the three-year period from 2017-19. Soleo Health says it achieved 79.5% growth in revenues and double-digit in its patient census over that period. The company has made the list for the third consecutive year.

Pandemic prep backstops hurricane response

'Our goal is to couple our human interaction in the home with patient engagement platforms that keep our employees and patients safe'

BY THERESA FLAHERTY, Managing Editor

WHILE THE COVID-19 pandemic has dominated headlines in 2020, HME providers still face challenges from natural disasters like Hurricane Laura, which blew ashore Aug. 27 in Louisiana as a Category 4 with winds of 150 mph. Both events have shined a light on the need for technol-

ogy in the home to care for patients, says Casey Hoyt, CEO of Lafayette-based Viemed Healthcare.

HME spoke with Hoyt about his company's response to the storm and how the pandemic helped it weather the hurricane.

HME NEWS: How are vent patients equipped in the case of power outages and other issues arising from hurricanes? Is heat an issue for these patients?

Casey Hoyt: All of our patients have two battery backups and are instructed to evacuate out of harm's way. The battery



Casey Hoyt

backup is designed to get them from one power source to another. While non-invasive and invasive vents can perform if hooked up to a generator, it can be the heat that leads patients to an exacerbation. The vent will only circulate the temperature of the air in the current environment, so in our coastal regions it is imperative that they find restitution indoors with working air conditioning after a hurricane.

HME: Did Viemed's new telehealth platform, which you really ramped up for the pandemic, enable you to better communicate with patients during the storm?

PANDEMIC PREP SEE NET PAGE

DIABETES NOTEBOOK

LifeScan expands into e-commerce solution

MALVERN, Pa. – LifeScan has launched the OneTouch Amazon storefront and introduced the OneTouch Verio 30-count Test Strip value pack. Consumers will be able to purchase their OneTouch diabetes testing supplies using whatever purchase methods they typically use with Amazon, including funds from a flexible spending account. “By offering an official, OneTouch branded source on Amazon to purchase authentic OneTouch supplies, we’re continuing to make it easy for them to find and get the brand they’ve trusted for over 35 years,” said Raymond Liu, vice president of marketing and digital solutions for the Americas region, LifeScan. “This expansion into e-commerce is another example of how LifeScan strives to make the process of self-management safe, simple and seamless.”

DARIOHEALTH PARTNERS WITH HEALTHCARE MANAGEMENT COMPANY
NEW YORK and JUPITER, Fla. – Dario-

Health has entered into a sales and distribution partnership with HMC HealthWorks, a health care management company with clinically integrated models of care that it says reduce health care costs and improve population health. Per the partnership, HMC will incorporate DarioHealth’s digital therapeutics solution into its comprehensive care management programs as both a standalone and as part of its care management solutions. “We believe this agreement with HMC is further validation of the progress we have made in transitioning to a leading provider of digital therapeutics solutions to payers, employers and other at-risk entities with a desire to help their members manage their chronic conditions and improve their clinical outcomes,” said Rick Anderson, president and general manager of North America at DarioHealth. **HME**

Q&A: NELSON WINS ‘HERO’ AWARD

CONTINUED FROM PREVIOUS PAGE

been working as an advocate ever since.

HME: Why is patient advocacy so important?

Nelson: I can’t tell you how many times patients leave the physician’s office and go, “What were they talking about?” They have all these questions, concerns. Then I come on after they’ve had some time to process, and my role is to help bridge that gap so the patients are comfortable and successful.

HME: In what ways have you had to step in as a patient advocate during the pandemic?

Nelson: I had an ALS patient that was newly diagnosed. He suddenly became unresponsive and his wife called me in a

panic. She had to follow (the ambulance) in the car and never got information as to what was going on. I said I’d see if I can get my nurse practitioner involved, so we called and they said they didn’t expect him to wake up. I probably called 20 (hospice facilities)—but this was during COVID-19, so nobody was taking patients—before I found this phenomenal hospice. When we got in, the nurse said, “I really wanted to get him freshened up for you but I just don’t think he’s going to make it much longer, so why don’t you go on in and spend some time with him.” He passed away within minutes of her being there, but she got to hold his hand. **HME**

US MED SUPPLY

CONTINUED FROM PREVIOUS PAGE

behaviors of customers is foundational for creating growth strategies,” Casillas said. “Having a robust patient feedback program is important – this can include weekly email surveys, patient advisory panels and social media engagement.”

After establishing a framework, the next step is to align the organizational design with the company’s growth strategy, Conway said.

“For example, resources should intentionally be reallocated to growth initiatives – it’s a zero-sum game so firms must be intentional about what to invest in based on projected returns on investments,” she said.

