



■ Invacare makes improvements in tough market, Matt Monaghan says. **See page 18.**



■ **Product Spotlight:** Check out the latest in pediatric products like the John Bunn Neb-U-Tyke Neb-A-Doodle Pediatric Nebulizer Compressor from GF Health Products. **See page 16.**



■ What is the pandemic like in your area and how is it affecting your business? **See results on page 22.**

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HME News

THE BUSINESS NEWSPAPER FOR HOME MEDICAL EQUIPMENT PROVIDERS

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HOME ACCESS



■ Because of the pandemic, providers should be looking to incorporate virtual or mobile showrooms into their business plans, says Rick Lair. "You have to look at, how am I going to talk to people?" **PAGE 13**

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New, but temporary, era in audits

CMS takes phased approach to audits, which have been on pause since March

BY LIZ BEAULIEU, Editor

WASHINGTON – Industry stakeholders now have a better idea of CMS's plans for restarting program integrity activities on Aug. 3, but they still have questions, like what product categories will get audited.

On that matter, stakeholders will be watching the RAC and SMRC contractors for clues, as they now post active audits to their web sites.

"We do have transparency in that," said Andrea Stark, a reimbursement specialist for MiraVista. "The DME MACs may or may not announce reviews in advance. I'm curious to see if the MACs will return to widespread audits based on targeted codes."

Both AAHomecare and the van Halem Group in August shared new details from CMS about the impending audits, like how the agency will take a phased approach, starting with RAC audits and then moving to SMRC audits, both of which have been on pause since March due to the public health emergency.



Kim Brummett

That phased approach, as well as CMS's decision to give providers extensions in responding to audits and even canceling audits based on their ability to respond, begs the question: Will it be business as usual for the contractors? Probably not.

"Responding to audits is really

RETURN OF AUDITS SEE PAGE 21

NEW NCD?

CMS's next steps on vents unclear

BY THERESA FLAHERTY, Managing Editor

WASHINGTON – It was a first step, but CMS has more homework to do before it moves to establish a new national coverage determination for non-invasive positive pressure ventilation, say the members of the Medicare Evidence Development and Coverage Advisory Committee.

The members met virtually on July 22 to discuss clinical data to better define COPD patients who could benefit from NIPPV, usage criteria and equipment parameters, say industry stakeholders who listened in on the call.

"For me, (the committee wasn't) very confident that the evidence was clear," said Kim Brummett, vice president of regulatory affairs for

VENTS SEE PAGE 21

Is your business DMEconnected?

BY LIZ BEAULIEU, Editor

THE NEED for DMEconnected, a new online "cheat sheet" for referral sources with information on DME providers and the equipment and services they provide, has taken on new meaning amid the COVID-19 pandemic, says CEO Courtney Richards.



C. Richards

The company took its website live in February, right before the pandemic took hold in the U.S. "Sales reps (for DME companies) can't really walk into medical offices anymore," said Richards, who worked in sales for a national DME provider and for a medical device company before starting DMEconnected with two web developers last year. "They have no way to get their marketing information to (referral sources). That's an incentive for them to be a part of this—it serves as a digital rep for them and a way to still be front-facing."

DME providers, as well as manufacturers, that

DMECONNECTED SEE PAGE 19



Viva envy

Pride Mobility has launched a new marketing campaign for its VivaLift! power recliners that includes TV commercials airing in July, August and September. Based on internal intelligence, the company has geotargeted areas in Florida, Illinois, North Carolina, Ohio and Pennsylvania. The campaign also includes digital teaser ads on Facebook and Google, as well as direct mail pieces. "When conjuring up the VivaLift! campaign it was very clear to me we needed to reach our consumers through every medium," said Rhonda Perko, vice president of marketing at Pride Mobility.

Time for follow up on accessories

BY LIZ BEAULIEU, Editor

WASHINGTON – Complex rehab champions in Congress have crafted a letter asking CMS to permanently change its payment policy on accessories for complex rehab manual wheelchairs.

Reps. John Larson, D-Conn.,

and Lee Zeldin, R-N.Y., planned to collect signatures for the "Dear Colleague" letter through Aug. 31.

"We're asking CMS to change the policy so it's consistent with (accessories for complex rehab power wheelchairs)," said Clayback, executive director of

NCART. "When it comes to parts and accessories, there really should be equal access."

Late in 2019, Congress passed a bill that included language suspending competitive bidding pricing for accessories for complex rehab manual wheelchairs for 18

ACCESSORIES SEE PAGE 21

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■ The industry has had success applying pressure with sign-on letters, says AAHomecare's Jay Witter. See story this page.

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BRIEFS

CMS updates COVID-19 data

WASHINGTON – CMS paid \$2.8 billion in Medicare fee-for-service claims for COVID-related hospitalizations, or an average of \$25,255 per beneficiary, according to new data released by the agency. “The updated data confirm that the COVID-19 public health emergency is disproportionately affecting vulnerable populations, particularly racial and ethnic minorities,” CMS stated. Other key data points: Beneficiaries eligible for both Medicare and Medicaid – who often suffer from multiple chronic conditions and have low incomes – were hospitalized at a rate more than 5 times higher than beneficiaries with only Medicare. Beneficiaries with end-stage renal disease continue to be hospitalized at higher rates than other segments of the Medicare population, with 1,911 hospitalizations per 100,000 beneficiaries, compared with 241 per 100,000 for aged and 226 per 100,000 for disabled. Black beneficiaries continue to be hospitalized at higher rates than other racial and ethnic groups, with 670 hospitalizations per 100,000 beneficiaries. The data cover the period from Jan. 1 to June 20, 2020, based on Medicare claims and encounters that CMS received by July 17, 2020. For the first time, the data also include American Indian/Alaskan Native Medicare beneficiaries. The new data indicate that these beneficiaries have the second highest rate of hospitalization for COVID-19 among racial/ethnic groups after Blacks.

AAHomecare provides regulatory update

WASHINGTON – The DME MACS have been instructed to reprocess claims from March 6-April 22 that should have received the CARES Act relief rates (75/25 blended rate). Only competitively bid items in non-rural, non-bid areas are impacted. Suppliers will be notified via the listserv...CMS will resume some accreditation and enrollment activities. Depending on a state's reopening plan, surveys will be conducted onsite, virtually or a combination. New DME suppliers who enrolled during the pandemic that have not been accredited will receive notification from the national Suppliers Clearinghouse and will have 30 days to complete an application to an accrediting organization. CMS has posted an “FAQ...Tricare West will adjust its fee schedule to reflect rates granted by the CARES Act in response to a request from the AAH payer relations team. Tricare East adjusted their rates in June...AAHomecare has stated its support for the Eliminating the Provider Relief Fund Tax Penalties Act 2020, introduced this week by Reps. Cynthia Axne, D-Iowa, and Neal Dunn, R-Fla. The legislation would ensure providers don't lose 20% or more of the relief Congress has provided to offset increased costs and lost revenues stemming from the pandemic.

WORKFORCE

Providers adjust staffing models

BY T. FLAHERTY, Managing Editor

YARMOUTH, Maine – More than 80% of respondents to a recent HME Newspoll reported shifting all or part of their workforce to the home at the start of the COVID-19 pandemic and, for the most part, it's worked out well.

“Working staff from home brought out the best in some of the employees,” said one respondent. “Their productivity has been off the charts.”

About 75% of respondents reported transitioning up to

50% of their staff to the home.

For providers that already had experience with remote workers, the pandemic drove them to make further changes, often for the better, say respondents.

“We rolled out technology like Zoom, which has resulted in even higher engagement

than pre-COVID,” said Mark Jassey, chief commercial officer at 180 Medical and Personally Delivered. “Now everyone is on the same level playing field and it has made

REMOTE WORK SEE PAGE 4



Bill Guidetti: ‘These are challenging times’

BY THERESA FLAHERTY, Managing Editor

AAHOME CARE'S NEW chairman, Bill Guidetti, has a list of priorities, but at the top of the list: putting a stop to competitive bidding while the HME industry continues to operate under the constraints of the COVID-19 pandemic.

“This pandemic has compromised the industry—a lot of things have changed,” said Guidetti, who is also executive vice president at Apria Healthcare.

Guidetti was a recent guest on the “HME News in 10” podcast and talked about how it's “mission critical” time for the HME industry.

HME NEWS: What is your role as

AAHomecare chairman?

Bill Guidetti: As chairman, the goal is really to work with the board to reinforce the way we are going to advocate for the industry. There are many issues out there right now, so it's challenging times, but we have a board that is highly engaged with a lot of experience and we think we'll continue to do a good job.

HME: What's your top priority as chairman?

Guidetti: Competitive bidding. The industry during the pandemic has faced an issue that was unprecedented and I think it underscored the value of the industry at large because we are an extension of the hospital system. We are concerned with the bid program going off as

BILL GUIDETTI SEE PAGE 5

Industry ramps up political pressure

BY LIZ BEAULIEU, Editor

WASHINGTON – A “Dear Colleague” letter in the House of Representatives with 101 signatures is the next step in trying to get CMS to use its authority to pause Round 2021 of competitive bidding.

The letter, spearheaded by Reps. Cathy McMorris Rodgers, R-Wash., and Dave Loebsack, D-Iowa, asks CMS to pause the next round of the program for a year or through the duration of the public health emergency, whichever is longer.

“The political pressure of a letter like this makes a huge difference,” said Cara Bachenheimer, head of the government

affairs practice at Brown & Fortunato. “Ultimately, CMS is accountable to Congress.”

The industry had only one week to collect signatures for the letter. The goal, though there is no “magic number,” was 80 to 100 signatures.

“Dear Colleague” letters have worked in the past to pressure CMS to, for example, stop applying bid pricing to accessories for complex power wheelchairs, and it could work again.

“We've had a lot of success with these,”



Bachenheimer



J. Gallagher

said Jay Witter, senior vice president of public policy for AAHomecare. “This is a really big issue and we've used a lot of resources to convince CMS to make the change. The logical step is having them change it on their own.”

Best case scenario, the letter works; worst case scenario, it's an item that the industry's champions in the House can check off before taking the next step of introducing legislation.

“It says, ‘We tried; we went to CMS;”

PRESSURE SEE PAGE 21

Associations decide to hold virtual events

MAMES has opened up its event to other state, regional associations

BY LIZ BEAULIEU, Editor

WITH ITS annual events bringing in a “huge chunk” of revenues each year, MAMES has decided to go big with a virtual conference this fall.

MAMES announced in late July that it will hold its 2020 Midwest Conference & Exhibit Hall virtually Oct. 6-9 and that

it is opening the event to any other state or regional HME association.

“If a state association wants to be part of it, we'll give them a stipend

for every one of their member companies that registers,” said Rose Schafhauser, executive director of MAMES. “We're all in this together. We're all struggling, in the middle of a pan-



Schafhauser



Beth Bowen

demic and in a place where we've never been before, to maintain our memberships and show our value.”

The fall conference will feature online sessions, both live and recorded, spread out over four days, with rotating morning and afternoon sessions. There's a single registration fee per company, with unlimited attendees.

The conference will also feature a virtual exhibit hall, thanks to a “significant investment” by MAMES into a platform that will allow its vendor sponsors to have booths and chat with attendees.

“It was a significant investment, but when we looked at what we spent on a face-to-face event vs. a virtual event and how it would satisfy vendors, we thought it was worth it,” Schafhauser said.

NEMEP has also announced plans to hold its annual meeting

VIRTUAL SEE PAGE 5

AAHomecare sees increased support

WASHINGTON – AAHomecare says it has seen a strong increase in the number of companies supporting the association at the corporate partner level.

American Medical Technologies joined the association in March as a platinum corporate partner, and Apria Healthcare and McKesson have both increased their support to that level, bringing the total number of platinum corporate partners to seven.

