



■ Ashley Plauché says the Grassroots Accountability Project covers legislative offices in 31 states so far. **See page 4.**



■ **Product Spotlight:** Check out the latest in home accessibility products like the Let's Go Indoor Rollator With Tray from Stander. **See page 16.**



■ Who do you plan to vote for in the presidential election? **See results on page 22.**

VOLUME 26 — NUMBER 10
OCTOBER 2020 \$7.00

HME News

THE BUSINESS NEWSPAPER FOR HOME MEDICAL EQUIPMENT PROVIDERS

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Champions make separate push for oxygen relief

Committee fast tracks new bill to eliminate budget neutrality requirement

BY LIZ BEAULIEU, Editor

WASHINGTON – The Energy and Commerce Committee in the House of Representatives is now

on the hunt for a vehicle for H.R. 8158, a bill that would eliminate the budget neutrality requirement for home oxygen therapy.

Industry stakeholders say it's unlikely the bill will be attached to a continuing resolution that must be passed by Sept. 30, because Congress wants a "clean CR," but

there are other options, including possibly another COVID bill and a Medicare extenders package.

"This is huge," said Cara Bachenheimer, head of the government affairs practice at Brown & Fortunato, of the committee approving the bill on Sept. 9.

OXYGEN RELIEF SEE PAGE 4



A van fit for a hero

Chrysler and ABC's "Jimmy Kimmel Live!" surprised Massachusetts nurse Florence Njoroge with a brand new 2020 Chrysler Pacifica that was modified for wheelchair access by Vantage Mobility International. The acknowledgement of the donation took place during Kimmel's weekly Health Care Hero segment, which pays tribute to those on the front lines of the COVID-19 crisis. Njoroge's son nominated her as a Health Care Hero, highlighting her work as a geriatric nurse at a local nursing home and rehab care facility, and as a caretaker for his father, who has been fighting ALS for the last decade.

Larry Jackson brings market attention to Sunrise Medical

BY LIZ BEAULIEU, Editor

LARRY JACKSON has become a household name in the complex rehab market and, as the new president of Sunrise Medical North America, one of his goals is to elevate the company to that same status.

"They have a very good complement of products," said Jackson, who worked for 26 years as part of the executive team at Permobil. "They just haven't been able to get that market attention. I hope to be able to bring that."

Here's what Jackson, who is also a member of Sunrise Medical's global senior leadership team, had to say about what continues



Larry Jackson

to motivate him to "fight the fight" for complex rehab.

HME NEWS: What do you see as Sunrise Medical's position in the market and how do you plan

to advance that position? **Larry Jackson:** Sunrise has a pretty broad portfolio of products. They have manual wheelchairs and power wheelchairs; they have a pediatric business that's growing; they have the Jay seating line. Those are the four legs of the stool that we want to continue.

Q&A: LARRY JACKSON SEE PAGE 19

MAIL ORDER

Post office troubles concern providers

BY THERESA FLAHERTY, Managing Editor

YARMOUTH, Maine – A perfect storm of delays at the U.S. Postal Service combined with an increase in demand for mail-order supplies due to the COVID-19 pandemic has created challenges for providers.

For Doral, Fla.-based US Med, the biggest issue is that Medicare requires beneficiaries to refill their prescriptions within a certain timeframe, says Mary Ellen Conway, chief compliance officer.

"It's a very short window for refills of diabetes testing supplies, and there is not a lot of flexibility," she said. "If they have four days left and you ship and there are mail delays, the testing supplies get delayed."

In 2019, the USPS shipped more than 1.2 billion prescriptions, according to the American Diabetes Association, but in March, it saw a 21% increase.

POST OFFICE SEE PAGE 20

Complex rehab 'takes next step'

BY LIZ BEAULIEU, editor

PITTSBURGH – More than anything, the University of Pittsburgh's new Master of Rehabilitation Technology program will help to raise awareness among young professionals that specializing in assistive technology is a valid profes-

sion, says Mark Schmeler.

In August, the department had received MRT applications from 10 students, mostly with engi-



M. Schmeler

neering or pre-health science degrees, with a goal of up to 20 for the first year of the program.

"There's a lot of potential workforce talent out there that we haven't tapped in to," said Schmeler, PhD, OTR/L, ATP, an associate professor and vice

MASTER PROGRAM SEE PAGE 19

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■ Cara Bachenheimer says a new oxygen bill is a good example of progress is incremental. See story page 1.

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BRIEFS

OIG report calls for consistency

WASHINGTON – Medicare contractors were inconsistent in how they reviewed overpayments during the appeals process, says the Office of Inspector General in a new report. Although MACs and QICs generally reviewed appealed extrapolated overpayments in a manner that conforms with existing requirements, CMS did not always provide sufficient guidance and oversight to ensure that these reviews were performed in a consistent manner, the report states. The most significant inconsistency involved a type of testing that was associated with at least \$42 million in extrapolated overpayments that were overturned in 2017 and 2018. If CMS did not intend that the contractors use this testing procedure, these extrapolations should not have been overturned; however, if CMS intended that contractors use this testing procedure, it is possible that other extrapolations should have been overturned but were not.

AAHomecare promotes ONE VOICE

WASHINGTON – AAHomecare has launched ONE VOICE, a monthly videocast to discuss the major challenges that the HME industry is facing, and the importance of strong and united advocacy efforts to securing better policy results and rates at both the state and federal levels. The videocasts are hosted by Jeff Bowman, vice president of HME at McKesson, and one of the association's board members. The first videocast features Dewey Roof, president of Life HME and Life H2H; James Russell, vice president and owner of URS Medical; and Tom Ryan, president and CEO of AAHomecare.

AAH updates: Anthem, UnitedHealthcare

AAHomecare has doubled down on Anthem, sharing with the payer several examples of product cuts that highlight disparities between its new rates and Medicare rates both inside and outside competitive bidding areas, as well as the average rates currently in effect under the CARES Act. Earlier this summer, the association had expressed concerns about the cuts to Anthem, and the payer responded that the cuts "better align rates to state and local DME market dynamics." In its subsequent response, AAHomecare also noted that "the DME marketplace is not the same as six months ago when you completed your rate analysis"...UnitedHealthcare has informed AAHomecare that a system issue has been fixed and that providers should now be able to get DMEPOS claims through the Uninsured Program. Earlier this year, the Department of Health and Human Services announced a new distribution of the Provider Relief Fund to allocate funds to providers treating uninsured patients during the public health emergency. Soon after the program opened on May 6, however, providers notified AAHomecare that claims were getting rejected.

NOVEMBER ELECTIONS

Stakeholders size up Trump vs. Biden race

BY THERESA FLAHERTY, Managing Editor

WASHINGTON - How will the November elections impact the HME industry?

There are a number of dynamics at play in the presidential election between Joe Biden and Donald Trump and in the various races in the House of Representatives and Senate, says John Leppard, a healthcare analyst with Washington Analysis.

"At the top of the line: a Biden win-Democratic sweep is probably a net slightly positive in the near- to medium-term as it augurs greater stability," he said. "He's less likely to lift the public health emergency and the duration of that extends to the duration of the CARES Act reimbursement rates for non-bid areas."

A recent round-up of national

polls has Biden leading Trump by a margin of anywhere from seven to 10 percentage points, according to the New York Times.

If Trump were to win re-election, however, the relationships that the industry has built over the past four years with politically appointed staff will benefit, says John Gallagher, vice president of government relations for VGM.

Additionally, the GOP is historically more business-friendly and steps taken by the current administration to, among other things, deregulate are also positive for the HME industry, he says.



J. Gallagher



Meet-and-greet, COVID-style

Williams Bros. Health Care Pharmacy in Washington, Ind., held a meet-and-greet event for Rep. Larry Bucshon, R-Ind., in August. Chuck Williams, executive vice president of HME for Williams Bros. and a director for the Great Lakes Home Medical Services Association, spearheaded the event, where the topics of discussion included relief from the competitive bidding program for rural providers. Bucshon, who serves on the powerful Committee on Energy and Commerce, where he is a member of the Subcommittee on Health, Energy and Digital Commerce and Consumer Protection, added his name to a congressional sign-on letter asking CMS to pause Round 2021 of competitive bidding.

"The continuation of the administration posts is a positive," he said.

Stakeholders don't expect much impact from congressional races, despite all 435 seats in the Democratic-controlled House and 35 of the 100 seats in the Republican-controlled Senate being up for grabs.

"I don't see the House flipping and, to be honest, I don't see the Senate flipping," said Gallagher. "In the Senate, the Democrats might pick up a seat or two, but it's kind of a wash."

One thing seems certain: No matter who's in charge, competitive bidding is not going away, say stakeholders.

"Biden or Trump—they're not going to want to unravel that card," said Gallagher. "We still have to be going after that on the legislative side." **HME**

Audits very much up, running

BY LIZ BEAULIEU, Editor

AUDITS HAVE started to pop up in a number of places, including more recently, from the SMRC, says Andrea Stark.

"I haven't seen any posts to the SMRC website announcing new audits, but I'm starting to hear the initial murmurings from suppliers they are receiving audit requests from the SMRC that may involve vents or oxygen—indicating a respiratory related review," said Stark, a reimbursement consultant with MiraVista. "But they're non-public audit requests so I can't say how widespread it is—at present it seems targeted."

CMS announced in late July that it was giving its contractors the green light to resume audit

AUDITS SEE PAGE 4

Everything is on the table for bid relief

Get Senate sign-on letter, find vehicles for H.R. 2771

BY THERESA FLAHERTY, Managing Editor

WASHINGTON – Industry stakeholders spent the August recess following up with committees of jurisdiction in Congress as part of their continued efforts to pause Round 2021.

Those efforts include getting a Senate sign-on letter asking CMS to pause the program.

"Even though Congress was in recess, the staff is attentive and responsive, and we continue to try to get a response from CMS," said Jay Witter, senior vice president of public policy for AAHomecare.

A similar letter in the House of Representatives, which garnered 101 signatures, was sent to CMS in July, but the agency has yet to respond, stakeholders say.

With just a few weeks to work with – both chambers of Congress returned to work in September for just a few weeks before recessing again until after the November elections – stakeholders had a full plate. In addition to getting a Senate sign-on letter, they're identifying possible legislative vehicles for H.R. 2771, which would make permanent the 50/50 blended reimbursement rates in rural areas and would introduce a 75/25 rate for non-rural, non-bid areas, and eliminate the oxygen budget neutrality requirement.

Those vehicles include a continuing resolution to fund the government that must be passed before Sept. 30; a Medicare extenders package that must be passed before the end of the year, and possibly another COVID bill, says Witter.

Meanwhile, stakeholders are also still waiting on CMS to release its proposed 2021 payment rule for DMEPOS. The rule is

BID RELIEF SEE PAGE 5



Jay Witter

Advocacy update: Mind the GAPs

BY LIZ BEAULIEU, Editor

WASHINGTON—A revamped Grassroots Accountability Project led by AAHomecare and VGM now has volunteers in place covering legislative offices in 31 states, but it needs more.

There are a total of 535 legislative offices nationwide.

"We have a number of other states that are closing down on that goal, as well," said Ashley Plauché, assistant director of member and public relations for AAHomecare. "We're shooting for one go-to person for each office, plus others to validate that perspective."

AAHomecare and VGM announced in August that they were more formally partnering on the project, in conjunction with state and regional HME associations, to raise the

noise level on the industry's advocacy efforts.

As part of the revamped GAP, which was first launched in 2018 as the Congressional Accountability Project, volunteers will have access to new tools like a website specifically developed for advocacy that includes an interactive map of the co-sponsors of past and current industry bills.

"We want this to be a turnkey experience for volunteers," Plauché said. "We're also putting together some tutorials for those volunteers who are new to advocacy on things like how to schedule a meeting and how to invite a legislator to a facility tour."

The GAP will be key to the industry's efforts to, for example, delay Round 2021 of Medicare's competitive bidding program and permanently exempt accessories for complex

rehab manual wheelchairs from bid pricing.