“Incentives must be aligned and buy-in from management and front-line staff is paramount. Lastly, the creation and frequent reporting and monitoring of key performance indicators and scorecards will ensure that everyone is focused on the key growth drivers,” Conway said. **HME**

PANDEMIC PREP

CONTINUED FROM PREVIOUS PAGE

Hoyt: Yes, our telehealth platform has been incredibly helpful in communicating with our patients who are displaced. Lots of our Louisiana patients either re-positioned themselves further north or east of the storm’s path or into Texas. Once they reached power, they could resolve issues and connect on a real-time basis with our respiratory therapists.

HME: Pandemics, hurricanes – are there any other challenges Viemed is ready to take on in 2020?

Hoyt: The pandemic and now this natural disaster have shined a light on the need for the use of technology inside of the home. Our goal is to couple our human interaction in the home with patient engagement platforms that keep our employees and patients safe. We will continue to invest in these types of tools, all in the name of improving quality of life within the communities we are so privileged to serve. **HME**

BRIEFS

Silverfern, One Equity Partners buy American Medical Technologies

NEW YORK – The Silverfern Group, an investment management firm, has partnered with One Equity Partners to buy American Medical Technologies, an Irvine, Calif.-based provider of wound care and ancillary supplies in long-term care settings, including skilled-nursing facilities. AMT manages the treatment of more than 250,000 wounds annually and offers ancillary services in ostomy, urology and tracheostomy services and supplies. “We believe AMT is well positioned to benefit from strong secular trends benefitting the U.S. post-acute health care sector as the U.S. population ages, as well as from growth opportunities through expansion within different segments of the SNF market,” said Deepak Ghosh, managing director, Silverfern. Targeting \$25 million to \$50 million equity per investment in partnership with qualified local investment partners, Silverfern invests in buy-outs, build-ups, acquisitions, growth equity and recapitalizations.

PHS grows with Alliance Medical Supply

ROSEVILLE, Minn. – Pediatric Home Service has partnered with Alliance Medical Supply in San Antonio to expand its presence in Texas. PHS also has branches in Dallas and Houston, as well as Minnesota, Wisconsin, Ohio, Indiana and Kentucky. “We are excited to partner with Alliance,” said PHS CEO Cameo Zehnder. “They have similar values to PHS and have the same patient-first mentality that is at the core of every decision we make. We are looking forward to learning from and growing with Alliance.” Alliance Medical Supply, which offers respiratory and clinical nutrition services, will carry a co-brand with PHS before transitioning to a unified brand under the Pediatric Home Service name. “PHS is recognized as a pioneer in pediatric home care,” said Howk Bethel, general manager for Alliance Medical Supply. “This partnership is an opportunity to bring additional resources and technology to our patients and families.” Howk will serve as general manager for all three branches in Texas.

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Active, but aging, adults drive growth in O&P

BY JOHN ANDREWS, Contributing Editor

THE FINANCIAL forecast for the orthotics and prosthetics market continues to be bullish, driven by increasing demand, product innovations and technological advancements. In a new market outlook report from Grand View Research, the global O&P market size is listed at \$9.2 billion and is expected to exhibit a compound annual growth rate of 4.6% from 2020-27.

Researchers cite “increasing incidence of sports injuries and road accidents, rising number of diabetes-related amputations and the growing prevalence of osteosarcoma” as the drivers of market demand. Regionally, North America is the leading market and is expected to mirror global trends.

“This growth can be attributed to well-established health care infrastructure, increasing R&D investments by companies and favorable reimbursement policies,” the report stated. “The focus of the U.S. health care system on quality of care and value-based services has also led to a favorable market environment for prosthetics and orthotics.”

That global market growth extends to the HME industry, where demand is on the rise for the full complement of O&P products, offering providers more retail opportunities in the category, said Matt Gruskin, credentialing director for the Board of Certification/Accreditation.

“As the active baby boomer market ages, tremendous opportunity is apparent,” he said.

Gruskin cites two examples of where demand for O&P products is expected to grow: one is from an estimated 19% of adults over the age of 45 who have osteo-

CATEGORY

O&P

INDICATORS UP

- **O&P bullish:** Grand View Research lists the global O&P market at \$9.2 billion with 4.6% compounded annual growth per year from 2020-27.

NEW TECH

- **Two key areas:** Both bio-magnetic therapy and 3D printing are on the rise in terms of demand and new product innovations.

MASTECTOMY TECH

- **Fresh air:** Amoena's new Adapt Air breast form uses air chamber technology that allows the patient to add or decrease air inside the form to control the volume or projection of the form.

arthritis of the knee and the other is from 30% of adults who suffer from lower back pain.

“Braces can help these people stay active and maintain a high quality of life,” he said. “Being a resource for the entire range of custom-fit orthotic bracing allows you not only to care for your current patients, but also to position your facility as an asset that can help the entire community.”

Lower back pain therapy has been a focus of Hayward, Calif.-based ITA-MED, which is producing the MAXAR Bio-Magnetic Airprene Sports Belt. Business development manager Nick Silny says physician interest in the product has been on the rise and consumer demand has been strong.