“We appreciate the investment that every one of our members is making in AAHomecare,” said Tom Ryan, president and CEO. “Hundreds of companies, large and small, are making a significant financial commitment, contributing time and expertise to serve on association councils, and lending their passionate support to advocacy efforts at the federal and state level. This support has helped us secure important wins for the industry and has positioned us to fight for more in the months ahead.”

AeroCare, AdaptHealth, National Seating & Mobility, Rotech Healthcare and Ventec Life Systems have also increased their support to the silver corporate partner level. AeroFlow, Hollister, Invacare and SuperCare

Health have joined the corporate partner program at the bronze level.

Other companies that have increased their dues commitment to AAHomecare in 2020: Active Healthcare, Blanchard Valley Health System, Brevard Medical Equipment, BrittKare Home Medical, Camhi Compliance Consulting, Commonwealth Home Health Care, First Quality Products, Hub's Home Oxygen & Medical Supplies/CressCare Medical, Leading Respiratory Services, Merits Health Products, Nestle Healthcare Nutrition, Prism Medical Products, Prochant, Soundview Medical Supply and XMED.

“I believe this support is a validation of the dollars we've helped put back in suppliers' and manufacturers' pockets over the last several years, as well as the gains we've made through our growing payer relations program and in delivering better regulatory policies,” Ryan said. “I hope other HME companies will look at our achievements, especially those we've helped deliver in response to the COVID-19 pandemic, and help provide even more fuel for our efforts to secure better public policy for this industry.” **HME**

People news: Michael Hanna, Ashley Plauche

ATHOMES has welcomed a new board member: Michael Hanna, director of compliance and education for Home Medical Products in Jackson, Tenn. Prior to Home Medical Products, Hanna was a provider outreach and education senior analyst for CGS, the DME MAC for Jurisdiction C. “While I have not been on the DME supplier side very long, I feel that I can bring knowledge to the group with my Medicare DME MAC experience,” Hanna said. “I have worked with all types and sizes of suppliers for a number of years and realizing the frustrations of this aspect of the health care business. Now that I am on ‘your’ side, I will continue to learn and grow as I hope to share my knowledge and experience with peers at ATHOMES”.. AHomecare has promoted Ashley Plauche to assistant director, membership and public relations. Plauche has been with the association since 2015. She manages five of the association's councils and plays a leading role in the AAHomecare/VGM Grassroots Advocacy Program.

REMOTE WORK

CONTINUED FROM PAGE 3
the team closer.”

In some cases, providers report having to invest in additional software and network protections to allow access to patient records and company billing systems from home—and to keep an eye on employees.

“We added Microsoft Teams so managers can meet with their staff and monitor the amount of time they are working,” said one respondent. “We're utilizing metrics to monitor productivity. It takes more time of managers to monitor work from home staff than when they are in the same office.”

While the majority of providers (60%) have brought back at least some staff, they are working in a changed environment.

“We have every other desk and office filled now so we're able to maintain social distancing in the office and we wear masks when folks are out of their cubicles and offices,” said one respondent.

A number of providers still report being closed to the public, opting instead to ship products or offer curbside pick-up.

“They call when they arrive, we carry their item out, they see we are wearing masks and gloves, we put it on an outside table and watch as they pick it up off the table,” said Dorothy Nowik, president, Pacific Medical Systems, Inc. “It's no-contact delivery.” **HME**

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GUIDETTI

CONTINUED FROM PAGE 3

intended because the data gathered pre-pandemic is not informed by what's happening today. Our cost structure has changed, the way we have to prepare front-line employees has changed—there's many contributing factors that did not go into the bid.

HME: How important a role does AAHomecare play in advocating for the HME industry?

Guidetti: Absent the association, many policies would go unchallenged. We've won many policy discussions that have benefitted the industry, going back to the interim final rule (in 2017), where significant dollars came back into the industry. During the pandemic, AAHomecare worked on getting a portion of the \$30 billion CARES Act and there's 13 different regulatory policies we got changed.

HME: How will you balance the needs of both large and small companies?

Guidetti: When you look at our board composition, it's made up of large to small suppliers. We hear from everyone and we are very sensitive to the rural markets. It's a good cross-pollination of our industry and we look at it holistically.

HME: Anything on your "wish list" as chairman?

Guidetti: I wish we had more participation by the industry. There are 6,000 companies, and today we have roughly 300-plus that participate. We need more representation and more resources so we can further fortify our position both in Washington and with CMS. We hear, "I have neither the time nor the treasure to participate," but it's mission critical. **HME**

VIRTUAL

CONTINUED FROM PAGE 3

virtually, focusing on the education it planned to have for an in-person event it had to cancel in April. The event will be free of charge, but that wasn't an easy decision for the association, says Beth Bowen, executive director.

"We thought it would be tough to switch to (a paying model), but even with (a paying model), we think the membership realizes the value we give them," she said.

Just because NEMEP is planning its own virtual event doesn't necessarily mean it won't also collaborate with MAMES, especially since it's offering a component—the exhibit hall—that will be difficult for other associations to replicate, said Bowen, who also manages several other associations.

"Most associations can't afford to jump into that themselves," she said. "I'm following up with the boards of our associations to figure out if it's something they want to do. It's no risk – it's a win-win – so I'll be shocked if everyone didn't say, 'Let's do it.'" **HME**

Azar renews public health emergency

WASHINGTON – Alex Azar, secretary of the Department of Health and Human Services, signed a renewal of the COVID-19 national public health emergency on July 23.

"The administration will continue its whole-of-

America response to ensure Americans can get the care they need throughout the pandemic," Azar tweeted.

The renewal is effective July 25 for 90 days.

The PHE was first declared on Jan. 31 and renewed on April 21.

Several relief efforts related to HME are tied to the duration of the PHE:

✓Implementing a 50/50 blended reimbursement rates for rural areas

✓Implementing a 75/25 blended reimbursement rates for

non-rural, non-bid areas

✓Waiving the coverage criteria and face-to-face requirements for respiratory equipment and infusion pumps

✓Allowing occupational and physical therapists to provide telehealth services. **HME**



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Chaos meets opportunity at Summit

THERE HAS arguably never been a more chaotic time in the HME industry.

The industry already had Round 2021 of national competitive bidding on the docket for this year, in terms of CMS announcing single payment amounts this summer and contract suppliers this fall. But it's been the external pressures of the COVID-19 pandemic that have turned even our own little sector of health care upside down.

The two together have made the industry spin.

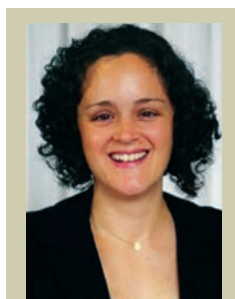
Will CMS pause the bid program? Even if it does pause the bid program, how long will the agency pause it? What happens after the pause? Will CMS stick to the bids that were submitted more than a year ago?

Will the blended reimbursement rates that have been extended in rural areas and introduced in non-rural areas for the duration of the public health emergency die along with COVID-19?

It's against this backdrop that we'll virtually gather for this year's HME News Business Summit, Sept. 15-17.

The Summit has always been about thought leaders—both in the speakers who present, and the providers who attend. But this year, hearing that speaker and embodying that provider is more important than ever.

It's three days to hear an epidemiologist talk about the pandemic speeding up the use of technology in rural areas, areas that providers struggle to serve. To hear top execs from the industry's public companies talk about their predic-



LIZ BEAULIEU

tions for the home oxygen, sleep therapy and mobility markets. To hear top execs from the industry's national companies talk about post-acute care's climb up the health care ladder. To hear investors talk about their crystal-ball takes on everything from the pandemic, to the election and to the bid program.

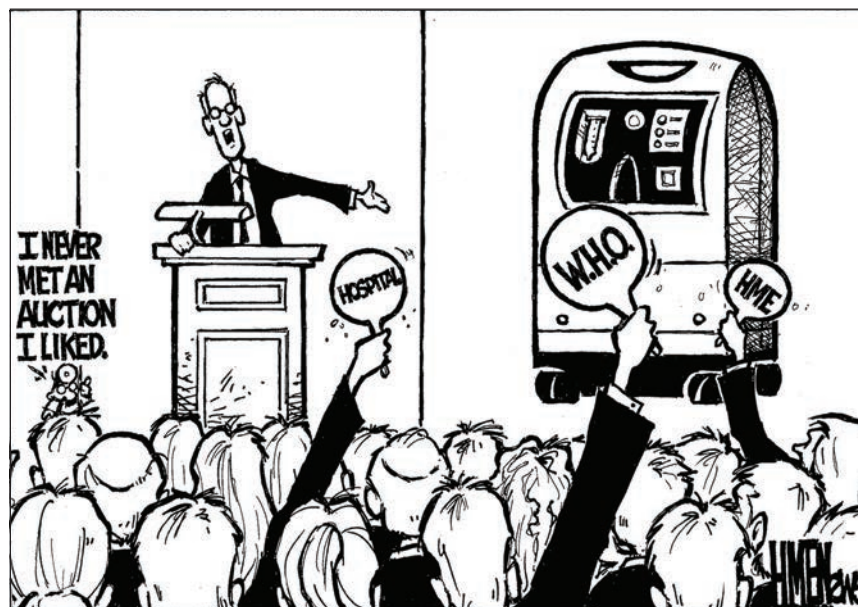
It's heavy stuff. And not necessarily stuff that will affect a provider's day-to-day business. It won't answer the question: How should I prepare my claims for the next Medicare audit?

It's even better, actually – it's the stuff that will allow a provider to see the industry and their business in a different way. And that's the stuff that often

The Summit has always been about thought leaders—both in the speakers who present, and the providers who attend. But this year, hearing that speaker and embodying that provider is more important than ever.

needs reviewing and reshaping.

So in a few short weeks, join us at the Summit. Make sense of the chaos. Find the opportunity. **HME**



DISPATCHES FROM THE DINING ROOM

Another stupid question? Everyone's a critic these days

EVERY MONTH HME News sends out a newpoll to gauge provider opinion on timely issues affecting the HME industry. Some poll questions are better than others, but we always try to put thought into them.

It's harder than you might think.

Every once in awhile, while scrolling through the responses readers are kind enough to submit, we'll get a comment like this: "Another stupid question."

The month's stupid question was about providers' take on the COVID-19 pandemic: What is the pandemic like in your area and how is it affecting your business? Do you think the pandemic will get worse as we head into the fall/winter?

Now, I'm not one who subscribes to the notion that there's no such thing as a stupid question – I worked retail. Trust me, there are stupid questions.

With all that's going on with the pan-



THERESA FLAHERTY

demic – the polarization, the politicization, the general panic – we were curious to see how providers, who serve among front line workers, were faring. They also believe, almost unanimously, that things will get worse before they get better.

Five months into this national disaster, HME providers have adapted as best they can. Depending on where they are located, providers are dealing with increased costs, equipment shortages and mask mandates.

They have tightened belts, applied for Paycheck Protection Program loans to keep staff employed and adapted their

business models to keep up with market demands.

And they do it while fearing for their own safety.

"I worry that one of our employees will bring it into the store and infect everyone else, causing us to have to shut down, but what can I do about it? I can't police everyone else's off-work time other than to stress how dangerous this all is to everyone," wrote Ryan French.

Like Ryan, I have my own concerns about the virus. I'm in a higher risk category. I wear my mask when I go out. Like many people, I am irritated when I see others who don't.

But to maintain my sanity, I try to employ the same philosophy that I apply to life in general: Assume no ill will.

After all, we're all just doing the best we can. Even that provider in Pennsylvania who thinks we ask stupid questions. **HME**

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AAHOMECARE
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CONTRACTING



Tailor your message

BY ARMANDO CARDOSO

Q. How do I convey a compelling value proposition to payers?

A. There are five questions to answer when creating a compelling value proposition to payers.

✓How can I tailor my message to fit a payer's perspective?