"We want their commitment to be consistent, and we want them to keep informed and stay engaged, so when there is an ask or an initiative that needs attention, they'll make sure we have access to those offices," Plauché said.

The industry already does a great job advocating, as evidenced by its recent efforts to get more than 100 representatives to sign on to a letter asking CMS to delay Round 2021 in less than one week. But when it comes to advocacy, more is always better.

"GAP will allow us to get more of a footing in advocacy," said Emily Harkin, executive administrator, government relations, for VGM & Associates. "It's more advocates; more resources; and hopefully more results." **HME**

OXYGEN RELIEF

CONTINUED FROM PAGE 1

"The bill is ready and waiting at the gate."

H.R. 8158 stems from H.R. 2771, which would eliminate the budget neutrality requirement but would also extend a 50/50 blended reimbursement rate in rural areas and introduce a 75/25 rate in non-rural, non-bid areas.

With the 50/50 rates in effect through the end of the year and the 75/25 rates in effect through the PHE, the committee wanted to

single out the provision eliminating the budget neutrality requirement.

"It's a great example of, progress is incremental," Bachenheimer said. "We try to pack as much as possible into a bill, because we never know what will float. I see their point—we could be in the middle of next year before the pandemic ends."

While the committee searches for a vehicle, stakeholders are getting the Senate up to speed on H.R. 8158.

"We don't want anyone putting a hold on

this going forward," said Tom Ryan, president and CEO of AAHomecare.

While the need to make the blended reimbursement rates permanent is still real and H.R. 2771 is "still alive," stakeholders also want to recognize what a "significant win" it would be to eliminate the budget neutrality requirement, which has resulted in reimbursement in rural areas that's 10% to 15% below reimbursement in bid areas.

We've been trying to adjust this for years," Ryan said. **HME**

AUDITS

CONTINUED FROM PAGE 3

activities starting in August.

Since the announcement, the RAC notified providers it will resume certain medical review activities, and the DME MAC for Jurisdictions B and C announced it will begin complex, post-pay, service-specific reviews on back braces and test strips, just to name a few.

"We're getting the signals that, while things may be slower with some of the audit contractors, other contractors are rolling on much more quickly," Stark said.

BLESSING AND CURSE OF RELAXED POLICIES

The RAC for DME recently announced post-payment audits related to CGMs, following CMS's decision to not enforce the clinical conditions for therapeutic CGMs in LCDs during the COVID-19 pandemic.

"It's another relaxed policy that came out," Stark said, "and instead of breathing room for suppliers to provide the most relevant products, we're seeing targeted audits."

'A LOT OF ACTIVITY AT THE OIG'

Stark noted the Office of Inspector General's recent reports on two different providers of orthotics in Florida that it claims didn't comply with Medicare requirements when billing for braces.

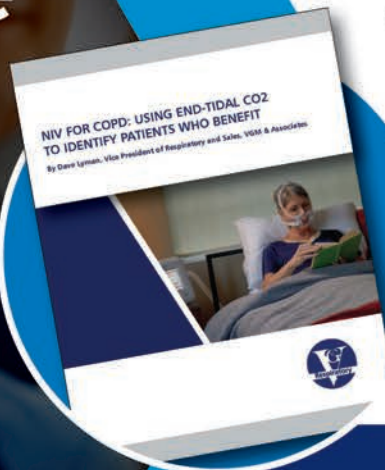
"That's just the tip of the iceberg for that product category," Stark said, "just given the historical error rates and Operation Brace Yourself." **HME**

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'Life has changed' for HME providers

BY LIZ BEAULIEU, Editor

WHAT'S IT like to be an HME provider in the middle of the COVID-19 pandemic? It runs the gamut from watching your business dry up, to feeling like the mask police to not being able to hug your mom.

"Life has changed," wrote Richard Burks in Kansas in response to a recent HME Newspoll.

BUSINESS FLUCTUATIONS

While providers report increases in referrals for home oxygen therapy, one of the front-line therapies for COVID-19, referrals for most everything else have been slow to pick back up, even now that some physician offices are back open.

"The DME business has been hit hard," wrote Chris Rice in California. "If a physician's office is open, they are seeing only a limited number of patients. We're also hearing that the number of telemedicine appointments has been falling. We believe that patients may be shifting from their regular physician to app-based systems like Teledoc. The result? Fewer orders for DME."

RETAIL BRIGHT SPOT

A number of providers reported, however, that retail has brightened back up, like Josh Turner in Alabama, who reported two back-to-back record months in retail sales.

"We have strategically diversified our offerings over the last 10 years, positioning the company to not be reliant on the insurance referrals," wrote Andy Alvarez, another provider in Alabama. "Because of our diversification, we had about a four-week slow down, but (our) retail and hospice activity has flourished because of COVID-19."

MASKED UP

Providers report requiring visitors to their stores and their employees to wear masks. For one provider, that's regardless of the relatively low number of cases in their area.

"That hasn't stopped us from screening at the front door, taking temperatures and getting names of those entering our store," wrote one respondent in Minnesota. "We are

requiring masks for those who enter and also employees that are in front of patients have to wear manufactured masks vs. source masks. Whenever we are within six feet of each other or

unable to social distance, employees are wearing masks."

Not everyone's a fan of the policy: "(There are) some complaints about mask wearing requirements in (our) retail store," wrote

one respondent in Florida.

PERSONAL TOLL

A number of providers shared the personal toll of being an HME provider – as a company leader and as a family member.

"I worry that one of our employees will bring it into the store and infect everyone else, causing us to

shut down," wrote one respondent in Washington state. "I can't police everyone's off-work time other than to stress how dangerous this all is to everyone. While I see her occasionally, I haven't given my mom a hug since...I don't know when. How long can any of us live like this?" **HME**

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BID RELIEF

CONTINUED FROM PAGE 3

typically published the first week of July and stakeholders are hopeful the continued hold-up means the agency may delay Round 2021.

"We are waiting with bated breath," said Tom Ryan, president and CEO of AAHomecare. "We believe there will be a delay."

If CMS doesn't pause the program on its own, lawmakers have the authority to do so, says Witter.

"We are preparing for (other possibilities)," he said. **HME**

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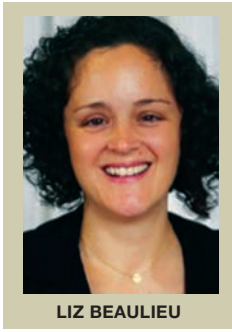
IN MID-SEPTEMBER, Managing Editor Theresa Flaherty and I were trying to piece together the latest developments in reimbursement relief and we were both getting pretty frustrated.

In early September, AAHomecare announced that the industry's champions in the House of Representatives had introduced H.R. 8158, a bill that would eliminate the budget neutrality requirement for home oxygen therapy. The association says the House Energy and Commerce Committee requested that the provision be peeled away from the other provisions in H.R. 2771 – those other provisions being, making permanent the 50/50 blended reimbursement rates in rural areas and introducing a 75/25 blended reimbursement rate in non-rural, non-bid areas.

The committee chose to separate the budget neutrality provision, because it knew that the other provisions would weigh it down, especially since those other provisions are technically already in place through the end of the year (50/50) and through the PHE (75/25).

Where we got frustrated – besides keeping track of it all – was with this approach of chipping away at bad policy.

Industry stakeholders and their champions have become accustomed to this approach. The blended rates in and of themselves are an attempt to chip away at competitive bidding rates that are unsustainable, particularly in rural and non-



LIZ BEAULIEU

rural, non bid areas.

Then take accessories for complex rehab wheelchairs. CMS did away with bid pricing for accessories for complex rehab power wheelchairs, but then the agency said its hands were tied when it came to manual wheelchairs because of a technicality. Stakeholders and their champions were able to pause bid pricing for accessories for complex rehab manual wheelchairs for 18 months – chip, chip, chip – and now they're trying to make that permanent.

See, frustrating.

But as Cara Bachenheimer told me, something is better than nothing, and in the case of the H.R. 8158, it's a "huge step" to ameliorate a requirement that has created a "double dip" reduction in reimbursement for oxygen.

And it's really a testament to stakeholders – not only AAHomecare, VGM, and state and regional associations, but also the providers that are making the calls and sending the emails – and their champions in Congress that we're here. They won't stop chipping away, breaking up bad policy until what's left, when put back together, has some semblance of sustainability. **HME**



GUEST COMMENTARY

The new reality of patient as payer

How DME providers can deliver transparency and accuracy to health care consumers

BY STEVE INGEL AND LILLIAN PHELPS

IN THEORY, health care consumerism is a straight-forward idea: Shifting costs to consumers, typically in the form of high-deductible health plans (HDHPs), gives them an incentive to make informed decisions about the health care services they purchase.

In practice, consumerism represents a significant challenge to providers' bottom lines. A recent report reveals that for 74% of providers, patient collections take over a month. Further, 66% of providers said patient receivables are a primary revenue concern.

Part of the problem is many providers' patient collection processes do not align with consumer preferences. For example, 88% of providers reported relying on manual and paper-based transactions for patient collections, but 46% of consumers prefer electronic communication for medical bills, while 65% prefer to pay medical bills via online portals or mobile apps.

This has left many patients in the dark about how much they owe and the available payment options. Many providers, including durable medical equipment (DME) providers, have been left without

the tools and resources necessary to communicate sensitive financial issues, explain benefits coverage, or provide accurate and timely estimates.

As the nation continues to grapple with the COVID-19 pandemic, telehealth has become a critical means of delivering access to care for patients. For DME providers, it is more important than ever to ensure that the health systems and physicians' offices they work with have a seamless means of ordering DME for patients within the telehealth workflow.

DEFINING PATIENT ACCESS Patient access is a mix of technology, process efficiencies and strategies to engender patient accountability, and it is based on three pillars of the revenue cycle process: enhancing the patient experience, increasing yield and containing cost.

Properly implemented, patient access processes allow providers to drive measurable and meaningful business improve-

ments with tools that improve accuracy and increase revenue. Patient access has three goals: Help patients understand what they owe, make it easy to pay and set expectations.

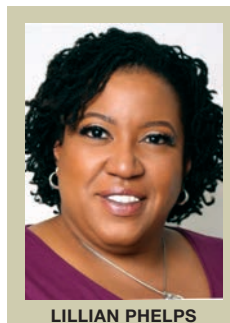
To achieve these goals, a provider must invest in its patient access department and technology to provide the following:

- ✓ Fast and accurate estimates of each patient's financial responsibility
- ✓ Forecasts of each patient's propensity to pay
- ✓ Multiple payment options and patient-assistance plans

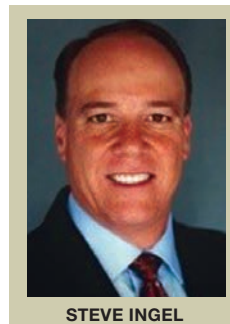
FUNCTIONS OF A PATIENT ACCESS PROGRAM

Patients who know in advance how much they will pay are likely to be more satisfied.

It is common sense to avoid surprising patients with higher bills than they were expecting. For an effective patient access program, providers must implement the following steps.



LILLIAN PHELPS



STEVE INGEL

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THE BUSINESS NEWSPAPER FOR HOME MEDICAL EQUIPMENT PROVIDERS

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LEADERSHIP



Listen to your team

BY SARAH HANNA

Q. How do I know I'm leading my staff in a manner that fosters loyalty and commitment to the company's mission and goals?

A. Determining what your team thinks of you as a leader is not an easy task. It requires getting honest and constructive feedback about your strengths, weaknesses

and areas of improvement, as well as their needs.

Therefore, they need to feel safe in their ability to be truthful in their opinions without fear of repercussions. You also need to be the person who can hear the good, bad and the ugly, and use it to improve and not "search" out those who made comments that hurt your ego.

One way to gain this information is to do an anonymous survey using platforms like Survey Monkey, Google Forms, Survey Gizmo, Zoho Survey, etc. To get started, I find the 360-degree feedback survey to be a good source of questions in gaining information

on your effectiveness as a leader as viewed by others. You will gain the knowledge you need to be a better leader by discovering where you stand based on your employees' perceptions and their insights on areas that need professional development.