“People want drug-free alternatives for

post-surgical and injury pain management and this product appeals to them,” Silny said. “Wearing the belt takes back pain away in 30 to 40 minutes.”

TECH ADVANCEMENTS

Two of the most notable frontiers where technology is progressing is bio-magnetic therapy and 3D printing.

Bio-magnetic therapy is a natural treatment that reestablishes a normal cellular level through the use of magnets. This is typically done with a pair of magnets of medium intensity.

The ultimate goal of bio-magnetism is to equalize the patient's pH level and prevent or treat illness. This method should never be confused with magnetic therapy or acupuncture, Silny said, because those are “vastly different and more advanced ways to take control of the body.”

3D printing is one of the fastest growing businesses in the medical field, with companies exploring new applications for the technology. A major advantage of 3D printing is the ability to create complex designs quickly and for lower prices. It does have limitations, however.

East Point Prosthetics and Orthotics in Kinston, N.C., offers this outlook: “With prosthetists and orthotists requiring custom plastic molds every day, this could revolutionize the business. By scanning residual limbs and using a 3D printer to create a socket, prosthetists would be able to offer patients potentially better-fitting devices the same day of the scan, without

going through a middleman. While it has its advantages, there are reasons that technology has not already put prosthetics/orthotics manufacturers out of business.”

POST-MASTECTOMY TECH

New technology is also appearing in the post-mastectomy product field, as well. Shan Willoughby, marketing manager for Kennesaw, Ga.-based Amoena, says the company recently launched its Adapt Air breast form with air chamber technology.

“This is patented technology that allows a woman to add or decrease air inside the form to control the volume or projection of the form,” she said.

“This helps if she has fluctuating weight due to treatments, edema or for any reason, and allows her to have various bra styles in her lingerie drawer where volume can be adjusted to fill out her bra cup as needed.”

Amoena also offers a full line of post-mastectomy products that HME providers can use as cross-sales items, such as Recovery Care compression, new scar management treatments, breast forms and partial shapers and lingerie with discreet pockets to hold breast forms securely.

“HME providers should remember they are not selling a product, but a solution,” Willoughby said. “Cross-selling includes any product for a breast cancer patient on her journey from diagnosis to living beyond the experience.” **HME**

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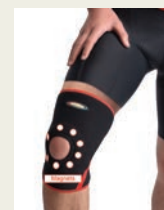
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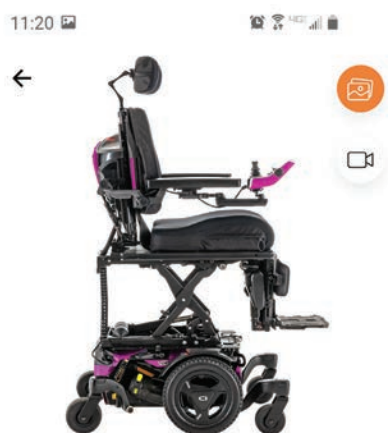
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Quantum Clinician

Quantum Rehab has released Quantum Clinician, a new app that features serial and order number look up, 360-degree product views, basic operating instructions, owner's manuals and more. Password-protected technical videos are also available.

"We are excited to release this app to reach our providers and clinicians in a way that meets today's technological demands," said Kate Pencek, senior director of IT & enterprise architecture at Pride Mobility/Quantum Rehab. The app is available for download via the Apple Store and Google Play. It replaces the Quantum Professional app.

E-COMMERCE

Let us do 'digital stuff,' Health Sqyre says

Company offers online marketplace, seller storefronts

BY LIZ BEAULIEU, Editor

DENVER – Health Sqyre, which has been flying under the radar since 2018, now has a goal of getting up to 100 HME providers to use its online marketplace by the end of the year.

The company – whose marketplace connects consumers with providers, allowing them to buy CPAP supplies using insurance or cash – currently has buy-in from about 20 providers.

"We launched in a handful of states with a handful of providers," said Andrew Schremp, co-founder and CEO of Health Sqyre. "Now we're working hard to get additional providers in the marketplace. We're onboarding two larger providers at the moment, and we're looking to get more of the regional and local providers in the marketplace, as well."

The marketplace works like this: Consumers sign up and are then able to compare and contrast buying CPAP supplies using insurance or cash. When



A. Schremp

they make a decision, Health Sqyre processes the transaction and if they select insurance, obtains documentation. The provider, which pays a fee per transaction, bills the claim and ships the supplies.

Health Sqyre is also offering seller storefronts to providers, something that wasn't necessarily in its initial business plan.

"We decided to build it because there was a demand for it," Schremp said. "We build a storefront with their

HEALTH SQYRE SEE NEXT PAGE

Case study: Upstate's uptake

BY LIZ BEAULIEU, Editor

UPSTATE HOMECARE'S business through Health Sqyre's online marketplace has increased 100% from 2019 to 2020, says Greg LoPresti.

"We're getting a lot of cash sales," said LoPresti, senior vice president and CEO of Upstate HomeCare, "particularly with the Lumins (CPAP cleaners) and disposables."