Like you, insurance is a business and has goals. You want to tailor your message to show how your organization supports their goals. Maybe emphasize if you have been declining their members, have a unique offering, or a geographic/customer service advantage. Do you lower the total cost of care? If yes, be prepared to say how - direct cost compared to competi-

tion, unique approach, data availability, etc.

✓Who is my competition and are there alternatives for my services? Every payer weighs its decision uniquely, but it will consistently compare you relative to your competitors by service area and specific service offerings.

✓What is unique about my offering?

You may have a fantastic program or process that sets you apart, but

if it's not articulated related to the payer's goals, you aren't creating the value.

✓What do my peers do better than me?

Understand the offerings of your competitors and identify where they have the advantage. If you are touting a strength that is a commodity, that undermines your credibility.

✓How will you approach the payer?

Go through the appropriate channels when reaching out to payers. Going "straight to the top" is tempting—but if they say "no" to your request it's near impossible to bring it back to life. Every link in the chain is another opportunity to go from no to yes. **HME**

Armando Cardoso is CEO of Healthcents. Armando can be reached at info@healthcents.com.

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EQUIPMENT MAINTENANCE



Know when to scrap it

BY JIM WORRELL

Q. How do I know when it's time to retire equipment?

A. Given the high initial cost, combined with high maintenance costs of respiratory equipment, the decision to repair or retire a specific asset can have a large impact on a company's bottom line.

Here are some things to consider when making that decision:

✓Age of the equipment: This speaks to both its useful life (in terms of years and operating hours), as well as the depreciation value. With five-year depreciation schedules, the book value of the asset may be near \$0, and you have earned a nice return on that asset. In this case, the decision to scrap it is an easy one if the repair cost is high.

✓Overall condition: Is the unit bug infested or smoke damaged? Water damaged? In what type of environment has it been used? Often a bug or smoke unit is UTR (uneconomical to repair).

✓Replacement cost: Comparing replacement cost with the repair costs makes the decision easier, especially if you know the unit's past reliability. If it has been a reliable unit and the repair cost is 50%-60% of the replacement, it often makes sense to repair it.

✓Service history: Like automobiles "of-old," some units are just "lemons," requiring constant service and driving up on-call costs, as well. If it's a lemon and has run a useful life, scrap it for a newer one.

✓Newest technology: Has the manufacturer introduced new models with improved technology and lifespan? This is especially true for ventilators, but newer models may yield more referrals based on their new features.

✓Your budget: Sometimes it just comes down to what you can afford at the time given other business expenses.

Ultimately, the decision to "retire or repair" is a combination of all the above. **HME**

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



WORK FROM HOME

Avoid peaks, valleys

BY JOHN STALNAKIER

Q. How can I ensure employees stay effective?

A. The final piece of the work-at-home puzzle is maintaining consistent employee efficiency and effectiveness.

There are several ways for pro-

viders to monitor how productive and effective employees are while working remote. Providers will need to build a process that is consistently measuring the workflow and avoid the peaks and valleys that are sometimes associated with a remote workforce.

ACU-Serve uses a user activity monitoring software in three major ways: basic activity tracking, rules-based alerts, and recorded video sessions that can be

viewed on demand like watching Netflix. Basic activity tracking will record a date/time, process or URL accessed, and the duration that a user spent on that process or URL. This gives a good idea of what software and websites users are accessing, and we can make sure that everyone is following our standard operating procedures for approved software and websites.

Rules-based alerts allow an alert to be sent when certain behaviors

are observed. For example: idle time over a defined period, excessive social media use or job searches. One of the tools our managers find the most useful is recorded videos of the work as it is being performed or was performed. This is especially helpful for new hires, where a supervisor can view a user's screen to watch workflow and processing time, on-demand or live, and recommend areas where additional training may be required.

Regular communication with the team is also important to make sure that remote users feel like a stakeholder in the success of the company.

Deciding to keep this model beyond the pandemic will only be effective if providers can truly gauge profitability. **HME**

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



STRATEGIC PLANNING

Call in the SWOT team

BY BILL PAUL

Q. How can I create a strategic plan for now and in the future?

A. With all that your business has gone through this year and the current environment we find ourselves in, you must create a sustainable strategic sales plan to close out 2020 and carry the business through 2021.

There are four basic elements of a sales strategy that must be considered and executed:

- ✓ Assess the current market and referral accessibility
- ✓ Review products and services currently offered
- ✓ Review the sales process
- ✓ Develop a plan by product and services

Assessing the current market includes a review of the competition, the current market accessibility and receptivity to your sales efforts. In this current environment, you must have a comprehensive understanding of these elements as you approach the market. When reviewing the competition, consider doing a SWOT (strengths, weaknesses, opportunity and threats) assessment. As your sales team has continued to go into the field, there is valuable accessibility intelligence that has been gathered.

Reviewing your current products and services offered compared to previous year's performance and also this year's performance will assist you in shaping the right offering for the market place. Finally, be realistic and eliminate products and services from your offering if they are low in volume and profitability.

Reviewing the accessibility in the referral community will afford you the opportunity to adjust your sales process. Don't forget the branding and marketing aspect of the sales process.

Finally, combine the information from the first three steps and create a strategic sales plan that can be broken down by products and services, and measured monthly. **HME**

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

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HEALTHCARE



AdaptHealth sees 'permanent shift up' on resupply rates

BY THERESA FLAHERTY, Managing Editor

PLYMOUTH MEETING, Pa. – AdaptHealth executives don't expect volume for new CPAP setups to return to pre-pandemic levels in 2020, but they say that's largely offset by its strong resupply business.

Although new CPAP setups were impacted during the second quarter, PAP resupplies were up by low double digits, says CEO Luke McGee.

"We are cautiously optimistic that we've seen a permanent shift up on resupply rates," he said.

New CPAP setups began to rebound in July, as did referrals for orthotics, walkers, commodes and other DME linked to hospital discharges that had been impacted by the pandemic.

AdaptHealth has also expanded its sales efforts for ventilators, Bi-PAP machines, oxygen concentrators and pulse oximeters to new referral partners.

"Although not a traditional distribution channel for AdaptHealth, we've been able to utilize our supply chain to provide



Luke McGee

much-needed equipment to municipalities, NGOs and hospital systems," McGee said. "We expect this channel to generate \$7 million in revenue for the next few quarters."

AdaptHealth reported net revenue of \$232.1 million for the second quarter ended June 30, an 87% increase from the same period in 2019, including \$33 million in revenue from Patient Care Solutions, an acquisition that it closed on in January.

"We continue to believe PCS will be profitable in the fourth quarter of 2020 as a result of better cash collections and improvements in vendor pricing and product formulary improvements," said CFO Josh Parnes.

AdaptHealth's strategy is to integrate PCS and ActivStyle, which it acquired in May, to boost its medical supplies business; and to leverage Solara Medical

ADAPTHEALTH SEE NEXT PAGE

Providers who wear capes

Free lunch, diapers and a really big giveback

BY THERESA FLAHERTY, Managing Editor

HME PROVIDERS have stepped up in acts both big and small to prove the COVID-19 pandemic has also brought out the best in people.

NATIONAL REACH

180 Medical, a national provider of disposable medical supplies, was inspired by an article in the New York Times calling attention to a shortage of diapers, wipes and other essential needs for children and individuals with special needs, says employee Jessica Jared.

"This (was) due to the surge in panic buying," she told HME News. "180 Medical donated thousands of cases of diapers. These diapers went to charitable organizations, including World Vision, CNY Diaper Bank and the Englewood Health Foundation."

CAPES SEE NEXT PAGE

BRIEFS

DME owner pleads guilty in latest brace fraud case

SAVANNAH, Ga. – Patrick Wolfe, operator of Wilmington Island Medical in Georgia, pleaded guilty to one count of conspiracy for his role in a scheme in which he paid kickbacks in return for leads for DME like orthotic braces and then billed Medicare Part B for the items. This prosecution stems from "Operation Brace Yourself," a nationwide fraud takedown of a \$1.2 billion scheme uncovered in 2019. Wolfe, of Florida, faces up to five years in prison, plus substantial financial penalties and forfeitures.

AdaptHealth proposes \$300M offering

PLYMOUTH MEETING, Pa. – AdaptHealth announced July 14 that it has commenced an offering of \$300 million aggregate principal amount of senior notes due 2028. The company plans to use the net proceeds from the offering to repay certain of its existing senior secured indebtedness, and pay related fees and expenses. The senior notes and related guarantees are being offered only to investors who are reasonably believed to be "qualified institutional buyers" in reliance on the exemption from registration set forth in the Securities Act. On July 1, AdaptHealth announced the upsizing and pricing of its previously announced underwritten public offering of 8 million shares of its Class A Common Stock at a price to the public of \$15.50 per share.

CareCentrix adds UnitedHealth exec to board

HARTFORD, Conn. – CareCentrix has added Charles Berg, a former senior executive at UnitedHealth Group, WellCare and Oxford Health, to its board of directors. He previously served on the board of Turn-Key Health, a palliative care company that was acquired by CareCentrix in May. The acquisition of Turn-Key Health and Berg's position on the board represent the next stage in CareCentrix's plan to provide more access to home-based services for all patients, including those with advanced illnesses.

Protech checks in with shareholders

CINCINNATI – Protech Home Medical expects to report revenues of \$25.6 million to \$25.9 million for the third quarter ended June 30. The company expects to report an adjusted EBTIDA of \$5.3 million to \$5.5 million, and gross margins similar to the three months ended March 31. "Given the ongoing COVID-19 pandemic, we felt it extremely important to continue to keep our shareholders apprised with our financial performance in real time," said Greg Crawford, CEO and chairman. The company says its revenues and adjusted EBITDA continue to accelerate at a higher rate than other providers. "We are confident in our ability to continue with this trajectory and our focus remains driven by process improvement and cost rationalization," said Hardik Mehta, CFO.

RETAIL REINVENTION

Tornado forces rethink, rebuild

BY THERESA FLAHERTY, Managing Editor

HERMITAGE, Tenn. – Provider Kevin Brown was hit with a double whammy in early March, when a deadly tornado struck the Nashville area, just as the COVID-19 pandemic began to take hold.

Brown, one of the owners of All Star Medical Supply, which has two locations in Tennessee, was attending Medtrade Spring in Las Vegas when he got word that a Category 3 tornado had damaged the Hermitage location.

"I had to come back to deal

TORNADO SEE NEXT PAGE

Providers adapt to market shifts

BY THERESA FLAHERTY, Managing Editor

YARMOUTH, Maine – When customer demand for standard DME took a nosedive during the early months of the COVID-19 pandemic, retail providers found themselves shifting gears to meet market demands.

For Mark Nicotera, president of AZ MediQuip in Scottsdale, Ariz., that meant taking a leap of faith to source a variety of personal protective equipment, which he doesn't typically stock, from new distributors when he was unable to obtain it from well-known companies.

"We had to create a new supply chain for a lot these things and continue to do to this day, buying from companies that came up out of nowhere," he said. "We were paying upfront, sight unseen. I had six figures in the wind at certain points, but I tried to work with people I had a

good feeling about and everything came through."

A shortage of gloves is still a concern for Greg McGough, director of retail operations for Medical Xpress in Dallas.

"We started buying PPE in January and did a good job staying ahead," he said. "A



G. McGough

lot of stuff coming in is counterfeit. Trying to find reliable sources requires thinking outside the box."

McGough is also thinking outside the box when it comes to getting paid, implementing a cashless model to reduce the risk of infection.

"If a customer comes in and that's the only way they have to pay, we'll accept it, but we have signs up saying we've gone cashless to minimize contact," he said. "We haven't

had any pushback."