An alternative to, or in combination with, the survey is to use a consultant/business adviser to interview members of your team. Prior to taking this route, those being interviewed need to be assured that nothing they say will be used against them. They need to be protected from any negative outcomes from their comments.

It is never easy to receive neg-

ative responses regarding your performance. Read the information multiple times to help you move from the emotional to the logical/analytical response when reviewing the scores/comments. Be honest with yourself about your weaknesses, do some "business soul searching" and use this information to enhance your leadership abilities. By listening to your team, you will improve your team's loyalty, reduce turnover and improve profitability. **HME**

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

M&A



Consider tax implications

BY SAMANTHA LINCOLN

Q. Would a change to capital gains tax impact a business sale?

A. Yes, potentially a lot. You have a solid business you've built for years. You've thought about a sale in the near-ish future. Considering the implications of possible tax increases on net proceeds might move up your timetable.

I think we can agree the need to pay for 2020 COVID spending and other government overruns will put tax increases on the table, including long-term capital gains (LTCG). Current code taxes long-term capital gains at 20%. Without getting political, the Biden campaign proposes "taxing investment gains the same as earned income" and returning marginal rates "to historical levels." Historically, LTCG have been at 25%, 27% and even 35%, more often than they've been 20% or lower. It's plausible to think we could see rates at 25% or higher.

Let's assume ABC Company has \$2 million EBITDA, \$2 million basis and sells for \$10 million. Even an increase to 25% costs \$400,000 more tax, or requires a 6% greater purchase price for net proceeds parity. If LTCG rates went to 35%, the additional tax is \$1.2 million.

The urgency to take advantage of current rates is highest for owners looking to sell in the next year or two, and whose earnings growth is relatively flat. If you have earnings growth or a longer time horizon, net proceeds in the future should outpace a tax increase.

Please consult your tax advisor. This is only an example to consider timing of a sale. **HME**

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

RESUPPLY PROGRAMS



Establish point of differentiation

BY MARK BOARDMAN

Q. How do I maximize my CPAP compliance and resupply program?

A. As a previous HME owner and CPAP provider, we found that focusing on the following key components allowed us to produce industry-leading results: **REFERRAL SOURCES** We began by asking our refer-

ral sources what we can do to become an essential resource or partner to them. The answer was simple: better patient care. Ninety three percent of providers feel it is essential for patients to feel satisfied with their health care provider. Establishing your point of differentiation by offering a program that focuses on the long-term care of the patient will increase your referrals.

PATIENT CENTRIC

Building your program centered on the patient and their continuum of care will produce results. Implementing a clinically based program that begins at setup and compliance provides

the maximum opportunity for your patients to become "supply eligible." Patient care is about relationships. Taking an interest in knowing and understanding each patient's motives, concerns and behaviors on their personal journey of managing their sleep apnea will express that you value them and their long-term care. One in five patients is not entirely convinced their provider is focused on improving their health.

PATIENT ROI

Implementing an outreach program that is patient centric while providing your referrals with a continuum of care model that

is clinically based can increase your resupply revenue by 150% to 200%. Analyzing your compliance and resupply program to other programs in the industry ensures that your program is operating at an optimal level. Aligning with partners and expertise who place an emphasis on long-term value over the entire patient lifecycle will ensure that you are increasing patient retention, lowering attrition and maximizing your patient ROI. **HME**

Mark Boardman is CEO of Sleep Coaches. Reach him at mark@sleepcoaches.com.

CBD



Stock the must-haves

BY ANDREA MANGINI

Q. Why should I sell CBD?

A. CBD seems to be everywhere now; to say it has exploded in popularity is an understatement. Everyone from beauty chains to your local gas station has something on the shelf with the letters CBD beaming at you. So why dive into something that feels

oversaturated? Well, for starters, it's in demand and it will remain in demand, as studies continue to find and prove the effectiveness for new health and wellness benefits. Its growth has not slowed.

The key to successfully selling CBD is choosing the right brands and being able to properly educate both the sales teams and the consumer. When I look at the selection on a gas station counter, I see a couple of really great brands next to absolute garbage; this isn't helping the consumer. When choosing brands to sell,

what you should be looking for first is ease of information – does this brand offer you selling tools, education and transparency regarding the quality and testing of their product? If you don't feel good about what you're getting, then your customer won't either.

Once you can check off those boxes, the next question is what type of CBD products should I sell? You want variety, but you don't want it to be overwhelming either. Your must-haves should include a topical for isolated pain relief, a tincture or two for taking as drops or added to food/bever-

age, a capsule for your supplement lovers and something that might stand apart from what people are used to seeing like a sublingual aerosol oral mist. Having a small but varied assortment from a few reputable brands allows you to better know the details of what you're carrying so that customers can have their questions answered without feeling overwhelmed by having too many things to choose from. **HME**

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

REALITY

CONTINUED FROM PAGE 6

✓ Conduct pre-appointment checks. Before receiving services, patients should know the provider's payment options and assistance plans. They should know what insurance will cover and what their total financial obligation will be for the appointment. Pre-appointment checks, whether in person or through telehealth, should be part of every provider's workflow.

✓ Ensure billing is clear and concise. Patients often struggle to understand what they owe due to bills from multiple hos-

pitals, physicians, and labs for the same episode of care. Often DME providers are one of the last services patients need in an episode of care, which makes clear and concise billing even more critical. Statements should be designed so patients can easily understand the language and format.

By using technology and building more flexibility into collections, providers can reduce their reliance on paper statements and reduce administrative costs. To interact effectively with patients, real-time adjudication and point-of-service collections with effective follow-up strategies are imper-

ative.

Make it easy to pay. Patients have different expectations, practices and preferences regarding how they pay health care bills. DME providers have learned that a small technology investment can bring more flexibility to the collections process. For example, most DME practices already include options to pay by credit card, but relatively few organizations offer an online payment option.

The biggest opportunity to collect from patients is at the point of service, so providers should make it standard practice to collect payments while patients are onsite. To this end,

leading DME platforms feature workflows that enhance providers' telehealth strategies by ensuring that ordered products are delivered to patients remotely. These solutions make it easy for providers to identify a patient's need for a product, create an order, discuss the costs upfront, then ship the product to the patient and bill appropriately.

ENGAGING PATIENTS AS CONSUMERS

Even with greater transparency, encouraging patients to keep current with payments is an important task for providers. Accomplishing this will require consistent communi-

cation with patients. Many organizations underestimate how important it is to engage patients from the beginning and maintain positive relationships. By proactively addressing financial information and payment options, providers can improve patient engagement and satisfaction. **HME**

Steve Ingel is the executive vice president of DJO Healthcare Solutions, a leading provider of high-quality medical devices and technologies.

Lillian Phelps is the senior director of product management for Availity, the nation's largest health information network.



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Highmark Health taps stay-at-home trend

BY THERESA FLAHERTY, Managing Editor

PITTSBURGH – Highmark Health recently expanded its Home Recovery Care program to two more hospitals in its network, boosted by the ongoing public health emergency that has increased the value of home care.

HRC originally launched at Allegheny Health Network in late 2019 as part of a joint venture between the payer and Contessa; it provides inpatient care in the home through telemedicine, providers and Contessa's technology for coordinating care.

"HRC gives us the opportunity to give them a choice of whether to receive treatment during a hospital stay or they prefer to go home," said Dr. Monique Reese, senior vice president, home and community care, Highmark Health. "There are plenty



Dr. Reese

of surveys out there (that show) the preference is to stay in the home when that makes sense and is safe."

Eligible patients are those with health conditions that are considered low-acuity, like COPD, heart failure and cellulitis, and meet a set of criteria.

An integrated team that includes HME, nursing and home care providers and a hospitalist work together to transition the patient safely home, says Reese. Along with access to providers and equipment, the patient can also receive daily video check-ins.

Although HRC was started before anyone even thought about a national health

HIGHMARK SEE NEXT PAGE



Tart brothers

CARY, N.C. – The board of directors of the Atlantic Coast Medical Equipment Services Association has announced a new award, the Tart Leadership and Advocacy Award, in honor of Billy and Joey Tart, the former owners of Family Medical Supply. Billy and Joey Tart, who will receive the inaugural award at the ACMESA Winter Meeting in February, have served on ACMESA's board for many years, each serving as president, making a name for themselves advocating "tirelessly" for the industry.

Scott Markovich is on the hunt for Medicaid savings

At the top of his list: Keeping people home, reducing costs

BY THERESA FLAHERTY, Managing Editor

HARTFORD, Conn. – With many state Medicaid programs facing increased enrollment but decreased budgets, the timing of CareCentrix's recent expansion into the Medicaid managed care market couldn't be better, says Scott Markovich.

"The largest pot of money is Medicaid for most governors," said Markovich, the company's new general manager of Medicaid. "We are going to see a shifting of funds, as more people tax the system. They will transfer the risk to health plans and that's where an opportunity with us comes into play."

Markovitch, who has worked in Med-



S. Markovich

role?

Scott Markovich: We are working on business planning to look at the total cost of care of individuals focused on those in the aged, blind and disabled category, and looking at those that receive managed

MARKOVICH SEE NEXT PAGE

Annual event 'bigger' than MedServCo

Mick Farrell to keynote

BY THERESA FLAHERTY, Managing Editor

CLEVELAND – Medical Service Company is taking its annual education forum for RTs and sleep technicians completely online this year and tapped a well-known industry leader to keynote the event.

The 20th Annual Jean S. Marx Memorial Education Forum, scheduled for Nov. 18, features 10 sessions across two tracks, sleep and respiratory, and provides the opportunity to earn up to seven CEUs.

"Considering the circumstances of the pandemic, we thought it would be best to switch (to a completely virtual event)," said Julie Banyasz, brand marketing manager. "We're looking forward to welcoming hundreds of health professionals from across the country."

Medical Service Company actually added a virtual component to last year's event, which drew about total 200 attendees—10% of whom attended online.

ResMed CEO Mick Farrell will keynote the event, a speaker they believe will be a big draw, says Banyasz.

"Mick is going to talk about the growth of health care delivery in and out of the hospital and his thoughts on digital health technology," she said. "We are hopeful that by bringing him in, we will attract people."

This year, with the COVID-19 pandemic curtailing both travel and in-person events, Medical Service Company also decided to give the event a boost by partnering with other DME providers across the country who want to offer it as a benefit to their own referral sources. The company is providing them with promotional marketing materials and custom promotional codes that providers can share with their referral sources to attend free of charge.

"This gives them the ability to be a resource to their referral partners," says Justin Owens, director of business development.

Partnering collectively with other providers will also raise the bar on sleep and respiratory therapy, Owens says.

"We felt this is bigger than Medical Service Company and we've seen the value of education over the past 20 years," he said. "Now, we've got the technology to allow us to expand so anyone can benefit from the lineup of experts we have and, ultimately, lead to further enhancement and innovation and make the sleep and respiratory industry better." **HME**

BRIEFS

Hub's Home Oxygen moves into Sears

SELINGROVE, Pa. – Hub's Home Oxygen & Medical Supplies has opened its seventh location in the state in a former Sears building at the Susquehanna Valley Mall, according to a local newspaper. The 4,200-square-foot location, which opened Aug. 3, will allow the company to stretch out toward Montour and Columbia counties, reports the Daily Item. Hub's Home Oxygen employs five at the store, with two drivers in training. The company has been in business since 1955, offering a variety of home care products, including oxygen concentrators, nebulizers, CPAP and BiPAP devices and supplies, wheelchairs and more. Hub's now has locations in Williamsport, Wellsboro, Lock Haven and Lewisburg, and in Harrisburg and Carlisle as CressCare Medical.

MedCare breaks ground on new warehouse

GREENSBURG, Pa. – MedCare Equipment Co. has plans to move into a new \$4.9 million warehouse in Penn Township, according to the Pittsburgh Post-Gazette. The new 100,000-square-foot warehouse will replace 39,000 square feet of space that the company currently leases on Rico Drive in Monroeville, the newspaper reports. The warehouse, where the company plans to employ 50, is part of the Bushy Run Corporate Park. MedCare broke ground on the new warehouse last week.