Upstate HomeCare was one of the first providers to join the marketplace, as Health Sqyre's preferred provider for New York state in 2018.

Health Sqyre fits in with national trends of customers taking more con-

trol of their health care, allowing them to make purchases with insurance or cash "in a time and place of their choosing," LoPresti says.

"It's really no different than shopping for their own home on Amazon," he said. "They shop around; they look at reviews. That's what Health Sqyre does."

What's really taken Upstate HomeCare's sales through the marketplace to the next level, LoPresti says, is the SEO optimization and other digital marketing that Health Sqyre does.

"We've had an online store and we'd have one visitor," he said. "We weren't driving anyone to the site. With Internet sales, what's what it's all about." HME

LATEST IN REMOTE SLEEP TECHNOLOGY

TherapyAssist: Sophisticated yet 'simple'

BY LIZ BEAULIEU, Editor

PITTSBURGH – sovaSage has launched TherapyAssist, a software that its co-founder says optimizes the sleep therapy process, including finding patients the right masks, using artificial intelligence and computer vision.

"It's well acknowledged that

the right mask fit is, not the only indicator, but the No. 1 indicator for determining whether or not therapy succeeds or fails," said William Kaigler, who has a 30-year career in the HME industry, which includes working at Philips Respironics and founding medSage, which sold to Philips in 2011. "It's

also the most laborious part of the process."

Put simply, TherapyAssist sends a patient a text with a link that opens the TherapyAssist app, prompting them to answer a short series of questions and take, essentially, a selfie using their smart phone.

Then the software's com-

puter vision technology maps out a patient's anatomical characteristics and its AI mines their answers to questions, as well as data from the clinical outcomes of previous patients that sovaSage has been collecting for more than two years, Kaigler says.

"What the algorithm does –

THERAPYASSIST SEE NEXT PAGE

BRIEFS

Invacare set for growth

CLEVELAND – Invacare expects to add 45 new positions at its manufacturing site in Elyria as part of its launch of a new oxygen concentrator. The company plans to build a 10,000-square-foot clean room within its Taylor Street facility to enhance its manufacturing capabilities to produce its new Platinum NXG stationary oxygen concentrator to meet the rising demand for respiratory equipment during the COVID-19 pandemic. Invacare is also evaluating other opportunities that could result in about 100 additional jobs at its Elyria/North Ridgerville campus over the next three years.

EZ-Access opens up commercial market

ALGONA, Wash. – EZ-Access has released a commercial-grade ramp system exclusively for DME providers. The Pathway HD Code Compliant Modular Access System meets compliance standards set by the ADA, IBC and other local codes, and is appropriate for schools, businesses, hospitals, libraries, museums, churches, polling places and other public establishments, the company says. The all-aluminum ramp system's design and safety features make for quick and easy installation, the company says.

Masimo sues Apple

IRVINE, Calif. – Masimo has filed a legal complaint in the U.S. District Court for the Central District of California claiming Apple infringes on 10 of its patents with its Apple Watch, according to news reports. The complaint charges Apple with stealing trade secrets by hiring key personnel from Masimo, including Michael O'Reilly, its former chief medical officer and executive vice president for medical affairs. Masimo claims the Apple Watch, including the Series 4 and 5 models, uses technology covered by its patents related to heart rate monitoring and other capabilities. Apple recently announced that its Apple Watch can now track blood oxygen.

MIT adds ResMed to internship program

CAMBRIDGE, Mass. – The MIT Leaders for Global Operations program announced Sept. 9 that ResMed has become the newest member of its industry partnership. The program collaborates with the MIT Sloan School of Management and the MIT School of Engineering to deliver an interdisciplinary engineering-MBA dual degree program featuring internships at partner companies. "The future of health care is digital and we need leaders with both engineering expertise and business acumen to help guide this industry and provide life-changing care to billions of people worldwide," said Mick Farrell, CEO of ResMed and a 1998 alumnus of the program. ResMed will launch its internship program in June 2021 with projects that aim to shape the future of health care, the company says.

Broda is camera ready

BY LIZ BEAULIEU, Editor

CHESTERFIELD, Mo. – Broda has revamped its sales process to meet the demands of a COVID-19 world.

The company, whose network spans nearly 500 HME dealers in North America, has built out a “webinar room” in its office to facilitate video communication, educational webinars and remote support for wheelchair assessment or fitting.

“I think this will change permanently how we do things,” said Nick Hoffmeyer, vice president of marketing. “It’s been something of a revelation.”

Broda has also equipped its sales reps with kits that include webcams, backdrops and lights to maintain communication with dealers that aren’t accepting non-essential visitors.

As a result of the revamped sales process, the company has seen an increase in the number of dealers it has been able to reach, especially in rural areas.

“Most of our success has been in metropolitan areas, but now we’re seeing most of our success in rural areas,” said Dave Derooin, vice president of sales.