Additionally, McGough is kicking around the idea of implementing a "COVID convenience" charge to offset the increased cost of business, including providing PPE and disinfecting the store, he said.

"We did an analysis and it broke down to 34 cents a transaction," he said. "We were thinking about adding 18 cents to each transaction, meeting the customer in the middle. I don't know if we'll do it."

There's no telling when—or if—costs will return to pre-pandemic levels. Although demand for PPE has waned in the past couple of months, pricing is still elevated, says Nicotera.

"There was a huge increase on gloves," he said. "We're still at pricing levels that are new and different, and customers are struggling with that."

Nicotera is proud of the nimble way he and other

MARKET SHIFTS SEE PAGE 21

BRIEFS

OJ Medtech/Charm Medical buys into respiratory market

ISLIP, N.Y. – OJ Medtech/Charm Medical Supply has acquired PRO2 LLC, an oxygen and CPAP supply company that operates two locations in Buffalo, N.Y., and serves more than 10,000 patients annually. PRO2 will help OJ Medtech/Charm Medical expand its product offerings. OJ Medtech in Islip, N.Y., provides compression garments; and Charm Medical in Pembroke, Mass., also provides compress garments, as well as incontinence and urological and wound care supplies, nutritional products and lift chairs. “We admire PRO2’s clinical focus and market presence in the respiratory services and sleep therapy sectors in western New York,” says Peter Tallas, president and CEO of OJ Medtech/Charm Medical. “We found strong synergies with our existing service model of connecting patients, physicians and payers. We see the product line expansion into the respiratory and sleep services sector as a key growth initiative in the years ahead.”



180 MEDICAL donated thousands of cases of diapers to organizations. Pictured: Shipping specialists Travis Jernigan and Maria Sanchez.

CAPEX

CONTINUED FROM PREVIOUS PAGE

The Oklahoma City-based company also made the news when it returned \$10 million in unsolicited CARES Act funding, says Jared.

“Because the CARES Act funding was for businesses in need of assistance as a result of the COVID-19 crisis, 180 Medical believes it could better serve others in need,” she said.

LOCAL FOCUS

Choice Medical’s Kevin Henning has

focused not only on his six employees, who he’s kept employed throughout the pandemic, but also his community of Ames, Iowa. Every Wednesday, he buys his employees lunch from a locally owned business to show his support, says employee Jami Tharp.

“He has also gone out of his way to support other businesses if they need it and offered his support in any way they need it,” Tharp told HME News. “DME companies and their employees often get overlooked in times like this because nobody thinks about just how essential they are.” **HME**

ADAPTHEALTH

CONTINUED FROM PREVIOUS PAGE

Supplies, which it also acquired in May.

“We’re a leader in sleep and diabetes, two fast-growing product categories, but we are also well diversified in other important categories in the home,” said McGhee. “Over time, we believe there is an opportunity to utilize our patient connections, referral relationships and payer contracts to offer a connected health solution.”

AdaptHealth expects net revenue of between \$935 million to \$938 million and adjusted EBITDA of \$169 million to \$178 million for fiscal year 2020. **HME**

TORNADO FORCES ALL STAR REBUILD

CONTINUED FROM PREVIOUS PAGE

with the rebuild of a store and COVID,” he said.

While the building, which All Star owns, was structurally sound, the roof was damaged and the interior was destroyed, with floors, windows and inventory all affected, says Brown.

“We were lucky, the building behind us was destroyed,” he said. “(The tornado) sucked a lot of stuff off of ours.”

Fortunately, All Star was able to funnel most of its business to its Franklin location, while it rebuilt the damaged location, which was on track to re-open

in August.

“I’m just excited about having air conditioning again,” Brown said.

Brown said he was looking at the whole ordeal as an opportunity to refocus the business, including reducing the size of the showroom and slimming down the inventory.

“We’re focused on bigger-ticket items,” he said. “We want to try to focus on home modifications, ramps. A lot of people are not sending mom or dad to a facility, so they moved them home and home mods ticked up for us.” **HME**

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Bill Peterson on ... Importance of IT and accessibility

BY TRACY ORZEL, Contributing Writer

BILL PETERSON, RESNA's 2020 Colin McLaurin Lecturer, has spent most of his career working with government agencies to standardize testing for IT for accessibility. He worked for the National Institute on Disability and Rehabilitation Research (NIDRR) and the Department of Homeland Security's Office of Accessible Systems and Technology (DHS OAST), and became a RESNA Fellow in 2006.



Bill Peterson

HME News: How has your personal experience influenced your career?

Bill Peterson: I broke my neck many years ago and spent almost four months in rehab. I watched

BILL PETERSON SEE NEXT PAGE

Stakeholders prepare request, form consortium

BY LIZ BEAULIEU, Editor

WASHINGTON – Complex rehab stakeholders have taken steps to advance key initiatives related to power seat elevation and power standing systems, and telehealth and remote services.

Stakeholders, led by the ITEM Coalition, have created four work groups (clinical, reimbursement/technology, legal and congressional/advocacy) to work on filing a request for reconsideration of the Medicare NCD for power seat elevation and power standing systems. They're almost ready to submit that request, said Don Clayback during a July 23 webcast.

"We've also had a preliminary call with CMS officials," said Clayback, executive director of NCART. "They asked some questions, (so) there's a couple of additional pieces of information we're going to be



Don Clayback

adding. But it was a positive call. They encouraged us to move forward on the path we're on.

The timeline for CMS processing these requests is "a little bit flexible," but it will be good for stakeholders to have this first step behind them, Clayback said.

Once the request is complete, stakeholders will share it publicly, he said.

"The submission itself is 60 pages and includes exhibits, libraries of articles, and evidence and studies that validate the medical side of power seat elevation and power standing," Clayback said.

Stakeholders have also created the CRT Remote Services Consortium to establish permanent policies within federal, state and

commercial programs around telehealth for physicians and clinicians, and remote services for providers.

"(We want) to make sure remote services are available as an option," Clayback said. "There's nothing that's going to require it, but they have a place. We're all convinced from an outcomes perspective, a timely access perspective and a comprehensive evaluation perspective that having remote services and telehealth available really improves the experience."

The consortium represents a cross section of providers, clinicians, consumers and others; and includes two subgroups, one related to policy and one to advocacy.

"There's a lot of work (to do), but the good news is, we have a consortium that will provide a good umbrella for everyone to work under," Clayback said. **HME**

Rehab Medical's app smooths ordering process

Content includes order updates, product tutorials

BY TRACY ORZEL, Contributing Writer

INDIANAPOLIS – Between complex rehab providers, doctors, payers, caregivers, PTs and ATPs, it's difficult for patients to know where they are in the order process, which is why Rehab Medical launched a new app to remove the mystery.

"It's built off of our operating system, which is why it's such a great app for us: It pulls data from the application that we use every day," said President Kevin Gearheart.

The myRehabMedical app gives customers instant access to order updates, service requests, contact information and product tutorials, freeing up the customer service team to respond to more critical calls.

While the product tutorials were spurred on by the pandemic to limit exposure in the home,

they're also handy for patients to refer back to when it's been a few weeks and they need a refresher, says Gearheart.

"People get frustrated when they don't know what's going on," he said. "Knowledge is power and we recognize that if we can give patients information in real time, they're much happier with the service experience."

The app also features live chat and video chat support, which allows technicians to diagnose or even resolve equipment issues over the phone, saving time and in some cases fuel and wear and tear on vehicles.

"We're committed to technology because we know reimbursements aren't going up, so for us to be able to do more for more patients, we've got to be able to scale, we've got to be

REHAB MEDICAL SEE NEXT PAGE



She's unstoppable

Jenny Siegle was awarded the Consumer Advocate of the Year during the Unite4CRT Town Hall Meeting on July 28. Siegle helped to form Unite4CRT and has been a driving force in planning the monthly town hall meeting topics and discussions, NRRTS says. "As the host for these meetings, Jenny's warm and welcoming personality ensures that everyone feels welcome," NRRTS stated in a bulletin. "She is able to initiate and encourage discussion for a diverse audience, and embodies the group's mission to bridge the gap between the perception and the reality of living with a disability." Siegle has also, among other things, supported Ride Designs' wheelchair seating courses for ATPs and worked as a sports producer for Altitude Sports. Tom Hetzel, PT/ATP, co-founder and CEO of Ride Design, calls her "unstoppable."

BRIEFS

RESNA names DiGiovine president-elect

WASHINGTON – RESNA has announced the results of its annual board elections, including Carmen DiGiovine, PhD, ATP/SMS, RET as president-elect. He will serve a two-year term as president-elect and then become president. Maureen Linden, MS, will become president Aug. 1, replacing Mary Ellen Buning, PhD, OT, ATP/SMS, who will become immediate past-president. Other results: Rita Stanley, vice president of Sunrise Medical, as secretary (two-year term); Anne Cronin, PhD, OTR/L, professor of human performance and applied exercise science at West Virginia University, as board member (three-year term); Mary Goldberg, PhD, associate professor at the Human Engineering Research Laboratories and professor in the Department of Rehabilitation Science and Technology at the University of Pittsburgh, as board member; and Perry Loh, MBA, ATP, founder and CEO of Loh Medical, as board member.

NSM boosts telehealth

NASHVILLE, Tenn. – National Seating & Mobility will partner with regional telehealth providers Blue Sky Therapy, Lightning Mobility Evaluations and Spero Rehab to boost its complex rehab offerings nationwide. "Partnering with regional telehealth experts helps us ensure our clients across the country have coverage and access to this essential service," said Bill Mixon, NSM CEO. CMS has allowed PTs and OTs to conduct telehealth services during the public health emergency and added a code for "wheelchair management" to the list of approved codes for those services.

NSM gets exclusive to measurement tool

NASHVILLE, Tenn. – National Seating & Mobility has secured exclusive access to Complex Rehab Systems, a platform developed by Ki Mobility in collaboration with the company's ATPs. The CRS platform enhances measurement precision, accommodates collaborative chair customization, and supports order facilitation and approvals. NSM has been collaborating with Ki Mobility on the CRS platform for the past four years. The evaluation and scanning platform allows ATPs to collect detailed electronic records to assist in the design, documentation, review and justification of custom mobility solutions.

NSM now in-network with Prime Health Services

NASHVILLE, Tenn. – National Seating & Mobility has been designated as a preferred complex rehab and home accessibility provider for Prime Health Services, a managed care company specializing in preferred provider networks. Prime Health's network provides workers' compensation, and auto and group health solutions for insurance carriers, third-party administrators, self-insureds and government entities.

BILL PETERSON

CONTINUED FROM PREVIOUS PAGE

how the clinicians struggled mechanically with a lot of things—not clinically as far as their medical knowledge—but mechanically and I thought, “Wow, there really should be somebody else on that team that had more of technical background.” When I went to college, I got a bachelors and a masters in biomedical engineering, because there was no such thing as rehab engineering, with the sole purpose of going into this field.

HME: You were the executive director at DHS OAST. How has that office helped advance efforts to make sure IT is accessible to everyone?

Peterson: We started developing our own testing procedures for Section 508 standards so that everybody could test each other's results to save money, resources and time. I figured if Customs and Border Protection was to test something, I should be able to trust their

result. We made a number of iterations and we also started having classes to help frame what we call “Trusted Testers.” That program became so popular that we trained people in other agencies outside of DHS on how to be a trusted tester. When I left DHS, we trained 900 people within Microsoft so that they could instill those testing protocols into their development process to design accessible information and communication technologies. Today there's over 2,000 trusted testers who work with the U.S. government, as well as other industries.

HME: If attendees leave your keynote learning one thing what should that be?

Peterson: I'd like people to walk away with a better appreciation for the funding that's made available to help facilitate better designed technologies, new technologies and the delivery of technologies. That all happens through policy decisions and money, and if that funding dries up we would be in a world of hurt. **HME**

REHAB MEDICAL LAUNCHES APP

CONTINUED FROM PREVIOUS PAGE

able to utilize technology for efficiency,” said Gearheart.