CorLife moves up the Inc. 5000 list

GREEN BAY, Wis. – CorLife LLC, a provider of durable medical equipment, supplies and home health care services to workers' compensation carriers nationwide, was recognized on Inc. Magazine's "Inc. 5000" list for the second year in a row. CorLife rose to No. 277 with three-year revenue growth of more than 1,600%. "Our mission is to revolutionize the approach to ancillary services in the workers' compensation insurance industry," said President/CEO Lauren Underhill. "To be successful in our mission is already such an accomplishment, to be nationally recognized in addition, is a proud moment for us all."

Protech lines up sleep provider

CINCINNATI – Protech Home Medical has executed a non-binding letter of intent to acquire a respiratory company in the Southeast reporting unaudited trailing 12-month annual revenues of about \$13 million, significant adjusted EBITDA and positive net income. The target, which has been in business for more than 15 years, would significantly enhance Protech's presence in the region with five new locations, and would increase its patient count by more than 15,000. The target is highly concentrated in sleep therapy, with a strong resupply business.

Protech sees double-digit increase in customers

CINCINNATI – Protech Home Medical reported revenue of \$25.9 million for the third quarter of 2020, a 28% increase compared to the same period last year and a 7% increase from the previous quarter.

Adjusted EBITDA was \$5.5 million vs. \$3.8 million, a 47% increase year over year.

The company's operational highlights for the quarter included:

Its customer base hit 37,128 in the third quarter, a 19% increase year over year.

Respiratory resupply setups and/or deliveries hit 14,436, a 31% increase.

Equipment setups hit 57,551, an

11% increase.

"The third quarter of 2020 was full of milestones for Protech," including run-rate revenues of \$100 million, said Greg Crawford, CEO and chairman. "The acceleration of the need for in-home health care solutions is being felt across the industry, and powerful

tailwinds continue to be felt at our front door. With the strongest balance sheet in our history, we are poised to take advantage of opportunities to significantly scale our business."

ACQUISITION

Protech Home Medical in August announced it had acquired Buf-

falo Grove, Ill.-based Health Technology Resources, a home respiratory services company that serves the Chicago area.

HTR is focused on high-acuity respiratory patients, including those with ALS and COPD.

Protech will pay approximately \$5.4 million for HTR. **HME**

MARKOVICH

CONTINUED FROM PREVIOUS PAGE

long-term care services. Managing members at home with the right support—whether it be home care, DME or other community based support—and looking at the total cost of care of members and really trying to avoid the skilled nursing facilities or hospital visits, is what we are going to be focused on.

HME: How do you balance reducing health plan costs without compromising patient care and provider reimbursement?

Markovich: With Medicaid, there are fee schedule floors and ceilings. There are limits set on how low you can go. For us, it's more about utilization and making sure the member is receiving the right services than trying to nickel and dime reimbursement. Diapers and wipes are cheap, but when someone is receiving a ton of them and they don't need them, it does add up.

HME: How has the pandemic impacted CareCentrix's expansion into Medicaid?

Markovich: With COVID there is a demand for this, as more members become eligible as the unemployment rate goes up. As we've seen this unfold, if individuals end up in a nursing home, that's not a good thing. The state will pay for certain members to receive services at home. The more members we can keep at home and the more we can pay for at home, the more the cost savings will be there. **HME**

HIGHMARK

CONTINUED FROM PREVIOUS PAGE

crisis, the COVID-19 pandemic has sped up the acceptance of stay-at-home programs, says Reese. Early in the pandemic, for example, CMS relaxed rules around telehealth visits.

"We have seen that progress with the pandemic," she said. "We've also positioned ourselves to enable providers and home health organizations to offer remote monitoring and virtual visits, and we will continue to see that as an option for providers, payers, and patients and families." **HME**



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Stakeholders gather data, advocate

They balance long- and short-term initiatives to improve complex rehab benefit

BY LIZ BEAULIEU, Editor

THE NEW CRT Remote Services Consortium in August launched two surveys – one for clinicians, and one for suppliers and manufacturers – to collect information about how they're using telehealth and remote services, respectively.

The consortium also sought to collect information on what are the opportunities and challenges around these services,



Don Clayback

and how they should be used in the future.

"The information will give us some good data – also some commentary – that we can include as we talk to policymakers," said Don Clayback, executive director of NCART,

during an Aug. 20 webcast.

As part of the current public health emergency, CMS has allowed occupational therapists and physical therapists to conduct telehealth services and has added a code used by therapists

for "wheelchair management" to the list of approved codes for those services.

The consortium seeks to make this policy expansion permanent.

"Everyone agrees it's not appropriate in all settings," Clayback said, "but it's a valuable option when it comes to complex rehab. It should be left to the impacted parties to determine when it's appropriate."

PERMANENT PROTECTION

Stakeholders sent more than 1,000 emails to members of the House of Representatives dur-

ing National CRT Awareness Week, Aug. 10-14, to support a sign-on letter that seeks to permanently exempt accessories for complex rehab manual wheelchairs from competitive bidding pricing.

"This will help push that initiative further toward that permanent protection," said Mickae Lee, director of advocacy and communication for NCART.

As of Aug. 20, only a handful of members had agreed to sign on to the letter, spearheaded by Reps. John Larson,

DATA AND ADVOCATE SEE NEXT PAGE

Policy grant signals 'tide is shifting'

BY TRACY ORZEL, Contributing Writer

PITTSBURGH – The University of Pittsburgh, among others, has received a \$2.5 million grant over five years to investigate a new health coverage policy for complex rehab wheelchairs.

The University of Pittsburgh Department of Rehabilitation Science & Technology, in collaboration with the University of Pittsburgh Medical Center, UPMC Health Plan, The Ohio State University, University of Michigan and key disability, industry, and policy stakeholders, will work together on the project.

"We are not writing Medicare policy, rather investigating alternatives," said Mark Schmeler, an associate professor and vice chairman of education and training in the Department of Rehabilitation Science & Technology at UPitt. "Whether Medicare or any insurance company chooses to implement anything we develop is really to be determined."

The grant, which is funded by the National Institute on Disability Independent Living and Rehabilitation Research, will be used to fund four projects. No. 1: evaluate current policies and novel models, both within and outside the United States. For example, Australia has a flexible model in which the government gives the individual a certain amount of money, like an allowance, over a period of time, to spend however

POLICY GRANT SEE NEXT PAGE



Numotion grows in Wisconsin

Numotion has expanded its footprint in Wisconsin with a new location in Madison. The new location is home to two ATPs, bringing the company's total number of ATPs in the state to 14. "Expanding our presence with this new location strengthens our ability to provide mobility solutions to not only Madison but also surrounding communities throughout south central Wisconsin," said Mike Swinford, Numotion CEO.

Q&A: BRYAN EVERETT

New MobilityWorks CEO emphasizes customers, tech

BY LIZ BEAULIEU, Editor

RICHFIELD, Ohio – For Bryan Everett, the new CEO of MobilityWorks, everything is personal. At his previous positions at Rite Aid and Target, his passion was the customer experience. At MobilityWorks, it's that, too, plus a mother who has MS and who will likely need a wheelchair and an accessible vehicle at some point. Here's what Everett had to say about what drew him to MobilityWorks after many years working in retail and health care for big companies, and what could be in store for MobilityWorks.

HME News: What was it about MobilityWorks and the industry that you found appealing?

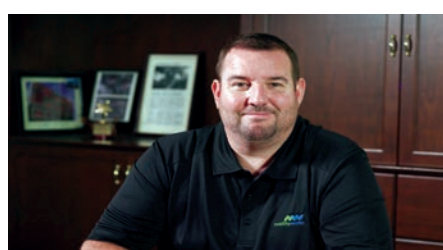
Bryan Everett: I think the purpose-driven nature of the com-

pany and the industry was appealing to me. My mom has MS and she's not in a wheelchair full-time but she will be someday. So just becoming more familiar with the purpose of MobilityWorks

and the industry was really compelling to me. What I really liked about Rite Aid was helping so many people and MobilityWorks helps tens of thousands of people have access to accessible vehicles so they can participate in weddings and graduation parties that they otherwise wouldn't be able to. That's No. 1.

HME: Is there a No. 2? A No. 3?

Everett: No. 2 was the growth opportunity. I've worked in retail



Bryan Everett, formerly of Rite Aid, Target

where it's been about consolidating stores and getting smaller, and here's a company where there's opportunity to grow and scale the business. No. 3 is working for a smaller company. MobilityWorks is a big company but it's small enough that it has room to become more sophisticated.

HME: How do you plan to grow the company and make it more

BRYAN EVERETT SEE NEXT PAGE

BRIEFS

Numotion Foundation launches scholarship

BRENTWOOD, Tenn. – The Numotion Foundation has established the Numotion Foundation Scholarship Fund in partnership with the United Negro College Fund to provide tuition and housing assistance for African American students living with mobility related disabilities. "Everyone should have the opportunity to pursue their interests and purpose through higher education," said Mike Swinford, president of Numotion Foundation and CEO of Numotion. "The foundation is honored to partner with UNCF to help relieve the financial challenges to achieving a college degree and ensure deserving students have the support they need to be successful." The Numotion Foundation has committed \$20,000 for the next three years, for a total contribution of \$60,000. Those eligible to apply must have an established grade point average of 2.75 or greater, provide UNCF with a letter of recommendation and a statement of career interests, and be in any stage of obtaining a four-year degree at a qualifying institution.

UPitt wins grant to research accessible autonomous vehicles

PITTSBURGH – The University of Pittsburgh's Human Engineering Research Laboratories has received \$1 million in grant funding to research the effects of accessible autonomous vehicles and other mobility services. HERL, in consortium with the Uniformed Services University of the Health Sciences and the Catholic University of America, is one of four recipients of the new Tier 1 University Transportation Center grants from the U.S. Department of Transportation. "These investments in four new transportation research centers will help advance innovation and create new solutions to increase accessibility," said Elaine Chao, U.S. Transportation Secretary. Each center will conduct its research over the next 18 to 24 months.

UPitt surveys attendees on ISS

PITTSBURGH – The University of Pittsburgh in September surveyed prospective attendees of the 37th International Seating Symposium about their likelihood of attending the event, depending on the pandemic situation. The four-question survey asks attendees: What is your primary purpose for attending ISS; if by Jan. 15, the pandemic situation has not improved or changed, would you plan on attending the event in-person, attend remotely or not attend at all; if the situation has improved (i.e. a reliable vaccine has become available but not completely implemented), would you plan on attending the event in-person, attend remotely or not attend at all; and if the situation appears to be almost mitigated, would you plan on attending the event in-person, attend remotely or not attend at all. ISS is scheduled to take place March 18-20 in Pittsburgh.

DATA, ADVOCATE

CONTINUED FROM PREVIOUS PAGE

D-Conn., and Lee Zeldin, R-N.Y., but Clayback expects many more before the Aug. 31 deadline.

“It’s not surprising, considering they’re in recess and we just started (collecting signatures in early August),” he said.

CALL TO CLINICIANS

PTs, OTs and speech therapists are fighting a 9% cut to Medicare rates scheduled to take effect Jan. 1, 2021, with the American Occupational Therapy Association, the American Physical Therapy Association and the American Speech-Language-Hearing Association all publishing letters opposing the cut.

“The rates as they stand today are not super sustainable,” said Erin Michael, PT, ATP/SMS, an executive board member of the Clinician Task Force. **HME**

POLICY GRANT

CONTINUED FROM PREVIOUS PAGE

they see fit on health care.

“Part of what we need to evaluate is, will that type of policy work in the United States, in our culture,” Schmeler said. “We’re a country that still does not have socialized universal health care.”

Additional steps are: No. 2, develop a standardized assessment and procurement protocol; No. 3, perform analyses of existing datasets; and No. 4, evaluate the feasibility of a new model. Finally Schmeler and his team plan to simulate the model and compare the outcomes to traditional coverage.