Now several months into the pandemic, with some states loosening restrictions, Broda’s sales reps have



Dave Derooin



N. Hoffmeyer

also hit the road in a limited capacity.

“We’re signing up dealers that we weren’t focused on before,” Derooin said. “We’ve realized we haven’t been giving them the support they deserve.”

Additionally, Hoffmeyer and Derooin feel like Broda’s product line is resonating with dealers in a new way during the pandemic. Its products, they say, are self-propelling, minimizing contact; are easy to clean, minimizing patient risk; and accommodate out-of-the-box configurations, minimizing provider handling.

“I think our chairs have been really helpful in long-term settings, where our seniors are relegated to their rooms – even their meals are delivered to their rooms,” Derooin said. “We have the Tranquille Glider that promotes skin integrity. We’ve also partnered with Matrix Seating on anti-microbial covers for our rehab-style chairs.” **HME**

F&P takes long view of successful therapy

BY LIZ BEAULIEU, Editor

IRVINE, Calif. – Fisher & Paykel Healthcare took a big step toward optimizing sleep therapy with the recent launch of its myMask app, says Ben Casse.

While its competitors have launched digital tools that assist providers and patients to select the right mask, F&P decided to focus on the next step in the process, says Casse, informatics research & development manager.

“There are two distinct parts to the process: making the decision on what mask a patient gets and then getting the patient to use it properly,” he said. “We felt there was a greater opportunity to support not only the provider but also the patient in that second part of the process, because it doesn’t end 30 minutes after a patient gets their mask. They have to learn how to clean it and other things if those first few weeks and months of therapy are going to be successful.”

The myMask app walks patients through the mask setup process, including fitting, fine-tuning, cleaning and re-assembling, and troubleshooting with short, step-by-step, looping videos. It’s available in the U.S. on iOS and Android devices for F&P’s Evora, Vitera, Simplus, Eson 3 and Brevida masks.

F&P believes the app will address one of the major roadblocks to successful sleep therapy – patients getting help when they need it, Casse says.

“When a patient can’t figure out how to put their mask back together at 11 p.m., their provider isn’t necessarily available,”

he said.

F&P did two things to increase the success of the app out of the gate. The first: customize it, Casse says.

“We didn’t want this to be a general app,” he said. “We wanted it to be customized with different instructions, based not just on the model but also on sizes and other specifications.”

The second: make it as easy to download, Casse says.

“The provider gives the patient a QR code, the patient scans it using their phone and the app is already configured,” he said. “That was quite a technological challenge.”

Before launching the app, F&P conducted patient research and one patient, in particular, sealed the deal that it would work, Casse says.

“We had a patient support group and the app was presented to the group,” he said. “There was one patient who had never used a smartphone before and she had it in hand, and we watched her set up the mask using the app. She was able to get through it – she got it connected and working. So that was a great moment for us.”

The goal of the app is to support, not replace, the work of providers, Casse says – and amid the COVID-19 pandemic, they need to throw as much technology into that work as possible.

“Our ability to access people, face to face, is far different now than it was six months ago,” he said. “This gives providers a much richer tool to use, rather than explaining how to set up things up over the phone.” **HME**

HEALTH SQYRE

CONTINUED FROM PREVIOUS PAGE

products and their branding, so it has their look and feel. Then we co-market to their existing customer base. We do email marketing; we do retargeting; we do all the digital stuff we’re good at.”

Health Sqyre’s technology – which includes, for example, real-time benefit information on eligibility and coverage – allows providers to quickly raise their e-commerce game to the level of a Shopify or Etsy site, Schremp says.

“e-commerce and digital offerings are something that a lot of providers have put off,” he said. “There is some technology out there, but what it’s lacking is the consumer experience piece. We’re providing that exceptional consumer experience piece.”

In a COVID-19 world, having a strong presence online is no longer optional for providers, Schremp says.

“We’ve had a lot of providers reach out to us,” he said. “The demand was there before COVID, but COVID has exacerbated it. They’re telling us, ‘We have all this demand; we don’t know what to do; how do we do this online thing?’” **HME**

THERAPYASSIST

CONTINUED FROM PREVIOUS PAGE

it does not make that decision for the RT – but it presents a set of options prioritized based on what the algorithm recommends,” said Kaigler, who also teaches at Carnegie Mellon University.

Kaigler believes TherapyAssist’s ability to recommend masks from any manufacturer, as well as its technology, sets it apart in what’s becoming an increasingly competitive field of digital tools for sleep therapy.

“It’s simple,” he said. “We don’t need 3D cameras; we don’t need a ruler in the picture; we don’t even need people to hold their phone a certain distance.”

TherapyAssist also goes beyond mask selection, Kaigler says, taking a more encompassing approach to therapy.

“There’s also a monitoring tool,” he said. “One example is the question, do you feel drowsy after driving for an hour? Instead of asking that at some random time, why not ask that right after they’ve taken that drive. We have context sensitive monitoring. And all that monitoring feeds back into the algorithm.”