As technology improves, Gearheart says he'd like to see more connectivity between providers and payers like Medicare and private insurers. Unfortunately, there are a lot of parties with different budgets and constraints.

“I think there's a lot that can be done to streamline the process because there's some things that are still very manual; we're still on paper,” he said. “I just think that we're still a long way away in terms of the ubiquitous nature of technology. It's not quite there on the health care side.” **HME**

Home accessibility pro tips: Bulk up on certification, training

BY LIZ BEAULIEU, Editor

WATERLOO, Iowa—Specialization is key to success in home accessibility, with more and larger companies getting into and consolidating the market, says Rick Lair.

Lair, president and managing partner of the Arlington, Texas-based Challenge Specialties, says “cookie cutter” products will become dominated by these larger companies, which include Amazon and Home Depot, so smaller independent companies must find niche products and services to provide, and ramp up their training.

“I became an ADA inspector in Texas,” said Lair, who holds five industry certifications, during a recent Heartland at Home webinar. “One of my thoughts is, either you're going forward or you're going backward. You can't stay in one place. Even though you're doing all of your business, you need to look forward or else everyone will be ahead of you.”

Among Lair's certifications: certified environmental access consultant (CEAC) and certified aging-in-place specialist (CAPS).

HERE ARE MORE KEYS TO SUCCESS FROM LAIR:

✓In addition to industry certifications,

providers should seek out training from manufacturers, he says. “Go to different companies—anyone you're doing business with—and ask them (for training),” he said. “COVID-19 has thrown a big wrench in that, but a lot of them are offering webinars.”

✓Speaking of the pandemic, overall, it will help not hurt the market, he says. “More elderly people are getting pulled from assisted living and aged environments, and they're trying to go to homes,” he said. “When they bring them home, they have special needs. You need to know how to assess (their situations) and what products are out there.”

✓Because of the pandemic, providers should be looking to incorporate virtual or mobile showrooms to their business plans. “You need a way to show them what's in (your showroom),” he said. “You have to look at, how am I going to talk to people?”

✓While specialization is key, providers should be specialists in a number of products, he says. “If you're only depending on construction, you're dead in the water,” he said. “There are slow times and fast times. You need multiple streams of income. When one is not going well, you have the other.” **HME**



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EARNINGS REPORT

Option Care has tough quarter

BY T. FLAHERTY, Managing Editor

BANNOCKBURN, Ill. – Option Care saw a decline in new patient referrals during the second quarter of 2020 due to COVID-19, but that was offset by growth in its chronic care business, says CEO John Rademacher.

“Patient transfers onto service with us from other sites of care drove low double-digit growth in the second quarter,” said Rademacher during a conference call to discuss the company’s recent financial results. “We continue to work with referral sources and payers to identify patients who



J. Rademacher

will benefit from receiving therapy in the home or infusion suite setting, which represents a lower-cost site of care and, frankly, is preferred by patients given the current situation.”

Option Care reported net revenue of \$740.8 million for the second quarter ended June 30, a 49% increase compared to the same period in 2019. (However, given the merger

OPTION CARE SEE PAGE 20

Viamed supplements core ventilator biz

BY THERESA FLAHERTY, Managing Editor

LAFAYETTE, La. – “Pivot” was the name of the game for Viamed Healthcare in the second quarter of 2020, as the company sought to keep business coming in when the COVID-19 pandemic hit the U.S. hard.

“We continue to adapt to the ongoing changes in the health care system and are developing new ways to collaborate with referral sources to ensure



Casey Hoyt

that all eligible patients can obtain our quality care and service,” said CEO Casey Hoyt during a conference call to discuss the company’s latest financial results.

The company has quickly

VIAMED PIVOTS SEE PAGE 20



OSWALD'S PHARMACY strives to differentiate itself. “It’s not a Walgreens and it’s not a CVS,” says general manager Alex Anderson.

145-year-old pharmacy offers antibody testing

BY TRACY ORZEL, Contributing Writer

NAPERVILLE, Ill. – They say you can’t teach an old dog new tricks, but Oswald’s Pharmacy has been learning new ones since 1875. Its newest trick? Covid-19 antibody testing.

“I think what’s exciting about it is we’re able to turn on a dime and try something new because we’re just a single independent pharmacy and I think it’s an added benefit to the community,” said Alex Anderson, general manager and 6th generation family member. “Even people who haven’t been to our store before, who aren’t from our community, have traveled to come and get this test.”

Many customers think they had the coronavirus, but they weren’t able to get tested because they weren’t high risk or their symptoms didn’t meet the criteria.

In addition to a carefully curated gift and toy selection, the full-service pharmacy features a 5,000-square-foot medical equipment showroom. However, since the pandemic started it’s HME business virtually disappeared, down 80% in March and April.

“Our DME delivery team turned into our personal shop and delivery team,” said Anderson. “So instead of taking calls

OSWALD'S SEE NEXT PAGE

Providers, pharmacists seek recognition

Recent win in Pennsylvania means providers are eligible for hazard pay

THERESA FLAHERTY, Managing Editor

ALEXANDRIA, Va. – HME providers and community pharmacists have continued to serve on the front lines of the COVID-19 pandemic—and like other health care providers, they want to be recognized for that.

The National Community Pharmacists Association recently launched the “Essential” Campaign to keep up the pressure on lawmakers for relief, including hazard pay, says Douglas Hoey, CEO.

“Pharmacists have been there since



Doug Hoey

the beginning of this and we need recognition and relief for some of those efforts,” he said. “Reconfiguring your pharmacy, having staff dedicated for curbside pickup, adding plexiglass—all of those things add up to significant cash outflow.”

Other expenses for many pharmacies include putting in a drive-through pickup, and investing in technology for contactless dispensing of prescriptions, says Hoey.

Congress is working on a fourth

COVID relief package that may include provisions providing relief, such as protection from opportunistic lawsuits, an extension of the Paycheck Protection Program and hazard pay.

The NCPA would also like to see recognition of pharmacists as health care providers and expand their authority to administer COVID testing, says Hoey.

“In normal times, the community pharmacy is a safety net for patients who don’t fit on the assembly line of health care,” he said. “During the pandemic, the ability for pharmacies to fill gaps to help patients has been accentuated.”

SUCCESS STORY

RECOGNITION SEE NEXT PAGE

BRIEFS

NHIA launches fellowship program

ALEXANDRIA, Va. – The National Home Infusion Association has launched a Fellowship Program (FNHIA) for experienced home and specialty infusion professionals to advance the home and specialty infusion industry profession through practice, excellence and leadership. As part of the program, fellows will have the opportunity to work with selected industry professionals to foster and promote mentoring of future industry leaders. Minimum criteria for the program include membership in NHIA for at least five years; direct work experience in the home and specialty infusion profession for at least seven years; a record of industry contributions to NHIA, the National Home Infusion Foundation, or other industry-related organizations; and three letters of recommendation. Applications are due Sept. 15.

Easy Breathe checks benefits

LOS ANGELES – Easy Breathe, an online CPAP store, now offers insurance “Easy Check,” allowing its team to provide free, no-obligation benefits verification for customers. Customers access the insurance “Easy Check” form online, fill it out and submit it. Easy Breathe will then reach out to customers after checking their insurance benefits, usually within one to two business days. “We started our ‘Easy Check’ program as part of our ongoing commitment to making CPAP easier,” said Nick Weiss, CEO and founder of Easy Breathe. Easy Breathe also offers a CPAP prescription renewal program, allowing customers to renew their prescriptions for CPAP supplies without leaving their homes, and payment plan options.

DarioHealth, Williams medical partner

NEW YORK – DarioHealth has entered into a new strategic partnership with Williams Medical to make the DarioHealth Remote Patient Monitoring digital therapeutics platform available to health care professionals across the U.K. and Ireland. The RPM solution integrates Dario’s open platform, application technology and coaching platform to allow healthcare professionals to monitor patients remotely. “Dario’s digital solution is intended to provide relief for primary and secondary care providers challenged by the COVID-19 pandemic and facing potential serious winter pressures in the health care system,” the company states. “We believe that equipping practitioners to proactively treat, monitor and manage patients with long-term conditions within the community will ultimately result in reduction of the ongoing pressure on general practitioners, emergency departments and in-patient services.” Williams Medical is a provider of medical goods and services to primary care in the U.K.

BRIEFS

Soleo Health launches alternative care paths program, Soleo Direct

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

RECOGNITION

CONTINUED FROM PREVIOUS PAGE

The Pennsylvania Association of Medical Suppliers (PAMS) recently secured COVID-19 hazard pay for HME providers as part of the state's grant program for frontline workers. HME providers that meet certain requirements can now apply for hazard pay grants of up to \$1,200 per eligible full-time employee to be paid over a 10-week period.

“At the beginning of the public health emergency, we reached out when the government was making decisions on who was essential,” said Mindy Eberhart, executive director. “Health care was listed but not specifically HME providers and we knew that would cause confusion.”

The pandemic has really underscored the role HME providers play in keeping the health care system running smoothly, says Eberhart.

"Our providers have worked diligently from day 1 to make sure they are out there helping patients and keeping patients in the home during the PHE," she said. "We are keeping (hospital) beds available for people infected with COVID 19." **HME**

OSWALD'S

CONTINUED FROM PREVIOUS PAGE

about lift chairs, they're taking calls about Tylenol and toothpaste."

The demand for home delivery has increased so much that the pharmacy had to hire a second delivery driver and does four routes a day, compared to one route previously.

“Even our prescription deliveries went up and we introduced curbside pick up, so we keep the DME team busy, just not with medical equipment,” said Anderson.

The key to Oswald's longevity is diversification, says Anderson, and the ability to change.

When his great-great grandfather sold the store to his son-in-law, he added a soda fountain. His son-in-law removed the fountain, tripled the size of the store and added cosmetics. The next generation phased out cosmetics and became one of the first computerized pharmacies. When Anderson's father took over, he relocated and added 5,000 square feet of HME retail space.

As for Anderson, who previously worked as a marketing and community relations specialist for Whole Foods Market, he overhauled the website and increased



A Toast To "Freedom From Polio"

[illegible]

the store's social media presence. He also works closely with buyers to bring in natural and organic products.