“This is really a big step and I commend (the government) for funding this research,” said Schmeler. “The tide is shifting in health care coverage so now let’s look at what’s the best way to provide this.” **HME**

Skill set grows among home health therapists

BY LIZ BEAULIEU, Editor

YARMOUTH, Maine – Occupational and physical therapists working in home health settings are more receptive to accepting referrals for wheelchair evaluations during the public health emergency, says Cathy Carver.

“They weren’t real open to taking wheelchair referrals for CRT, because their funding model wasn’t conducive to the way the payment system was set up, then COVID hit and everyone has been navigating for ways to help, so they began to take wheelchair evaluation referrals,” said Carver, executive director of The Clinician Task Force, during a recent webinar. “It has really opened up the home health world.”

Carver says these therapists have learned the evaluations provide “nice opportunities” to help patients with other goals that they didn’t realize were available, like working on function and educating patient families.

They’ve also learned that their success very much hinges on the ATPs in their communities and “their willingness to help guide and teach and support” clinicians, Carver says.

One such clinician, Elaine Lu, a PT and

ATP in Salt Lake City, Utah, says she relies on coordinating with ATPs and vendors.

“That can be a challenge and in the current situation it’s even more of a challenge,” said Lu during the webinar.

Lu, who has more than 40 years of experience as a PT, offered the following tips for PTs and OTs working in a home health setting:

- ✓Maintain safety for patient, therapist and ATP

- ✓Provide the appropriate possible evaluation for CRT even if the situation may not be “prime” due to COVID-19 restrictions

- ✓Be inventive and flexible with the patient, technology and ATP

- ✓Conduct follow-up visits and/or referral to clinic if needed and feasible for patient to access

“I think this just brings us all to be more aware of what our home health colleagues are dealing with as they go in the homes, and ways that clinics and therapists might need to bridge some gaps and communicate with all of us across the continuum to best provide what our patients need,” Carver said. “Hopefully, this is growing the skill set of more and more people across the board.” **HME**

B EVERETT

CONTINUED FROM PREVIOUS PAGE

sophisticated?

Everett: The company has been successful, so continuing strategic acquisitions, organic growth, all the good work. This is not a turnaround assignment. How do we strengthen our position? We explore adjacent markets. We embrace technology and innovation. We protect the brand.

HME: Where could MobilityWorks better embrace technology?

Everett: How do we use the data we have? If you’re more successful selling certain models and styles at a store in Florida, let’s use that data and be more sophisticated about how we allocate our inventory. Also, more and more people are starting their search for a vehicle on their phone or laptop, so having a seamless digital experience from the beginning is critical. **HME**



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O&P pushes for separate status

Stakeholders say they have an ally in Sen. Grassley

BY T. FLAHERTY, Managing Editor

WASHINGTON – The COVID-19 pandemic has shed new light on the ways in which grouping orthotists and prosthetists with other DME suppliers “handcuffs” them as medical practitioners, say stakeholders.

“Every other medical profession is doing more telehealth, including OTs and PTs, and (being considered a supplier) is handcuffing us on being able to bill for telehealth,” said Justin Beland, director of government relations for the American Orthotic and Prosthetic Association. “I think Congress has been surprised—that has resonated on Capitol Hill during the pandemic.”

Distinguishing O&P from other DME is a key provision of The Medicare Orthotics and Prosthetics Patient-Centered Care Act (S. 4503), introduced Aug. 6 by Sens. Mark R. Warner, D-Va., Steve Daines, R-Mont., Tammy Duckworth, D-Ill., John Cornyn, R-Texas, and Bill Cassidy, R-La. It would create separate statutory requirements for the provision of orthoses and prostheses.

The bill also seeks to: restore the term “minimal self-adjustment” to more clearly define

off-the-shelf orthoses; and prohibit the practice of “drop shipping” custom orthoses and prostheses, as well as off-the-shelf orthoses.

A previous version of the bill was championed by Sen. Chuck Grassley, R-Iowa, who chairs the powerful Senate Finance Committee, and Beland is optimistic about S. 4503's chances this year. The bill, which is a companion bill to H.R. 5262, introduced in November, could get attached to a larger vehicle, such as



Justin Beland

the Medicare extenders package that will have to be passed before the end of the year.

“Knowing that Grassley has been so passionate in the past—we know Grassley wants this,” he said. “Now, we really are getting the message out on Hill.”

While AOPA wants people to be able to order braces online, the association also wants to make sure those devices are truly off-the-shelf, says Beland.

“People are getting devices that they have virtually no idea how to use, but there are also these lead generators calling up Medicare beneficiaries, sending them orthotics they don't need,” he said. **HME**

TECH WATCH

Ascensia deal bets on CGMs

As part of partnership, company provides up to \$50M in financing to Senseonics

BY T. FLAHERTY, Managing Editor

BASEL, Switzerland – Ascensia's new partnership with Senseonics is a big nod to continuous glucose monitors as the next best step in diabetes management.

In August, Ascensia partnered with Senseonics to distribute its implantable CGM systems, including the Eversense and Eversense XL and future generation products, broadening its product portfolio beyond blood glu-

cose monitoring systems, including its popular Contour line.



R. Schumm

Robert Schumm, president of Ascensia Diabetes Care and Diabetes Management Domain Head. “It's important for us to play into that if we want to deliver solutions for people with diabetes.”

ASCENSIA SEE NEXT PAGE

Medtronic to integrate CGM, smart pen tech

BY T. FLAHERTY, Managing Editor

DUBLIN, Ireland – Although Medtronic is a leader in insulin pump technology, the majority of people with diabetes who use insulin still opt for injections—that's why the com-

pany wants to “close the loop” for those patients.

In August, Medtronic announced it had acquired Companion Medical, the manufacturer of InPen, a smart insulin pen system paired with an integrated diabetes management app that helps with insulin dosing and tracking.

“It became apparent to us there was a whole group of



Mike Hill

MEDTRONIC SEE NEXT PAGE

Soleo Direct uses data to keep patients home

BY THERESA FLAHERTY, Managing Editor

FRISCO, Texas – A new program that seeks to get patients started on infusion therapy without a hospital visit coincides with an inflection point in health care created by the ongoing pandemic, says Soleo Health CEO Drew Walk.

As COVID cases spike in certain markets across the country, hospitals are looking for alternatives to bringing patients in for treatment, he says.

“The value of home infusion has been accelerated,” he said. “They now feel more comfortable keeping the patients away from the hospitals to protect patients and employees and reduce spikes.”

The company's new program, Soleo Direct, uses proprietary algorithms to deter-



Drew Walk



Craig Vollmer

mine targeted diagnosis-related groups and establish care paths for specific diagnoses that can be safely treated with intravenous or injectable medications in the home or at an alternate site setting.

Cellulitis is a good example, says Craig Vollmer, chief commercial officer.

“These are patients that are ultimately getting IV anti-infectives,” he said. “We can simply target (for that diagnosis) to keep those patients out of the hospital. We can also look at the savings, specific to cellulitis (for

the hospital).”

Soleo Direct builds on the company's Solemetrics clinical outcomes program, which allows Soleo Health to demonstrate its value using data it continually collects, says Walk.

“We view ourselves as a post-acute provider of infusion therapies to take care of patients in a high quality way in the most appropriate site of care,” he said. “This is one more peg in that and the hospital can focus on the critical patients.”

The health care system is at inflection point, says Walk, one which he believes will drive more care to the home.

“The pandemic has created a lot of discussion points about the best way to move forward,” he said. “We are (well positioned) in that space to provide complex therapies outside of hospitals.” **HME**

BRIEFS

BOC seeks noms for Certificant of the Year

OWINGS MILLS, Md. – The Board of Certification/Accreditation (BOC) is seeking nominations for its second annual Certificant of the Year Award. The award distinguishes a professional in good standing in any of BOC's six certification areas (DME specialist, mastectomy fitter, orthotic fitter, orthotist, pedorthist, or prosthetist). Nominees must demonstrate exceptional service to patients, notable achievements in research, commitment to giving back to the community and/or outreach to developing countries or other underserved areas. Nominations will open Sept. 7 and can be made here. Nominations will be accepted until Jan. 11, 2021.

NorthShore Care Supply unveils new HQ...

GREEN OAKS, Ill. – NorthShore Care Supply's new headquarters were designed to facilitate collaboration among employees. The design, which included employee input, features ideation and huddle rooms, alcoves with functional couches and chairs, a massage chair, a product testing lab and a lunchroom. In a nod to the ongoing public health emergency, hand sanitizer is readily available, and the company is implementing touch-less hand sensors, foot operated door openers and plexiglass shields. “We value collaboration and I wanted to create a setting that encourages it, even as our company grows,” said Adam Greenberg, president and founder.

... ups e-commerce game

GREEN OAKS, Ill. – NorthShore Care Supply has named Dhiraj Rustagi to the newly created position of vice president, e-commerce and marketing. Rustagi will lead the effort to expand the reach for NorthShore's direct-to-consumer diaper brand. His responsibilities will include implementing e-commerce strategies, managing customer acquisition and retention, and increasing market share across the incontinence product lines and consumer segments. He will also identify new growth vehicles and strategies to meet sales and profit goals. Previously, Rustagi served as director of global digital strategy and CX for Omron Global.

Spring forward? No, says AASM

DARIEN, Ill. – The American Academy of Sleep Medicine is calling for the elimination of daylight saving time, saying it would improve public health and safety. In a position statement, the AASM supports a switch to permanent standard time, stating it more closely aligns with the daily rhythms of the body's internal clock. The annual “spring forward” to daylight saving time leads to increased risks of car accidents, cardiovascular events and mood disturbances. “Permanent, year-round standard time is the best choice,” said lead author Dr. M. Adeel Rishi, a pulmonology, sleep medicine and critical care specialist at the Mayo Clinic in Eau Claire, Wis., and vice chairman of the AASM Public Safety Committee.

BRIEFS

Pharmacists get OK to offer COVID vaccine

WASHINGTON – The Department of Health and Human Services has authorized licensed pharmacists to order and administer COVID-19 vaccinations to persons ages 3 or older, subject to certain requirements. The guidance is issued under the Public Readiness and Emergency Preparedness Act (PREP Act). A recent study by the National Community Pharmacists Association found that 86% of community pharmacists they plan to offer the COVID-19 vaccines when they become available. “NCPA appreciates steps the Trump administration is taking to make sure that pharmacies can administer these immunizations when they come to market,” said NCPA CEO Douglas Hoey, a pharmacist. “As with coronavirus testing, ensuring access to vaccines in community pharmacies rather than solely in national chains will be critical if NCPA members are to help Operation Warp Speed meet its goal of administering 300 million doses nationwide. Independent pharmacy is ready and eager to partner.”

MEDTRONIC

CONTINUED FROM PREVIOUS PAGE

people who had unmet needs,” said Mike Hill, vice president and general manager, Multiple Daily Injection Solutions, at Medtronic. “They are not ready to go on pumps. This idea of a smart pen was something we were watching—we saw a key need and opportunity to simplify the tracking of dosing.”

In addition to its line of MiniMed insulin pumps, Medtronic also offers a continuous glucose monitoring system, The

Guardian.

The company’s first priority post-acquisition is it to integrate that CGM and the InPen, says Hill.

“(We have) the two apps and we want to make sure the data flows both ways,” he said. “Once we’ve got the CGM and the dosing together, we’ll have a road map to add more and more algorithms to proactively provide therapy recommendations.”

Medtronic will also seek to drive coverage of the InPen, leveraging its relationship with payers, says Hill. Companion has also

done a “nice job” in generating coverage.

“Payers understand there is value in data and Companion has put together a nice combination of access and programs for people with diabetes so they pay very low co-pays,” he said. “It’s a great device with nice reception in the marketplace.”

At the core of its vision, Medtronic wants to reduce the burden of diabetes for patients, while improving outcomes, says Hill.