While the COVID-19 pandemic has put a new emphasis on digital tools, Kaigler was at work on TherapyAssist three years ago, driven by the goal of increasing the number of patients RTs can see in a day, reducing masks exchanges and improving patient compliance.

“We have customers who will use our software and still meet with the patient,” he said. “But now instead of going through the process of selecting and sizing a mask, that’s already done, and they can move on to other things.” **HME**

PHILIPS

CONTINUED FROM PAGE 1

HME NEWS: What’s one of the biggest pivots you’ve seen in the HME industry since the pandemic started?

Sonal Matai: If you look at the pickup of our home delivery and remote setup program (whereby a provider identifies a patient for services and enters their information into EncoreAnywhere or Care Orchestrator, and then Philips delivers and sets up) – you could see that immediately. You can have a patient set up from a remote place and still give them the best care? Yes.

HME: What about after setup?

Matai: Providers are understanding how the connectability of devices can really impact their businesses – how you can manage and troubleshoot a patient from a distance, leveraging data. You can make assessments and really drive to cohorts that need your care the most. You can take care of them first and face-to-face.

HME: It’s one thing for providers to pick up on technology and new ways of doing business, but what about patients?

Matai: All of us have become used to devices; they’ve become part of life. Patients are also more open to using different forms of technology. In a lot of

cases, the patients are asking for it.

HME: Will the use of technology stick post-pandemic?

Matai: I think it will. The models that providers have learned over the last seven months – they’re not just going to go back to how they were doing things in the past.

HME: Any other lessons learned from the pandemic?

Matai: It has taught providers to go deep into their businesses. It has forced them to look at every aspect of their businesses to see how they can build and bring in technology. What should they insource; what should they outsource? How do they make themselves more efficient – whether it’s home delivery and remote setup or resupply or billing? I think this will define the winners and losers going forward. Who will go deep?

HME: What do you think providers should insource and outsource?

Matai: Referral management and patient intake – those are things they should be doing. That’s critical to them; it’s the lifeline to their business. And managing adherence. But home setup? That’s something we think they can outsource. We’ve always said face-to-face is the most valued, not call centers, but that’s no longer necessarily the case. **HME**

Invacare

Invacare Stand Assist (ISA) Premier Series Lift

The new ISA (Invacare Stand Assist) patient lifts offer optimal functionality and an innovative feature set for maximum comfort and security when transferring weight-bearing patients, as well as those needing rehabilitation support. The sleek and modern design incorporates what is most valued in a stand-assist lift, while also introducing new features to enhance the end user and caregiver experience. Features include TelescoLift, ErgoSupport and ergonomic hand grips.

OUTCOMESBYDESIGN.INVACARE.COM



Drive Devilbiss Healthcare

Cane Assortments

Drive has released 14 new patterns and colors for its T-Handle, Foldable and Offset Cane assortments. Fashion-forward canes are height adjustable with an easy-to-use button with a locking ring to eliminate rattling. The canes are manufactured with high-quality extruded aluminum tubing and can support up to 300 pounds. The T-Handle canes come in three designs and can be height-adjusted from 30 to 39 inches; the Offset canes come in seven designs and can be adjusted from 30 to 39 inches; and the foldable canes come in four designs and can be adjusted from 30 to 37 inches.

WWW.DRIVEMEDICAL.COM



Cure Medical

Cure Dextra Closed System

The Cure Dextra Closed System is easy to use—even with limited hand dexterity. It features a tip advancing technology for the pre-lubricated catheter and a gripper arrow to easily advance the catheter. A support band enables controlled use with one hand. Polished eyelets. DEHP/DINP, BPA and NR-Latex free. Cure Medical donates 10% of net income to research for a cure for SCI & CNS/D.

WWW.CUREMEDICAL-DEXTRA.COM



Permobil

ROHO Hybrid Select Cushion

The ROHO Hybrid Select Cushion is an all-in-one seating solution with an offloading air cell and foam cushion. For individuals in wheelchairs, this ability to offload the pressure under their ischial tuberosities (ITs) or sit bones to a larger surface area can help in preventing skin breakdown. ISOFLO Memory Control sets the amount of air in the two separate ROHO elements: the overlay across the back two-thirds of the cushion, and the removable IT insert in the center.

HTTPS://HUB.PERMobil.COM/ROHO-HYBRID-SELECT

Cork Medical

Nisus Touch

The Nisus Touch improves clinical results with its unique combination of power and innovation. Built on an intelligent and intuitive platform, its user-friendly, touch-enabled LCD screen fosters an easy navigational interface that promotes faster wound healing and an overall improved patient experience. Reduce the amount of service calls with a convenient built-in troubleshooting guide to resolve even the most common issues. Flow rate of approximately 10 L/min.