"We're finding ways to differentiate ourselves because when you walk in (to Oswald's) it's not a Walgreens and it's not a CVS," said Anderson. **HME**



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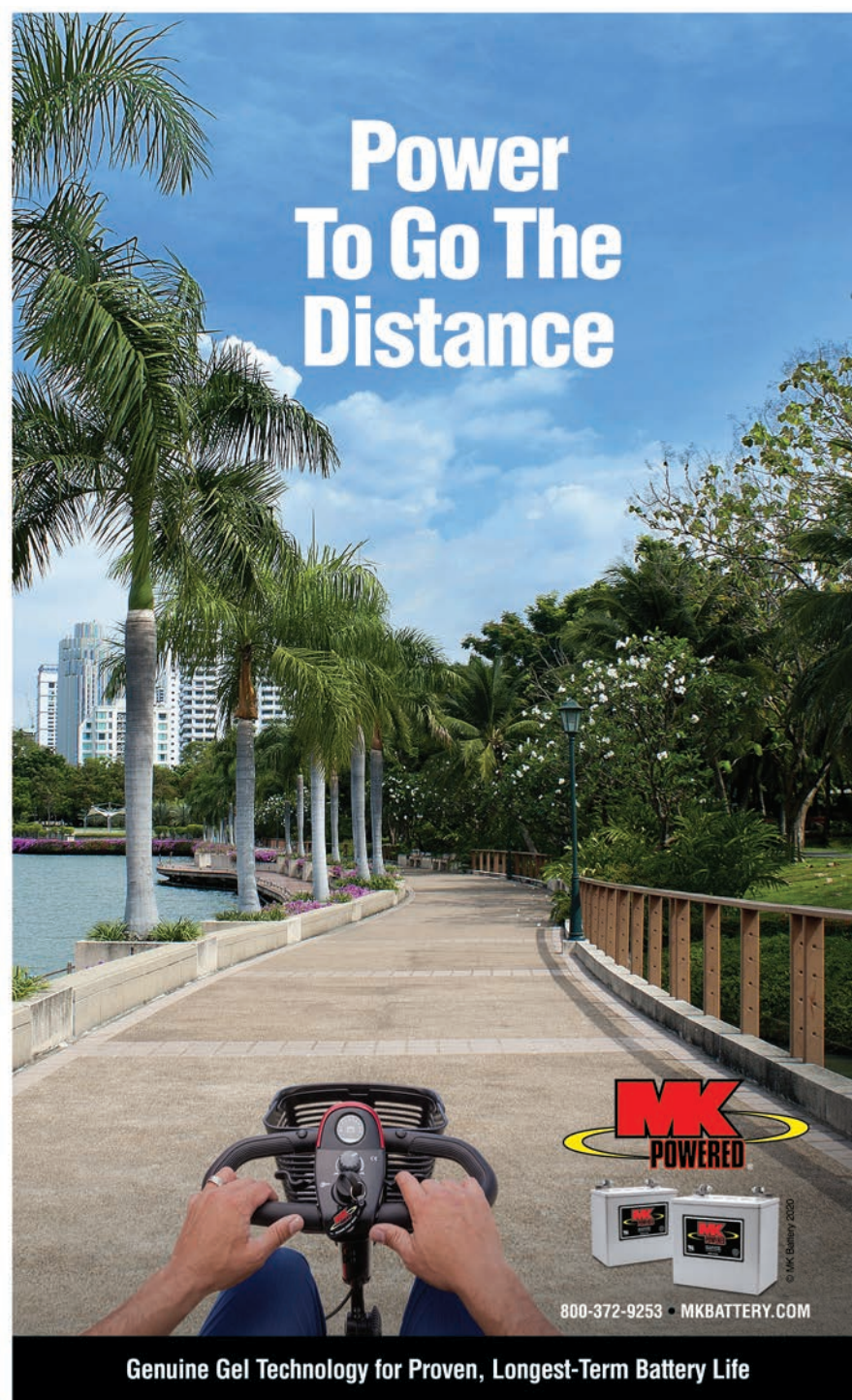
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Pediatrics: An 'exciting' space for HME

BY JOHN ANDREWS, Contributing Editor

THE PEDIATRICS category has a reputation for being challenging because it requires meticulous attention to detail, including knowing funding nuances, investing in technology and personnel, and requiring supreme patience in dealing with young patients and their families.

It's enough to scare off providers not used to that level of involvement. But specialists in the field say it's a market that holds a lot of promise for those willing to put in the commitment to it.

"The pediatric space is a great space for providers to operate in," said Jay Brislin, vice president of Exeter, Pa.-based Quantum Rehab. "Pediatrics is definitely a specialized segment and does require a high level of knowledge and experience for a provider to be successful. It also requires more time spent to ensure a child is in the right piece of equipment and is able to use it properly. Funding in most cases is strong and allows for providers to furnish children with many options and

accessories."

Most children have commercial insurance, state Medicaid or a combination of both. Although some product requests may be scrutinized, most will get approved with strong therapist and provider justifications, Brislin said.

Indeed, the prospect of serving the pediatric population should be intriguing for providers, said Kelsey DiGiacomo, associate product manager for pediatrics with Boulder, Colo.-based Sunrise Medical.

"The pediatric complex rehabilitation technology market can be an exciting space for providers to participate in, especially for highly trained providers who work in close partnership with their local children's hospitals and school systems," she said. "The opportunity within the pediatric market is large, but to be successful in that space, HME

providers should understand the breadth of pediatric products and build a community of pediatric clinicians."

DOZENS OF DETAILS

Juvenile patients do present more challenges for providers, especially due to the demands for greater product knowledge, clinical resources and client relationships.

"There are many more people involved with equipment choice and the child's needs versus in the adult population," Brislin said. "This requires the provider to spend more time and conduct more due diligence with all parties involved to understand not only the needs of the child, but also the needs of the caregivers. If caregivers are not comfortable with the equipment, it could create a domino effect of that child not getting the most from the equipment."

The product range for pediatric CRT is very broad, DiGiacomo said, and can require providers to supply the CRT

PEDIATRICS SEE NEXT PAGE

CATEGORY

Pediatrics

COMPLEX MARKET

■ **Total focus:** HME providers serving the pediatric market must understand its complexity and be willing to devote the time necessary to provide the appropriate technology. It is not uncommon for it to take multiple visits to complete a comprehensive technology evaluation for a child.

TAKING TIME

■ **Methodical process:** It is important that providers take the time to understand the needs of each child, along with overall environmental needs. Providers need to take the time to interview everyone involved in the child's care plan and determine what resources are available.

FINDING REFERRALS

■ **Generate trust:** There are many pediatric clinics and therapists, but the best way to reach out is to build trust with therapists and families and make sure they have a strong level of comfort that all parties are doing the right thing for the child.

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PEDIATRICS

CONTINUED FROM PREVIOUS PAGE

products necessary across many aspects of a child's life.

Even so, "equipment providers have the opportunity to build business relationships with children and their families that can span many decades," she said.

One challenge that no one could have forecast is the impact of COVID-19, which has changed the market as protecting pediatric patients becomes paramount, said Mike Chorney, director of sales at Chicago-based Sunset Healthcare Solutions.

"As suppliers, we are being asked for extensive pediatric PPE options that were not of interest six months ago," he said. "Much of this has to do with schools potentially reopening, though we can't be sure how this will progress. The current risk is in suppliers bringing on a bulk of new product in an uncertain market. Sunset is researching the options and assessing market sales measurements to make our best guess to meet demand, despite the unknowns."

'AMAZING' TECH

Though the industry still needs more pediatric-specific equipment to provide larger ranges of choice for the population,

Brislin maintains there are several "amazing" pediatric products currently on the market.

For instance, Quantum recently launched its Q6 Edge 3 Stretto Power Chair, which despite a narrow complex rehab power base, still allows for all power seating functions, including iLevel technology.

Sunset has several new additions to its line of pediatric products, including the Sunny pediatric bear nebulizer, and a spacer chamber with a dog mask that appeals to kids.

"We hope these more colorful, fun items will improve treatment for kids, and ideally even increase compliance," Chorney said.

One trend DiGiacomo sees is the integration of new materials and state-of-the-art manufacturing processes to create lightweight and durable CRT products.

"Manufacturers are developing new pediatric mobility designs which optimize a child's access to home and community and using new technologies to better incorporate easy adjustments to support each patient's growth," she said. "In addition, manufacturers are required to design technology and products that are not only easy to utilize and intuitive for the child, but also for the multiple caregivers the child will interact with throughout the day." **HME**

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FINANCIAL RESULTS

ResMed passes nadir in new patient flow

U.S. is likely at 70% of its pre-COVID-19 sleep lab capacity

BY LIZ BEAULIEU, Editor

SAN DIEGO – ResMed has seen double-digit declines in new sleep apnea patient flow across all markets that have experienced lockdowns due to the COVID-19 pandemic, but the company expects a U-shaped recovery in its fiscal year 2021, says CEO Mick Farrell.

While Germany is back up to 85% of its pre-COVID-19 sleep lab capacity and China is at 50%, the United States is likely somewhere in between, at an average of about 70%, Farrell told investors during a conference call to discuss its



M. Farrell

fourth quarter and year-end financial results.

“We expect a steady, sequential, quarter by quarter sort of U-shaped recovery of the sleep apnea, COPD and asthma patient flow throughout fiscal year 2021,” he said. “Clearly, a highly effective vaccine or a highly efficacious treatment for COVID-19 could of course turn that U shape into a dramatic V-shaped recovery; however, we’re not counting

on that and an event like that remains an upside from what we call our expected or likely case scenario.”

ResMed reported CPAP device sales of \$206 million for the fourth quarter in the U.S., Canada and Latin America, a 1% increase compared to the same period in the previous fiscal year. It reported mask and accessories sales of \$195 million, a 7% increase, buoyed by resupply sales.

While sleep-related sales have suffered in April, May and June due to the pandemic, ventilator and accessory sales have been up, to the tune of an

RESMED SEE NEXT PAGE

Invacare improves in tough market

BY LIZ BEAULIEU, Editor

ELYRIA, Ohio – Invacare sees “encouraging signs” that the demand for mobility and seating products is recovering from a slow down related to the COVID-19 pandemic.

Order rates were up in July and into August, Matt Monaghan, chairman, president and CEO, told investors during a recent conference call to discuss the company’s second quarter financial results.

“In mobility and seating, the good momentum we had in the first quarter began to slow in early parts of the second quarter as public health restrictions limited access to clinicians for



M. Monaghan

INVACARE SEE NEXT PAGE

Inogen leans on rental revenues

BY LIZ BEAULIEU, Editor

GOLETA, Calif. – Inogen’s rental revenues saved the day in a second quarter where its direct-to-consumer and business-to-business sales struggled due to the COVID-19 pandemic.

The company reported that rental revenues increased 16.9% to \$6.1 million in the second quarter ended June 30, 2020, compared to the same period in 2019, in part due to a conscious decision to redirect more of its marketing leads to rental setups.

“Overall, that business did show improvements, and that’s good sign,” said Ali Bauerlein, CFO. “We are hesitant just around a potential second wave and any impact on our consumer-facing business, (so) the rental business is a good opportunity for us. These are existing patients converting from tanks to POCs, so it’s a great way, in light of COVID-19 challenges, to build that base. While rentals are not as impactful on revenue right out of the gate, they provide a stable revenue stream



S. Wilkinson

over time with that patient pool that we can build on.”

Inogen reported domestic business-to-business

sales decreased 27.3% to \$21.6 million in the second quarter, and direct-to-consumer sales decreased 30.9% to \$30.2 million in the quarter.

The company’s rental revenues also carried an impressive 53% gross margin in the second quarter of 2020 compared to 30.4% in the same period in 2019, an improvement that was due, in part, to reduced freight costs and a modest reimbursement increase associated with the public health emergency.

“Above 50% is great gross margin,” Bauerlein said. “Our direct-to-consumer gross margin is still our highest gross margin business that we have because of the cash paid there. Long term, we haven’t put out

INOGEN SEE NEXT PAGE

Prochant: ‘HME is no longer just HME’

BY LIZ BEAULIEU, Editor

PROCHANT IS applying its “existing capabilities” in the HME market to the pharmacy and home infusion markets, and charging Jon Love, its new vice president of business development, with leading the way.

It’s the first expansion into another market for the company, which got its start in HME in 1999, says Joey Graham.

“We’re leveraging the existing capabilities that we have, with full-service billing and staff augmentation, and the revenue models and specialized solutions for each step of the process, including intake, and applying those to this new horizontal for us,” he said. “It’s also a great opportunity to work with Jon.”

Love was previously director of sales for WellSky’s home care division; and COO for Rock Pond Solutions, a software provider for home infusion, HME and specialty pharmacies. Prochant has also hired Tina Ratliff as pharmacy reimbursement manager.

The pharmacy and home infusion markets, like the HME market, face a complex reimbursement environment that makes specialized and expert billing key to their success, Love says.

“What we constantly hear from pharmacists, as well as HME providers that do home infusion, is that they want to get back to taking care of patients,” he said. “But every day they have to deal with reimbursement issues, whether it’s CMS or Medi-Cal. Every drug contract is different; every payer is different. We provide the services that make their lives easier.”