“Our goal is to close the loop with Companion,” he said. “(We want to) to produce better outcomes with less work and more safety.” **HME**

ASCENSIA

CONTINUED FROM PREVIOUS PAGE

There are currently several CGMs on the market, including the Dexcom and the Freestyle Libre, which feature sensors that are approved for up to 10 days and 14 days, respectively. Senseonics is focused on long-term implantable devices – the Eversense is approved for up to 90 days. In February, Senseonics received approval from the U.S. Food and Drug Administration to study the safety and accuracy of a 365-day sensor.

Under the terms of the partnership, Ascensia and its parent company, PHC Holdings, will provide financing of up to \$80 million to Senseonics.

“People who’ve used Eversense love it,” said Schumm. “You’ve got something that has captured the imagination of people. We have an extremely accurate BGM and Eversense is also recognized as perhaps the most accurate CGM. That’s a good synergy there.”

There’s a race in diabetes management to find new ways to create better outcomes and reduce the cost burden on the health

care system, says Schumm, and partnerships such as the one between Ascensia and Senseonics will likely play a key role in further innovation.

“The future of diabetes technology will probably come more from connecting the dots rather than a major breakthrough,” he said. “If you go to a diabetes congress you see all the companies that are focused on diabetes and they each have a small piece of that picture. I think the alliances and partnerships in the industry are going to drive the future as well as the connectivity of the data.” **HME**

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COVID's impact on accessibility varies

BY JOHN ANDREWS, Contributing Editor

WITH ELDERLY clients aging in place and in need of accessibility modifications, it would suggest that demand for home accessibility services would increase during the COVID-19 pandemic. And in Troy Holland's experience, it has.

"Demand is definitely up for medical equipment and mobility products for the home due to COVID-19," said Holland, president of Logan, Utah-based Stander. "We see the demand steadily increasing due to more and more elderly not wanting to enter a nursing home with the risks involved, thereby increasing their desire to age in place at home."

With about 80% of elderly falls occurring in the bathroom and bedroom, consumers are definitely looking for modifications in those areas first, Holland said.

"We are seeing increased demand for our most versatile products," he said. "I also think that more end-users and caregivers are starting to realize that they don't have to necessarily tear down walls to make their home safe. There are products that exist in our market today that allow people to 'retro fit' their

home to make it safe and more accessible for themselves and their loved ones."

Shawn Krupicka, sales manager for Fairbury, Neb.-based Prairie View Industries, sounds even more bullish.

"The demand for home accessibility is high — higher than I've ever seen it," Krupicka said. "Even before the pandemic we saw this to be the case. More and more consumers are wanting to stay in their homes as they grow older and I believe this trend will only continue to increase."

Conversely, Rick Pearce, sales manager for Long Beach, Calif.-based Mac's Lift Gate, believes demand has dropped during the pandemic.

"If there is a rise in demand for these products right now, we haven't seen it," he said. "Sales are down 50% and interest is low. People are afraid of contact with strangers, so they are not opening their homes for site evaluations."

Given the continued need for home modifications, a dip in demand caught Pearce and his company off guard.

"Believe me, we were surprised by it," he said. "But with the uncertainty of tomorrow,

the cost of \$6,000 to \$7,000 for a new lift, delivery and installation is something people just don't feel the need to spend on right now."

Others like Brian Clark see little if any change.

"The demand in the marketplace has not changed dramatically from what we can tell," he said. "With COVID-19, the uncertainty for putting an elderly person into an institution for care has created more awareness of the option to make the home more accessible to keep them in a safe environment. But people are not calling providers to get estimates on projects they may consider in the future."

IN-DEMAND PRODUCTS

As part of the aging-in-place domain, mobile medical alerts have drawn a lot of interest in the COVID era, noted Ryan Wall, vice president of business development for Ogden, Utah-based Freus.

"Because many seniors are not permitting home health workers, or even their own relatives into their homes, they are alone for the majority of the time," Wall said. "Paired with their increased risk of falls, seniors are in need of outside communication and a way to get help quickly while alone."

Holland agrees that remote monitoring is "definitely something that will be on the rise in the future, with long-term care being the last resort for most people." However, he added that "remote monitoring does not prevent a fall from occurring, so grab bars and other mobility devices will always be needed."

To be sure, "ramps and other accessible aids will always be a part of the equation in making a home suitable for aging in place," Krupicka said. This means providers serving the accessibility market need to conduct a thorough assessment of each client's needs to determine the best options.

"Providers need to be ready to put the consumers' minds at ease," he said. "Having the knowledge of the right ramps and other equipment to use is essential in achieving this. The consumer will gain confidence in you,

CATEGORY

Home access

COVID FACTOR #1

■ **Demand strong?** Some vendors are bullish on the home accessibility market, either due to or despite the influence of COVID-19. Because the number of seniors is rising, along with their desire to age in place, one outlook is for an upswing in growth.

COVID FACTOR #2

■ **Demand weak?** Another observation is that the pandemic has paralyzed demand for home modifications because seniors are afraid to let people into their homes and have reservations about expenditures during an economic recession.

COVID FACTOR #3

■ **Remote monitoring:** One product with growth potential is remote monitoring, which assists seniors spending most of their time alone. Still, home modification staples such as bath safety, ramps and lifts remain a key part of the category's product offerings.

the provider, and will appreciate your efforts and buy what they need from you."

Once the pandemic ends, the need for provider contractors should continue trending upward as the population ages. For those companies interested in entering the market, consumer empathy is paramount, said Andrew Scothern, national sales director for Cape Coral, Fla.-based Merits' Pilot line.

"If I were the consumer, I would want to feel assured that the company I was dealing with had the necessary knowledge to sell me the right product for my needs, and the necessary training to expertly install and maintain the equipment I am purchasing," Scothern said. "Market your expertise in the industry, testimonials from your customers, and bring to them the lifestyle that your products can give them." **HME**

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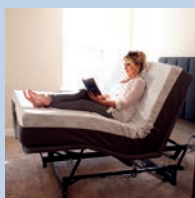
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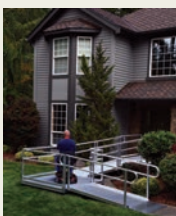
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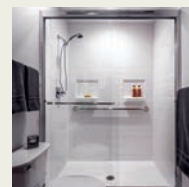


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- Frank Trammell, Carolina's Home Medical Equipment

www.aahomecare.org/membership



Ki Mobility allows ATPs to take clients with them

TRACY ORZEL, Contributing Writer

STEVENS POINT, Wis. – When wheelchair manufacturers create a new product, it's not uncommon for them to give a few samples to get feedback. With Ki Mobility's new Complex Rehab Systems (CRS) platform, they worked directly with National Seating & Mobility's ATP for four years before launching.

"In a software product, we need beta testers," said Doug Munsey, president.



Doug Munsey

"We want to know what someone who didn't design it, what they want to do with it, how they want to use it. There's a variety of different elements that we can't predict."

The CRS platform allows ATPs to collect detailed electronic records to assist in the design, documentation, review and justification of custom mobility solutions. This includes the ability to capture a 3D scan of the client, providing measure points or planes for reference when designing a client's custom mobility solution, which is handy for social distancing.

"All of your clients are now in your briefcase, so if you need to look up a new piece of information or order a different part, you don't have to drive back out to someone's house or they don't have to make another trip into the clinic," said Munsey. "So it saves a lot of time."

The platform, which is exclusive to NSM for one year, isn't in its final form by any means.

KI MOBILITY SEE NEXT PAGE

DIGITAL HEALTH

HealthSplash creates 'highway' for data

BY LIZ BEAULIEU, Editor

OVERLAND PARK, Kan. – HealthSplash is conducting pilots with TennCare, the Medicaid program for Tennessee, and others to deliver data from wearable devices, like blood glucose and blood pressure levels, directly into patient medical records.

The company is also working with Bio-Tel to deliver data from heart monitoring devices into medical records.

"What is one of the biggest sources of tension with EHRs for providers," said Abby Rieb, chief marketing officer for HealthSplash. "My guess is having the right medical records for substantiation for claims and/or getting the right information for referrals quickly. We're leading by example, here, by allowing download on demand from wearables. It's a lead-in into talking about solving some of those bigger problems."

Rieb describes HealthSplash as a platform that can "inject" itself into EHRs and serves as a "highway" that allows



B. Blackman

physicians to go back and forth between solutions.

HealthSplash is also working with a large communications network to allow physicians to initiate telehealth conferences directly from an EHR, a capability that should be live in August.

"They can trigger that interaction, whether they're in Allscripts or any other certified EHR," said Brett Blackman, CEO and founder of HealthSplash.

It's appropriate that these developments are ready, after three years in development, at around the same time that Blackman has been nominated chairman of the Directory Policy Workgroup for Direct Trust, a nonprofit organization that manages interoperability for all EHRs.

"The original purpose of the

HEALTHSPLASH SEE NEXT PAGE

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Prime Engineering goes from garage to global

Company has shifted toward pediatrics over the years, but it's working on a line for adults

BY TRACY ORZEL, Contributing Writer

PRIME ENGINEERING, a standing device manufacturer, is celebrating its 36 years in business, which is no small accomplishment considering Mary Boegel started the company out of her and her husband's one-car garage.

"We would build one or two (Grandstands) at a time and sell them in Southern California," said Boegel, president. "Then we would take that money and

build five more, put them in the back of a big old van, drive to Northern California and sell those. It was a Johnny Appleseed kind of business."

Boegel and her husband continued this way for a year and a half before moving into their first factory. Now Prime Engineering is a global company, operating in more than a dozen countries with 36 employees and 40 sales reps. It offers 15 standing and gait models with more on the way.

The initial seed for the company started when Mary and her physician, both paraplegics, designed two standing units for their personal use. While Mary was hosting a small get together for wheelchair tennis players, she overheard them arguing over who's turn it was to use the standing device.

"Within 10 minutes of being in the device, there was this huge physiological benefit," said Boegel. "(My physician and I) looked at each other

and thought, 'Huh, maybe we should make these for more people?'"

While Prime Engineering started as an adult standing device company, it leans ever so slightly toward pediatric products now, "partly because it makes such a huge difference in the life of a young body that's developing musculoskeletally," said Boegel.

That said, the company, which has had great success

PRIME TIME SEE NEXT PAGE

BRIEFS

F&P plans for 3rd facility in Mexico

IRVINE, Calif. – Fisher & Paykel Healthcare has started planning for its third manufacturing facility in Mexico. "We are continuing to grow our manufacturing capacity to ensure a further increase in supply of our respiratory products is available if required," said Lewis Gradon, director and CEO. "To expedite availability, the company is utilizing its existing infrastructure and property in Tijuana, Mexico." The company says the facility will be commissioned within the next two years. F&P completed its second facility in Mexico last year and its fourth facility in New Zealand earlier this year. All together, the three facilities add 17,000 square meters of manufacturing space to a base of 28,400 square meters available prior to construction.

eSolutions amps up platform

OVERLAND PARK, Kan. – eSolutions, a provider of health care and analytics solutions, is adding Same or Similar Batch to its eligibility platform. It will verify all HCPCS codes, including A, L and V codes, to help providers prevent denials, decrease write-offs and improve cash flow. "Our new Same or Similar Batch enhancement streamlines and automates the burdensome same or similar verification process, and it can now easily handle checking multiple patients at one time," said Chris Hart, chief product and strategy officer. "eSolutions is committed to improving and strengthening the reimbursement cycle for DME providers so they can increase time to payment, improve cash flow and eliminate costly denials."

F&P launches mask app

IRVINE, Calif. – Fisher & Paykel Healthcare has launched the F&P myMask, an app to guide obstructive sleep apnea patients who are new to CPAP therapy through the mask setup process. Step-by-step videos guide patients through mask fitting, fine-tuning, cleaning and assembly, offering easy access to instructions and support, and complementing the care of the health care provider. The F&P myMask app is now available in the USA on iOS and Android devices with the following masks: Evora, Vitera, Simplus, Eson 2 and Brevida.