WWW.CORKMEDICAL.COM



GF Health Products

Everest & Jennings Traveler L3 Plus XVI

The new Traveler L3 Plus XVI model provides additional seat heights of 16.3 inches and 17.9 inches, in addition to the standard model 18- and 20-inch seat heights. Standard models include 2-inch rear wheels with non-marking polyurethane tires and 8-inch casters; XVI models include 20-inch rear wheels and 6-inch casters. Hammertone finish and carbon steel frame provide strength and durability. Black nylon upholstery with chart pocket.

WWW.GRAHAMFIELD.COM



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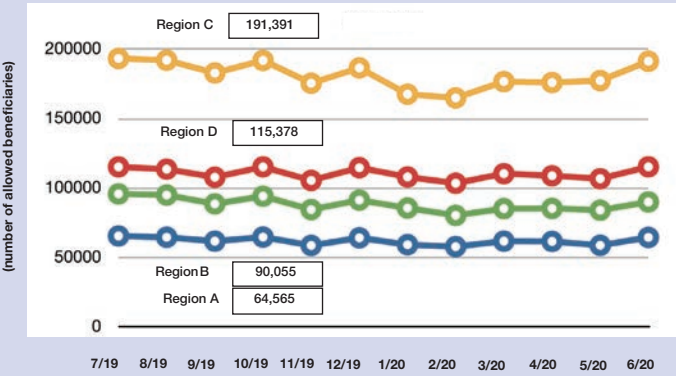
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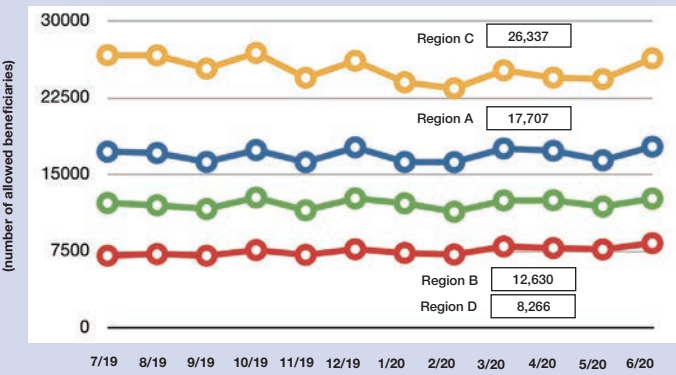
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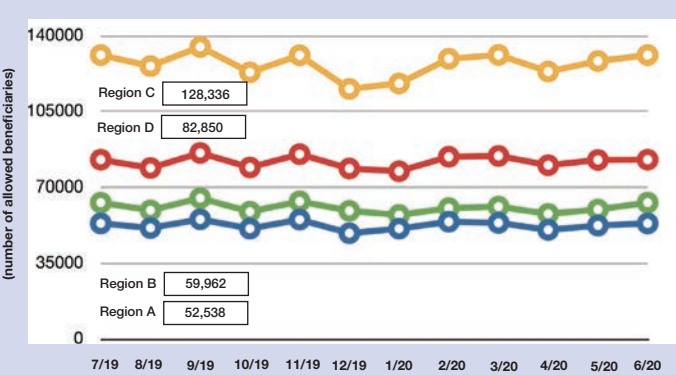
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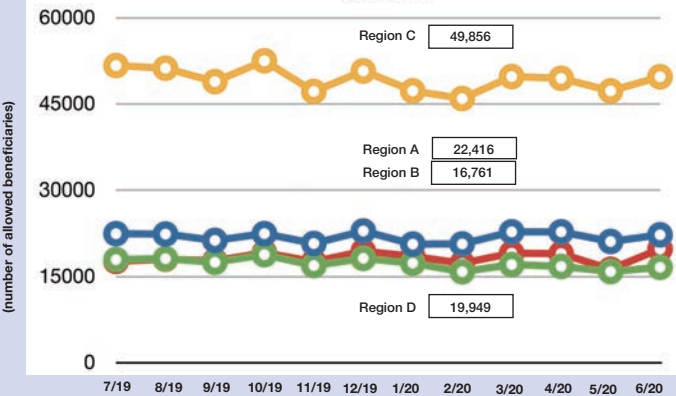
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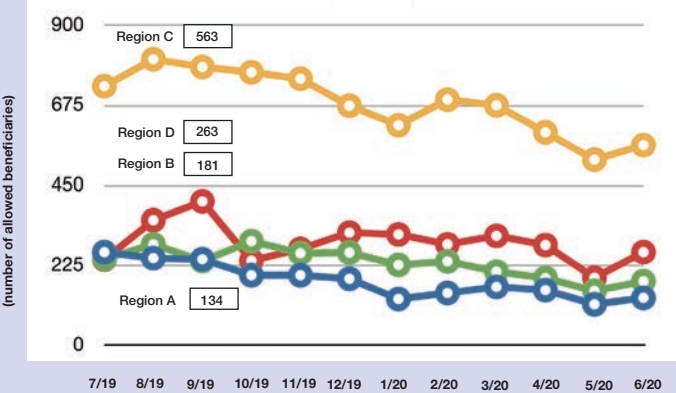
E 0601: CPAP



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.