Prochant is also seeing a

PROCHANT SEE NEXT PAGE



Jon Love

BRIEFS

SoClean expands into air purification, disinfection

PETERBOROUGH, N.H. – SoClean has expanded its product portfolio to include the SoClean Air Purifier and the SoClean Device Disinfectant. The company says the air purifier eliminates up to 99.9999% of airborne viruses, bacteria and allergens, surpassing HEPA standards. It says its disinfectant kills up to 99.9% of bacteria and viruses on high-touch everyday items, including smart phones and key fobs. SoClean says the air purifier, which will retail for \$599, and the disinfectant, which will retail for \$299, are only the start of a brand expansion that will go into 2021.

3B Medical expands

WINTER HAVEN, Fla. – 3B Medical has expanded its product portfolio to include the Lumin Wand, an easy, fast and chemical free way to disinfect countertops, surfaces, keyboards and phones, the company says. “Our patent-pending technology allows for safe operation of a commercial strength UVC disinfecting wand that is supported by robust independent lab testing,” said Alex Lucio, CEO of 3B Medical. The wand has a five-hour battery, and 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 company says.

Prime Engineering hits milestone

FRESNO, Calif. – Prime Engineering celebrates its 36th anniversary this year. “We have gone from our humble beginnings of rolling carts out onto the driveway each morning to have room in the one-car garage to make room to cut and weld frames,” said Mary Boegel, president. “We were making one Grandstand at a time and selling it out of the back of our van. We would use that money to make two more.” Prime Engineering has since grown to an international company with 36 employees, 40 sales reps across the county and distributors worldwide.

F&P ramps up manufacturing staff

IRVINE, Calif. – Fisher & Paykel Healthcare has hired about 600 additional manufacturing staff in New Zealand and more than 500 in Mexico, according to the New Zealand Herald. Lewis Gradon, managing director and CEO, told the newspaper the company first started ramping up hiring in February and plans to continue to add staff through the end of the year.

WellSky receives new investment

OVERLAND PARK, Kan. – WellSky and TPG Capital have entered into a definitive agreement to add Leonard Green & Partners, a private equity firm, as a new capital partner. As part of the agreement, TPG will also make a new equity investment in WellSky. The agreement will allow WellSky to expand the depth and breadth of its solutions, strengthen its relationships with its 15,000 payer and provider clients.



Invacare & Alber's SMOOV operator

Invacare and Alber have introduced the SMOOV one, a power-assist solution for manual wheelchair users, in the U.S. market. The SMOOV one is a portable, rear-mounted power add-on. "This solution has represented yet another technological leap forward for Invacare and is a great addition to our portfolio of mobility products," said Joost Beltman, Invacare's vice president of sales and marketing for North America. Features of the SMOOV one include: easily attached and detached from rigid and folding wheelchairs, single-drive wheel coating with a rubber layer and tire treads, 395-degree swivel fork, and downloadable app.

RESMED

CONTINUED FROM PREVIOUS PAGE

"extra" \$125 million in the fourth quarter, Farrell says.

"During the fourth quarter, we produced around 100,000 invasive and non-invasive ventilators, including bi-level positive pressure devices, bringing our cumulative to over \$150,000 vents that we produced since the beginning of the calendar year 2020," he said.

But the same improving conditions that will help CPAP and mask sales rebound in July, August and September will likely cause vent sales to fall, Farrell said.

"We're not going to predict what that will be in the September quarter," he said. "We're working on hospital, state and national bidding processes, but I can tell you that the volume of bidding and the volume of processes is significantly lower in the September quarter for that. It's ironic in some ways, because the populations of people now impacted – Brazil, India, Pakistan, Malaysia, Indonesia – you add up these countries and you start to get billions of people, and I would like to see demand significantly higher, because I think, humanitarian wise, we're going to need more ventilators." **HME**

INOGEN

CONTINUED FROM PREVIOUS PAGE

a specific rental gross margin target, but we have been actively working on improving gross margin in that business."

Due to the decreases in DTC and B2B sales, Inogen has been "more careful" about hiring, says Scott Wilkinson, president and CEO.

"We will continue to hire through the rest of the year; we don't want to go down in headcount on the sales force," he said.

Inogen also cut its marketing spend in the second quarter.

"It is about a 38% decline in marketing spend year-over-year and we saw about a 31% reduction in direct-to-consumer sales," Bauerlein said. "So we were able to get more leverage on our media spend, despite additional leads going to the rental side of the business. That's something we're proud of – we were able to reduce our cost per lead on a year-over-year basis."

While it's creating a difficult environment for DTC and B2B sales in the short term, Inogen believes the pandemic will strengthen the case for POCs in the long term.

"There is even more value in a non-delivery and non-touch model," Wilkinson said. **HME**

INVACARE REPORTS Q2 RESULTS

CONTINUED FROM PREVIOUS PAGE

custom fitting, which reduced sales," he said. "Looking ahead, we see encouraging signs that demand for mobility and seating products is starting to recover as third quarter quote and order rates are improving over second quarter numbers."

For the second quarter ended June 30, 2020, Invacare reported mobility and seating product sales declined 12%.

But power mobility sales specifically, which carry higher margins, declined only 1%. The bulk of the reduction was due to lower sales of manual mobility and seating products.

"When we gave guidance at the end of the first quarter, we had anticipated that margins would decline in Q2," said Kathy Leneghan, senior vice president and CFO. "And what we actually saw in Q2 was a move to higher-value products, higher-end power wheelchairs, higher-end beds, for COVID-19 higher-end respiratory products, as well. So that was a pleasant surprise. As the business continues to rebound in Q3 and Q4, we're anticipating that the product mix will come down slightly."

The declines in mobility and seating more than offset revenue growth in respiratory and bed products, growth driven by increased demand due to the pandemic. The

big question: How long will that increased demand last?

"Predominantly, we're a northern hemisphere company in terms of revenue," Monaghan said. "As we get into the winter months, there is some likelihood that the incident rate continues to be elevated, which we believe would lead us to have elevated demand for oxygen concentrators of all varieties. So there is potential. I obviously can't call where the pandemic is going to go better than other people, but there is a chance that this is going to continue for some time. And for now, we see no abatement in that elevated demand."

Overall, Invacare noted its continued improvements, including its 11th consecutive quarter of year-over-year improvement in adjusted EBITDA and the return to profitability for the North America business unit.

"North America returned to profitability and generated \$4.8 million in operating income in an unprecedentedly tough market," Monaghan said. "The North America segment has been undergoing a multi-year transformation after the impact of competitive bidding and sales restrictions related to the FDA consent decree, which combined to significantly reduce sales and profitability starting nearly a decade ago." **HME**

DMECONNECT

CONTINUED FROM PAGE 1

register with DMEconnected are able to upload their information into a number of portals for order forms, locations and sales reps for an annual fee that's "affordable," Richards says.

Even without a pandemic, DMEconnected serves an important purpose, he says, by putting all of this information in one place at the fingertips of referral sources and their staffs.

"I was a territory manager," Richards said. "I'd leave my information with them and two days later, they'd call saying, 'I don't have the order form; I must have left it somewhere.'"

"Now they can just download it from DMEconnected," he said.

In addition to selling DMEconnected to DME providers, Richards has been busy recruiting referral sources to use the platform at no cost.

"Some larger health systems have some of this built into their EHRs, but they don't have the level of detail," he said.

The biggest benefit of DMEconnect-



DME PROVIDERS, AS WELL AS MANUFACTURERS, THAT REGISTER WITH DMECONNECTED are able to upload their information into a number of portals for order forms, locations and sales reps for an annual fee that's "affordable," Richards says.

ed to both DME providers and referral sources might be the efficiency it injects into the ordering and fulfilling process, Richard says.

"(Ultimately), we're all trying to help patients get their equipment in a timely manner," he said.

"If we can focus on this one particular part of the process and make it more efficient, it will trickle down to other parts of the process," he said. **HME**

PROCHANT EXPANDS INTO RX

CONTINUED FROM PREVIOUS PAGE

blending of the HME, pharmacy and home infusion markets that makes a streamlined software partner more of a priority, Love says.

"HME is no longer just HME," he said. "We're seeing companies with multiple business verticals happening, and that's the client we're really focused on – the enterprise-level client. We want to come in and help them grow their business again and stop retreating."

After a number of years of active cross pollination among software providers for HME, pharmacy and home infusion, Pro-

"We're seeing companies with multiple business verticals happening, and that's the client we're really focused on."

chant has numerous competitors in the pharmacy and home infusion markets.

"But no one else has brought the level of sophistication, the investment in technology and people, and the HITRUST certification," Graham said, which the company expects to complete by the end of this year. **HME**



Prideful donation

Pride Mobility has donated a Jazzy Air 2 Power Wheelchair to Ann-Marie Kelly. Pride Mobility learned of Kelly's need after being contacted by the mother of 11-year-old Brian Lyons, her neighbor. Lyons had noticed that Kelly's power wheelchair was old and no longer reliable, and he decided to start a GoFundMe fundraiser and hold lemonade stands to raise money for a new wheelchair. Lyons helped Pride Mobility present the new power wheelchair to Kelly on July 20. "It makes me feel good to help people," Lyons said. "I saw my neighbor was having trouble with her wheelchair and I knew I wanted to raise money for her."

Motif Medical

Luna

Motif Medical's latest version of its Luna double electric breast pump features a battery that lasts over two hours between charges, providing a new level of portability, while still offering hospital grade suction. Like the original Luna, the new battery-powered version is a closed system and offers comfort at the highest setting for a faster let-down, easy customization options, a built-in LED night light with three different settings, backflow protection and a quiet 45-decibel hum.

WWW.MOTIFMEDICAL.COM

3B Medical

Freedom X

The Freedom X is a prong-free oxygen cannula that is intended to reduce nose irritation for users. Constructed of ultra-soft silicone, the patent-pending cannula positions under the nostrils for contact-free delivery of oxygen. The Freedom X is compatible with all continuous flow stationary concentrators, and is also compatible with 3B Medical's portable oxygen concentrator, the Aer X.

WWW.3BPRODUCTS.COM

Drive DeVilbiss Healthcare

Folding Deep Seat Commode

Featuring a seat depth of 16.5 inches and new color scheme, the white Folding Deep Seat Commode with gray accents comes with a toilet paper holder and a commode liner sample pack. Other features include durable plastic snap-on seat and lid; plastic arms; and bucket with carry handle, cover and splash guard. The commode also folds flat for storage and transportation and has slip-resistant rubber tips for added stability.

WWW.DRIVEMEDICAL.COM

Pride Mobility Products

iRIDE Scooter

The iRIDE combines an aluminum frame, lithium batteries and brushless motors to create an ultra-lightweight design for easy travel. It offers quiet operation and a new electrical system that works with brushless motor technology. The scooter has a height-adjustable, removable seat with a foldable tiller and includes an air-safe lithium-ion battery pack. Other features include a digital LCD display, a manual hand brake, a supplemental foot brake, a twist grip throttle, an easy-to-grip tiller adjustment knob, an on/off switch and five color options.

WWW.PRIDEMOBILITY.COM

SoClean

SoClean Air Purifier

The SoClean Air Purifier eliminates airborne viruses, bacteria and allergens, providing next-generation air purification that surpasses HEPA standards. Lightweight, portable design that goes where you go. Comes with a remote control and up to a 24-hour battery life for untethered use. A perfect companion for road trips or long commutes. Mechanical air filtration ensures you won't be exposed to odors or byproducts. Super-fast, turbulent air flow moves through a three-stage filtration process, efficiently purifying air within an airtight assembly.