CU moved users conference online

BILLINGS, Mont. – Computers Unlimited transitioned its annual Users Group Conference to a virtual event due to the ongoing COVID-19 pandemic. The event, which took place in September, highlighted enhancements to the mobile delivery application, advancements to existing TIMS applications, as well as new software modules. It also created the opportunity for TIMS users to receive additional training, and for potential customers to view a variety of TIMS modules. Registration was open to users and prospects alike free of charge this year.

HHS ends contracts with certain vent makers

News follows OIG's announcement in July that it would audit the contracts under the Defense Protection Act

AMSTERDAM – Royal Philips announced in September that it had received notice from the U.S. Department of Health and Human Services that its contract to deliver 43,000 bundled EV300 ventilator configurations through December 2020 has been partially terminated.

Philips delivered 12,300 bundled vent configurations to the Strategic National Stockpile by the end of August, but it will no longer supply the remaining 30,700 Philips EV300 vents.

"To date, we have delivered on our commitments to HHS," said Frans van Houten, CEO of Royal Philips. "I am proud that with great urgency and

GM passes torch to Ventec, after completing its order

KOKOMO, Ind. – General Motors and Ventec Life Systems delivered its 30,000th V+Pro critical care ventilator to the U.S. Department of Health and Human Services on Aug. 31.

The two companies completed the full federal order in just 154 days, completing one vent about every seven minutes.

"Our drive to put critical care ventilators into production was fueled by thousands of people at GM, Ventec and our suppliers, who all wanted to do their part to help save lives during the pandemic," said Mary Barra, GM chairman and CEO. "It was inspiring to see so many people achieve so much so quickly."

With the Aug. 31 shipment, GM has formally turned over operational control of the company's Kokomo vent manufacturing operation to Ventec.

Ventec will now produce VOCSN multi-function vents in Kokomo, as well as in Bothell, Wash., in response to ongoing demand during the pandemic. The company's monthly vent production has increased 80 times in the past five months.

"Our hope continues to be that mitigation efforts stop the spread of this virus," said Chris Kiple, CEO of Ventec Life Systems. "Ventec Life Systems is committed to maintaining increased production capacity for as long as it is needed." **HME**

under intense pressure, we achieved a fourfold ventilator production expansion with substantial investments: We hired hundreds of colleagues for our factories in the U.S. and called upon our supply chain partners to massively step up, all in response to the COVID-19 pandemic. While we are disappointed in light of these vast efforts, we will adjust our plans and work with HHS to effectuate the partial termination of this contract."

HHS has also cancelled orders for vents with Vyaire Medical and Hamilton Medical, according to Bloomberg. A spokesperson with the U.S. Department of Health and Human Services told the news agency that Vyaire will deliver only 4,000 of 22,000 contracted vents and Hamilton Medical will deliver only 4,518 of 25,574.

The Office of Inspector General announced in July that it would be auditing HHS's vent contracts under the Defense Production Act. **HME**

HEALTHSPASH

CONTINUED FROM PREVIOUS PAGE

meaningful use standards was the transition of care from a hospital to a skilled-nursing facility, or from a PCP to a specialist in a hospital," Blackman said. "What we've developed is the next best-use case for the standard."

What's next for HealthSplash? A solution to provide pre-authorizations for medical devices through EHRs.

"We have a little ways to go to educate the community on that one, but it's one of the policies we're pushing next," Blackman said. "It kind of works how they do testing for Amber Alerts. It tests every health information exchange endpoint in the country at the provider level to make sure everything is transmitting properly and to verify workflows." **HME**

PRIME TIME

CONTINUED FROM PREVIOUS PAGE

with its Kidwalk Dynamic Mobility Systems, allowing for hands-free, self initiated movement, plans to create a line for adults in the not too distant future.

"Plus, we're developing new markets," said Boegel. "We haven't completely saturated or opened in every market in the world and we're going to continue to roll things out until we're there." **HME**

KI MOBILITY

CONTINUED FROM PREVIOUS PAGE

"There's a lot of additional features and functions and capabilities that we want to give to the software, so that it'll be even more effective for clinicians and ATPs," said Munsey.

For example, Ki Mobility recently added a new update that can measure angles, such as the angle between the lower and upper arm.

"We have three or four of those, so determining angles is very valuable for an ATP," said Munsey. **HME**

LARRY JACKSON

CONTINUED FROM PAGE 1

HME: We're having this conversation on the same day Sunrise Medical announced it has acquired the pediatric brands Leckey and Firefly.

Jackson: If you look back at Sunrise's early days, it's always had a strong pediatric presence – I would probably say the most of any complex rehab manufacturer. It has the broadest portfolio, probably due to it starting as a manual wheelchair company. The strategy is to continue to build that business – it's a passion of many of the people who work here.

HME: What are the biggest challenges for complex rehab manufacturers right now?

Jackson: The biggest is, we have a lot of technology that we'd love to bring to market but with the funding mechanisms we have right now it's nearly impossible. We can't even get seat elevation or standing seating through CMS. It's hard to bring technology to the forefront, which makes it hard to add to our products, which, in turn, makes it hard for consumers. If I'm a heart surgeon and we now have the ability for robotic heart surgery – I'm going to get funding for that. There has to be a better mechanism for us.

HME: What about all of the consolidation in the complex rehab market on the provider side – is that a challenge?

Jackson: As a manufacturer, of course you want to be aligned with the national providers, but more than 60% of the market is still smaller independent dealers. Sunrise has worked very hard to work with these smaller independent dealers; they're still a big part of the business. You need a little of both; you need a balance; you need the competition.

HME: What are the biggest opportunities for manufacturers?

Jackson: The good news is I still want to fight that fight – a lot of people do. There are so many people who have been doing this for so long, when we get together it's like a reunion. We continue to push forward to get our voices – the voices of consumers – heard. **HME**

MASTER

CONTINUED FROM PAGE 1

chairman for education and training the Department of Rehabilitation Science & Technology at UPitt. "Kids coming out of college don't know what they want to be when they grow up and the only thing they've seen is about PTs, OTs, PAs or medical school. We needed to find a way to let them know what a great opportunity the field of AT is."

The program, which kicks off this fall, includes weekly online classes, as well in-person labs conducted over one four-day weekend per semester in Pittsburgh. There are full-time and part-time options.

UPitt is launching the MRT against the backdrop of a few disruptive trends in both higher learning and complex rehab that put the program in a good position, Schmeler says. In higher learning, the COVID-19 pandemic has forced colleges and universities to "take a hard look at who they are and what they do," he says.

"The shift to online education was moving quickly before COVID – this has just pushed it over the edge," he said. "We have done a lot of online continuing education in assistive technology, so we have the experience to put this kind of curriculum together."

In complex rehab, employers are contending with a graying field of ATPs. Because it's accredited by the Commission on Accreditation of Rehabilitation & Assistive Technology Education, in conjunction with RESNA, students who complete the program will meet the majority of the work hour requirements to be eligible to sit for the ATP exam upon graduation, essentially putting them on a fast track to become certified.

"It's time for us as a profession to take the next step and have a bona fide, university level curriculum associated with what we do," Schmeler said. "It's not anything to be scared of. There are some concerns that people who are trained in the field are going to get marginalized and that's not the case – those are the people who become instructors. Then there are fears from employers about having to pay ATPs more – they're already paying them more than therapists who have doctorate degrees." **HME**

Sunrise buys James Leckey

FRESNO, Calif. – Sunrise Medical has acquired two pediatric mobility brands, Leckey and Firefly.

Sunrise Medical's acquisition of James Leckey Design, along with its subsidiaries Firefly Friends and Vidal Global, extends the company's pediatric product offering and provides a complementary fit with its existing offering in that market, it says.

"The pediatric sector is strategically important for us as we continue to improve people's lives," said Thomas Babacan, president and CEO. "Children and families are part of the core focus of our services."

Sunrise Medical has been a distribution partner for Leckey for many years in multiple countries and as a result of the acquisition it will take over exclusive distribution for the company's products in the North American market.

Sunrise Medical also plans to leverage synergies between the companies in key markets like the U.K. and Germany, furthering strengthening its footprint in those countries.

"We are also looking forward to leveraging Firefly's advanced e-commerce business model, digital marketing and customer services to improve our ways of doing business and serving our global customers better," Babacan said.

For Leckey, the acquisition gives the company the resources to expand its reach.

"Our products are highly complementary; Sunrise's global sales networks, business resources and infrastructure will significantly accelerate Leckey's global reach and growth; and its broad offering and expertise will provide a solution foundation for further product innovation and wide customer proposition," said Ben Stocks, CEO of Leckey. **HME**



Circadiance

SleepWeaver Prevent

The SleepWeaver Prevent uses an integrated KN95 Mask to filter exhaled air, providing an additional level of isolation for CPAP/NIV patients with known or suspected respiratory infections. Circadiance is offering this new combination filter and CPAP mask to address risks to health care personnel and visitors from PAP therapy in the clinical space, and risks to bed partners and family members during in-home PAP therapy during the COVID-19 public health emergency.

WWW.CIRCADIANCE.COM

Drive DeVilbiss Healthcare

Gravity 6 LTC Pressure Redistribution Mattress

Capable of supporting up to 350 pounds, the Gravity 6 provides therapeutic support for the prevention and treatment of pressure injuries and offers compliance and durability over and above innerspring mattresses for improved patient satisfaction. The mattress features horizontal, cross-cut single layer, latex-free foam for comfort, support, and pressure distribution across five therapy zones. The Gravity 6 has a sloped-heel section to offload pressure from vulnerable heels, and a barrier covered zipper to minimize the risk of foam contamination.

WWW.DRIVEMEDICAL.COM



ResMed

AirTouch N20

The AirTouch N20 has a memory foam cushion. Quick-release elbow allows patients to easily disconnect from tubing without removing their mask, and magnetic clips guide the headgear to the frame quickly and easily AirFit N20's mask frame fits both AirFit N20 silicone and AirTouch N20 memory foam cushions, allowing clinicians to conveniently switch between the two during fittings or send patients home with both to see which cushion type they prefer. A seal designed for therapy pressures up to 30 cm H2O.

WWW.RESMED.COM



Airway Management

myTAP with Mouth Shield

The myTAP oral appliance can be fit in as few as 15 minutes, allowing same-day treatment and immediate relief of snoring and mild to moderate sleep apnea. In addition, the Mouth Shield comfort accessory can help promote nasal breathing for a more restful night's sleep. myTAP's design is based on the most effective oral appliance on the market, TAP Custom, with more than 40 peer-reviewed studies.

WWW.TAPINTOSLEEP.COM

Permobil

2021-M Series

The 2021-M Series offers 12- and 14-inch ActiveHeight seat elevation with a 3.2 mph elevated drive speed. ActiveReach functionality tilts the chair forward up to 20 degrees. Corpus seating system with Stretch-Air covers provides increased comfort. The series has a fresh new look with a sleek shroud design, more color options like the F-Series, and no charge metallic colors. FlexLink and FlexLink Pro suspension system provides enhanced vibration reduction and traction. No charge LED headlights and USB charger on M & F-Series models.

WWW.PERMobilUS.COM

GF Health Products

John Bunn JB02020 Pulse Oximeter

The JB02020 Finger Pulse Oximeter provides simple, fast, accurate oxygen saturation (SpO2) and pulse rate measurements. Its lightweight, compact design makes it an ideal solution for home, clinical and EMS settings. Simple one-button operation. Automatic power-off function conserves batteries. Large, easy-to-read LED digital display. SpO2 and pulse rate alarms. Accommodates widest range of finger sizes from pediatric to adult.

WWW.GRAHAMFIELD.COM



3B Medical

Lumin Wand

The newest member of the Lumin family provides an easy, fast and chemical-free way to disinfect kitchen and bathroom countertops, surfaces, keyboards and phones. With a five-hour battery, built-in proximity sensor and accelerometer to ensure safe operation, and a germicidal UVC output that is lab tested to kill most bacteria and viruses, the Lumin Wand distinguishes itself as a high-end professional use device.