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



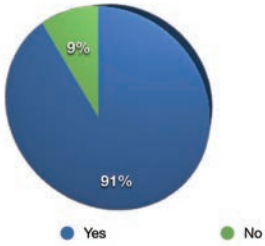
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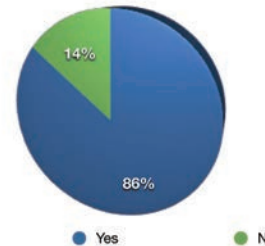
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HME NEWS POLL

Do you provide devices with remote monitoring technology?



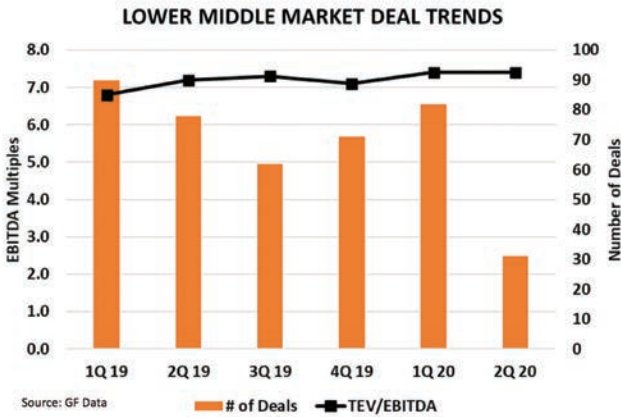
Are you actively using remote monitoring technology to improve care or make your business more efficient?



"We use remote monitoring for all PAP therapy and ventilators (if they have the capabilities), and we've also been doing a COPD telehealth program with remote monitoring for the last four years. We are also moving to more oxygen devices that will be monitored remotely." Sean Denning, Corner Home Medical

Newspoll based on 35 respondents.

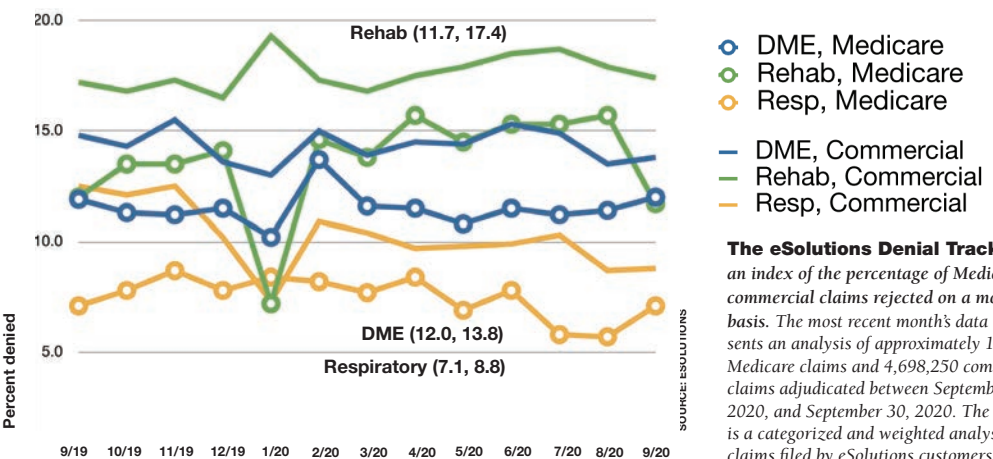
The Braff Group M&A Insider



Those of you that are more familiar with the TBG Insider know that the text that accompanies our graphs are often complex and require lengthy explanation. Not so here. Plain, simple and powerful: Although lower, middle-market deal flow across all industries dropped precipitously as a result of the COVID-19 pandemic, valuations held. So it very much appears (and our experience has shown) that the mergers and acquisitions market is not in freefall fundamentally. The demand is very much alive and well. But COVID-19 has made it more complicated, lengthening transaction cycles and depressing volume. For now.

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 1,280,954 Medicare claims and 4,698,250 commercial claims adjudicated between September 1, 2020, and September 30, 2020. The index is a categorized and weighted analysis of claims filed by eSolutions customers.

ISA™

Invacare® Stand Assist Premier Series Lift



An evolution in stand assist lifts

Lower leg support | Extendable lifting arm | Ergonomic hand grips

Introducing the Invacare® Stand Assist lift

The new Premier Series Invacare Stand Assist (ISA) lift offers optimal functionality and an innovative feature set for maximum comfort and security when transferring weight-bearing residents and patients, as well as those needing rehabilitation support.

The difference is in the details. The sleek and modern design was driven by customer insights, with a goal of incorporating what was most valued in a stand-assist lift while bringing in new features to enhance the user and caregiver experience. Assembly and dismantling can be done without any tools, making equipment setup and transport easier than ever.*

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