WWW.3BPRODUCTS.COM

SoClean

SoClean Device Disinfectant

The SoClean Device Disinfectant kills viruses and bacteria on smartphones and other everyday items, in minutes. It fits multiple items in the chamber. Sleek design complements any countertop or dresser. Two-year warranty.

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POST OFFICE

CONTINUED FROM PAGE 1

The ADA in August sent a letter to USPS Postmaster Louis DeJoy expressing its concerns on the effect delays could have on the more than 133 million Americans with chronic conditions like diabetes who rely on the mail for life-saving medications and supplies.

New Orleans-based Diabetes Management & Supplies has used USPS in the past but has found, despite lower shipping rates, it wasn't worth the hassle, says Cynthia Pazos, president.

"If shipments were delayed, they were hard to track," she said. "Even using next day or two-day shipping, it doesn't always get there."

Instead, Diabetes Management & Supplies sticks with UPS, Pazos says.

"I may pay a bit more in shipping costs, but at least I know they are going to be delivered," she said.

"I may pay a bit more in shipping costs, but at least I know they are going to be delivered (with UPS)."

Still, UPS and FedEx are not immune from what's happening at USPS, says Adam Greenberg, president and founder of Northshore Care Supply, a Chicago-based provider of specialty incontinence supplies.

"All of the carriers have been experiencing delays due to the surge in e-commerce shipments post-COVID," he said. "With

the recent public struggles at USPS, NorthShore will continue to focus our efforts with FedEx, who is making every effort to prioritize deliveries for medical supplies and other essential items," he said. **HME**

Periodicals postage paid at Yarmouth, ME and additional mailing office. HME News (ISSN 10913823) is published monthly by United Publications, 106 Lafayette St., PO Box 995, Yarmouth, ME 04096; 207-846-0600. Publisher assumes no responsibility for unsolicited material or prices quoted in the magazine. Contributors are responsible for proprietary classified information. ©2020 by United Publications. All rights reserved. Reproduction, in whole or in part, without written permission of the publisher is expressly prohibited. Reprints may be obtained from The YGS Group at 717-505-9701, ext. 100. Back issues, when available, cost \$7 each within the past 12 months, \$12 each prior to the past 12 months. Back issue orders must be paid in advance either by check or charged to American Express, Visa, or Master Card. HME News is distributed without charge in North America to qualified home medical equipment providers. Paid print subscriptions to those not qualified cost \$65 annually to the U.S. and Canada and \$150 to all other countries. All payments must be made in U.S. funds drawn on a U.S. bank. For subscriber services, including subscription information, please call 800-553-8878. POSTMASTER: Send address changes to HME News, PO Box 1888, Cedar Rapids, IA 52406-1888.



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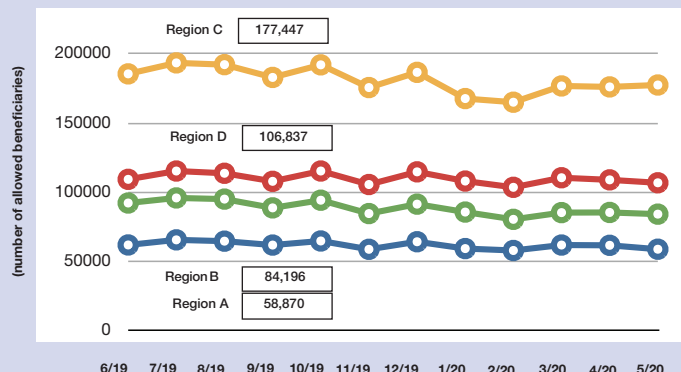
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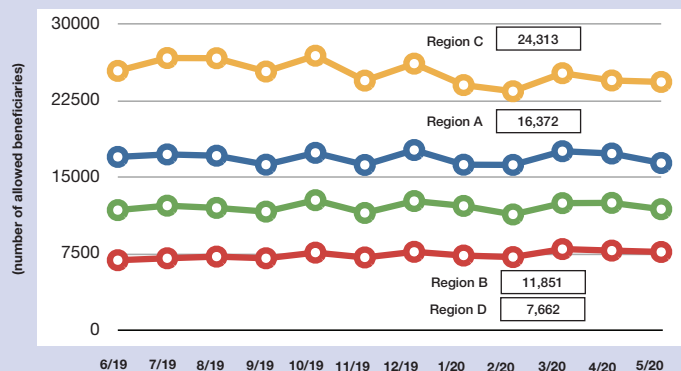
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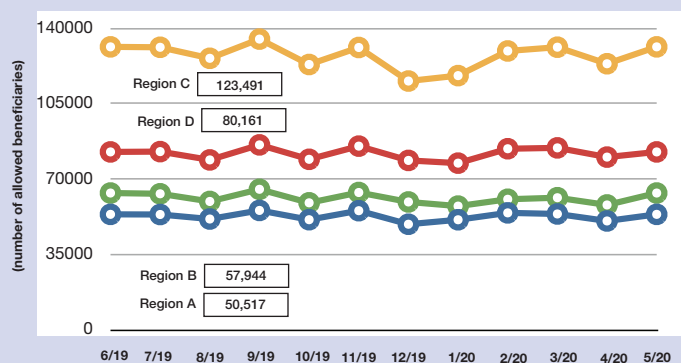
E 1390: OXYGEN CONCENTRATOR



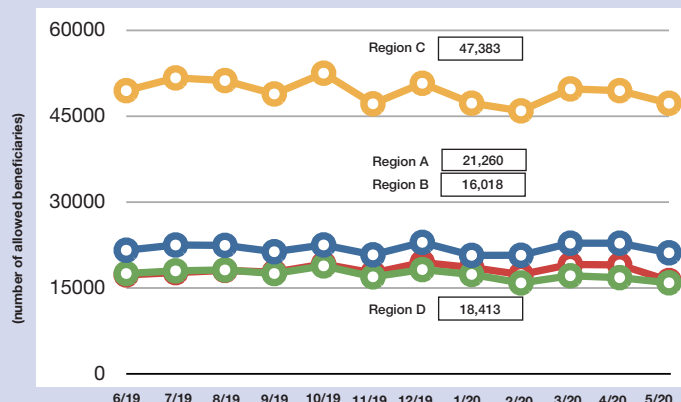
E 0260: SEMI-ELECTRIC HOSPITAL BED



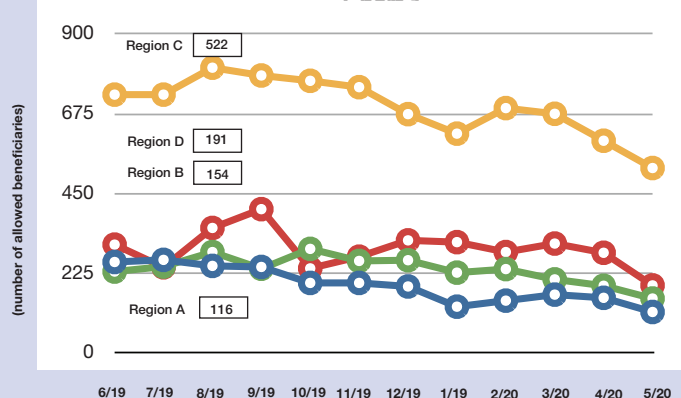
E 0601: CPAP



K 0001: STANDARD WHEELCHAIR



K 0823: POWER WHEELCHAIR**



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

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

HMEDATABANK.COM

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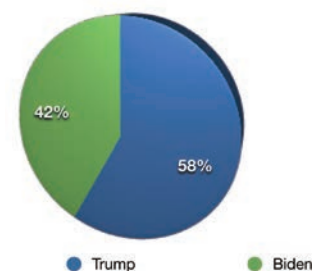
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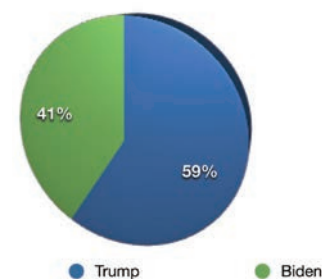
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HME NEWS POLL

Who do you plan to vote in the presidential election?



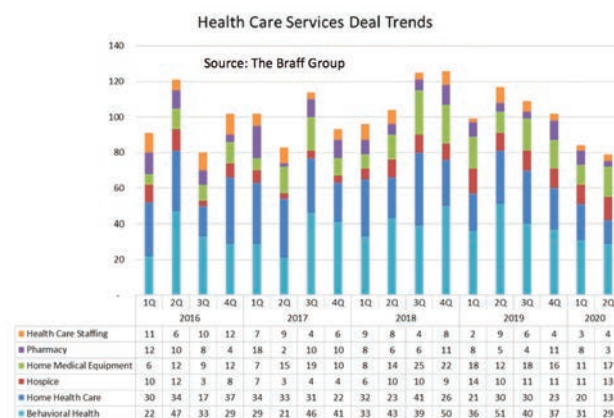
Whose administration could do more for the HME industry?



"We have been in business 30 years and the administrations from 1996-2016 were debilitating for health care in every aspect: dwindling reimbursement coupled with over-reaching burdensome documentation and regulatory requirements. Trump actually did what he said he would do, so I believe he will with HME also."
—Deborah Parra RN, Lic-CPed, CFOM, President, ABC Medical Services Inc., Lansing, Ill.

News poll based on 132 respondents.

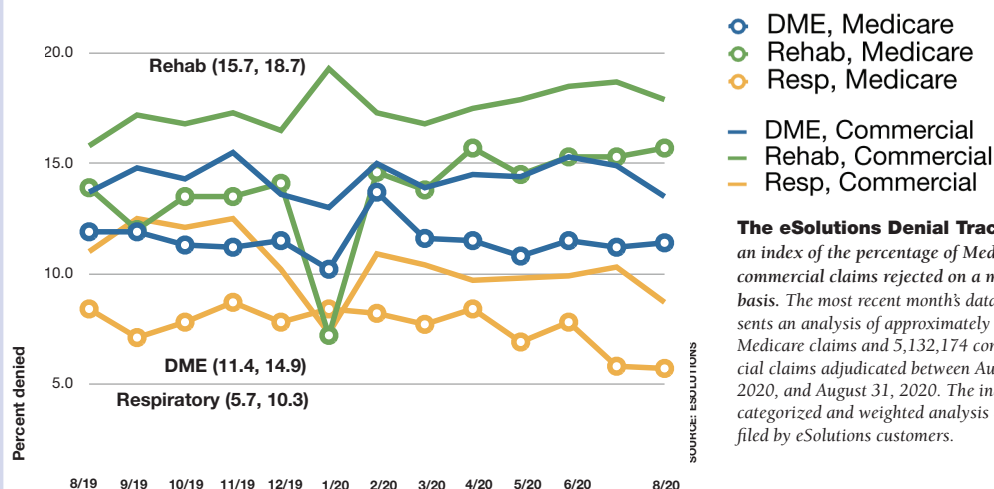
The Braff Group M&A Insider



This month, we get our first real look at the impact of COVID-19 on M&A activity. According to GF Resources and PitchBook, Q2 2020 PE-sponsored deal volume fell 62% and 24%, respectively, versus Q1. But in health care services, based upon proprietary data collected and analyzed by The Braff Group, deal flow fell only 6%. While it's tempting to conclude that health care was more resilient than the broad market, a closer examination of the data reveals something different. Turns out that the reason the fall-off in Q2 vs. Q1 was so modest, was not because Q2 wasn't low – it was. It was because Q1 was abnormally low compared to the last four years' activity. The culprit? Home health care. While Q1 2020 home health was only a deal shy of Q1 2019, it was down more than 30% vs. Q1 2016-2018. The reason? Substantial changes in reimbursement that went into effect Jan. 1, 2020. Also noteworthy? Deal flow in HME actually rose in Q2.

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

The eSolutions Denial Tracker



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

The eSolutions Denial Tracker is an index of the percentage of Medicare and commercial claims rejected on a monthly basis. The most recent month's data represents an analysis of approximately 1,329,471 Medicare claims and 5,132,174 commercial claims adjudicated between August 1, 2020, and August 31, 2020. The index is a categorized and weighted analysis of claims filed by eSolutions customers.



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