WWW.SOCLEAN.COM

GF Health Products

Everest & Jennings Traveler L3 Plus XVI

The new Traveler L3 Plus XVI model provides additional seat heights of 16.3 inches and 17.9 inches, in addition to the standard model 18- and 20-inch seat heights. Standard models include 2-inch rear wheels with non-marking polyurethane tires and 8-inch casters; XVI models include 20-inch rear wheels and 6-inch casters. Hammertone finish and carbon steel frame provide strength and durability. Black nylon upholstery with chart pocket on back. Weighs less than 36 pounds without front rigging.

WWW.GRAHAMFIELD.COM

Merits Health Products

Vision Ultra HD

The Vision Ultra HD's mid-wheel drive design provides maneuverability, while caster arm suspension allows climbing capabilities. Adjustable seat width 20 to 24 inches; seat depth 16 to 20 inches for custom fit. Optimized seating stability with 4-post seat design. Tool-free battery box provides easy maintenance Dual in-line motors for enhanced efficiency, torque, range and performance Maximum speed of 5 mph and per charge range of 8 miles/15 miles. Weight capacity 450 pounds.

WWW.MERITSUSA.COM

Amoena

Leyla Post Surgical Compression Bra

The Leyla compression bra is designed to be used in the operating room immediately after breast surgery. Hygienically prewashed and packaged ready for clinical use, this unique compression bra helps stabilize and immobilize the surgery site, while allowing optimal lymphatic flow, to encourage healing. Leyla helps optimize surgical results after breast reconstruction, breast conserving surgery/lumpectomy, mastectomy, breast reduction, augmentation, or other breast surgeries: As much compression as necessary with as much comfort as possible.

WWW.AMOENA.US/LEYLA

Invacare

Aviva FX Power Wheelchair

The Aviva FX Power Wheelchair has patent-pending Invacare 4Sure Suspension that features articulating front anti-tippers, springs and shock absorbers all working together to help keep all four wheels on the ground, even over curbs and other obstacles. Open stack design allows tires, wheels and hubs, gearboxes and motors to be easily removed. And with all electronics placed at the rear of the unit, wiring and connections are easy to see and access with the rear cover removed.

WWW.INVACARE.COM

MK Battery

AGM Battery for Scooters

MK Battery is pleased to introduce a new aggressively priced sealed AGM battery for scooter applications. The MU-1 SLD M 33 is designed for basic consumer power but is backed by the same no-hassle, 13-month warranty that has differentiated MK products in the marketplace for years. The new battery is widely available in 20 warehouses nationwide for immediate delivery. Contact MK Battery at 800 372-9253 for pricing.

WWW.MKBATTERY.COM

Vantage Mobility International

VMI Honda Odyssey with Northstar Conversion

The VMI Honda Odyssey with Northstar conversion offers exclusive features and personalization options for a stylish and comfortable ride for the whole family. VMI's newest accessible vehicle features a side-entry, 30-inch wide in-floor power ramp, Access360 interior space for easier wheelchair maneuverability with 59 inches of headroom, spacious seating for six, and interchangeable front seats so wheelchair users can drive or ride comfortably as a front passenger. Odyssey also has rear A/C and heating as a standard feature.

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The era of value-based care is just around the corner. Advanced practice respiratory care providers are sure to feel its impact. Patient-Centered Respiratory Home is The Compliance Team's industry leading operations-based accreditation that incorporates our Medicare-approved Exemplary Provider Award protocols with service specific measures that guide advanced respiratory care organizations to consistently demonstrate performance at the top of their license.

WWW.THECOMPLIANCETEAM.ORG

Sunrise Medical

Quickie Q500 H

The Quickie Q500 H is a hybrid drive power wheelchair. Bringing a "hybrid" blend of rear- and mid-wheel technology, the Q500 H delivers impressive outdoor performance coupled with greater indoor maneuverability. With the drive wheel closer to the mid-position, the Q500 H hybrid has improved traction and a smaller turning radius over a traditional rear-wheel drive and improved outdoor driving over a mid-wheel drive. Low seat-to-floor-height of 16.5 inches provides great access to a desk, kitchen table and also enables easier transferring. Available in Group 3 standard and heavy duty (up to 350 pounds).

WWW.SUNRISEMEDICAL.COM

OPTION CARE WEATHERS QUARTER

CONTINUED FROM PAGE 14

last August between Option Care and BioScrip, comparisons to historical periods are for Option Care only and incorporate BioScrip results from Aug. 6, 2019.) It reported a net loss of \$7.7 million vs. \$13.6 million.

When the scope of the pandemic became clear in the first quarter, Option Care quickly established a command center to manage employee safety and continuity of patient care – a proactive approach that ensured it had enough personal protective equipment and infusion drugs, says Rademacher.

"Our dependability during this turbulent period has only strengthened our relationship with payers and providers," he said.

OTHER HIGHLIGHTS FROM THE CALL:

✓The integration of Option Care and BioScrip is winding down, says Rademacher.

acher. "Sitting here today, one year from the merger, we have achieved our goal of at least \$60 million in synergies," he said. "We will continue to drive cost savings and, given recent learnings from COVID-19, we will examine our business model for additional sources of synergy."

✓Option Care will continue to seek out relationships with payers, including a new multi-year agreement with Humana, says Rademacher.

✓The company also plans to return approximately \$11.7 million in grants received as part of the CARES Act, which will be reflected in the third quarter, says CFO Mike Shapiro. "We appreciate the response of the federal government; however, we have determined that the money is best utilized for other purposes," he said. **HME**

VIEMED PIVOTS FOR PANDEMIC

CONTINUED FROM PAGE 14

shifted its employee training to a virtual program; sourced enough PPE to protect employees and offer some to referral partners; launched viemeddelivered.com to facilitate the sales of PPE, thermometers and sanitizers; and inked a one-year contract for COVID tracing that it anticipates will provide seven-figure monthly revenues.

As one of the country's largest providers of ventilators, Viemed also rolled out a vent rental program to rural hospitals, says Hoyt.

"With many hospitals around the country faced with stocking up on vents strictly for the pandemic, this program allows them to have an affordable and lean solution for their immediate inventory needs," he said. "These pivots inside of

"These pivots inside of our core business allowed us to be in position to further solve problems outside of our normal course of business during the pandemic."

our core business allowed us to be in position to further solve problems outside of our normal course of business during the pandemic."

Still, the majority of Viemed's COVID-related revenue came from the sale of respiratory equipment to hospitals and states, Hoyt said, so the company also worked to tighten up its processes to cut costs and preserve inventory.

"We retrieved non-compliant vents more aggressively, as we were seeing the need for equipment at such a high level," he said. **HME**

Giving Greetings Publishing – Say it with Symbols

Health Care Communication Aids

Communication boards help patients with speech difficulties due to stroke, cancer, ALS or intubation express their needs, feelings and more. SayitwithSymbols.com offers low tech/no tech picture communication boards and devices specifically designed to give patients a say in their care. A complementary product for customers who use respiratory products, complex rehab equipment or those with IDD. Now available for resale with drop ship options. Contact Randi Sargent at 1-866-544-9540, email info@givinggreetings.com for free samples. WWW.SAYITWITHSYMBOLS.COM

AUDITS

CONTINUED FROM PAGE 1

the last thing on the minds of providers, especially in areas hit hard (by COVID-19), where the focus is on getting patients what they need,” said Kelly Grahovac, general manager for the van Halem Group. “(The contractors) are going to ease into this.”

That focus on getting patients what they need is a big reason for another new detail: CMS will focus on post-payment audits and not pre-pay audits and, therefore, TPE audits will not be restarted at this time. Will that mean, however, that more providers will be impacted by audits?

“With the targeted nature of TPEs, fewer suppliers were impacted directly; with post-pay audits, depending on the volume and scope, more suppliers could be impacted,” Stark said.

Another new detail that raises questions: CMS won’t focus on claims started during the PHE essentially narrowing audits to January and February, but for how long?

“That would surprise me, if they maintain that position for a long time,” Stark said. “There are data anomalies unique to the pandemic, and they’re going to have to look at those claims. It’s definitely going to be a new level of auditing due to the nuances of how they determine baseline medical necessity (with relaxed regulations), but they’re going to have to come up with an approach that protects the Medicare Trust Fund by weeding out the bad actors without derailing the suppliers acting in good faith.”

Stakeholders weren’t necessarily surprised by CMS’s decision to restart audits, an announcement that was tucked into a recent update of the COVID-19 Provider Burden Relief FAQ. The agency is paying contractors to perform these activities.

“They can’t do nothing forever,” said Kim Brummett, vice president of regulatory affairs for AAHomecare. HME

PRESSURE

CONTINUED FROM PAGE 3

they have the authority; they could have delayed this,” said John Gallagher, vice president of government relations for the VGM Group. “If I’m a member of Congress, this forces my hand.”

If there’s something better than a best-case scenario, it’s CMS announcing it will pause the program as part of its, at press time, still-yet-to-be-published proposed 2021 payment rule for DMEPOS.

“If I’m looking at this glass half full: We don’t have a proposed rule yet, because they’re in the midst of that decision-making process,” Bachenheimer said. “So the timing of the pressure (from the letter) and the rule not being out yet could not be more perfect.” HME

PediFix Footcare Company

SoreSpot Silicone Tape

Footcare sells! PediFix guarantees it. Modernize your assortment. Boost doctor referrals, help your customers end foot pain, live comfortably and stay active with PediFix medical footcare products. Unique, professional-quality line distinguishes you from chain stores. Proven relief for bunions, crooked toes, heel pain and other stubborn foot problems. Nationwide physician and consumer promotion, in-store marketing support, staff educational materials and expert customer service. Also, a timeless guarantee: PediFix sells, or we buy them back. Join thousands of delighted retailers!

WWW.PEDIFIX.COM

VENTS

CONTINUED FROM PAGE 1

AAHomecare. “They didn’t present a clear and concise opinion on how to move forward.”

Once CMS reviews MEDCAC’s recommendations, it can: do nothing and stick with the current NCD for ventilators; issue a proposed new NCD, which could include other devices, and take public comments; or seek public comments and then issue a proposed new NCD.

The committee did agree there is a need for COPD patients to access the respiratory devices that are best suited for their condition. The problem is how to define which patients will benefit from home mechanical ventilation and other respiratory devices, including CPAP and RAD, say stakeholders.

“It’s always been a clinical judgment,” said Cara Bachenheimer, head of the government affairs practice at Brown & Fortunato. “There are not necessarily clear demarcations where they benefit from one device vs. another. They basically need more data before they can move forward.”

The current NCD has been a sticking point for stakeholders for years.

A few years ago, several respiratory groups, including the American Association of Respiratory Care, asked the agency to reconsider the NCD. Most recently in March, the Council for Quality Respiratory Care backed a report from the Agency for Healthcare Research and Quality that found patients with COPD who used BiPAP devices experienced lower mortality, intubations and hospital admissions compared to COPD patients who did not use a device, while patients who used a home mechanical ventilation device experienced fewer hospital admissions overall.

“At the end of the day, I think most members of the MEDCAC agreed the policies that do exist are archaic,” Brummett said. HME

MARKET SHIFTS

CONTINUED FROM PAGE 10

small providers have responded to the pandemic and says he’s feeling “bullish” on the future – but with retail, you never know, he says.

“We don’t know what the next few months will bring,” he said. “We could see pent-up demand that will rock us in a different way.” HME

Cure Medical

Cure Ultra Coude for Men

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Nidek Medical Products

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The Nano Portable Oxygen Concentrator is a compact, lightweight pulse-dose device that packs a big punch. The reliability, performance, size, ease of maintenance and modern design make it an ideal portable concentrator for patients.

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ACCESSORIES NEED FOLLOW UP

CONTINUED FROM PAGE 1

months starting Jan. 1, 2020.

Stakeholders and their champions in Congress – who also include Sens. Rob Portman, R-Ohio, and Bob Casey, D-Pa. – pushed for the delay to “give CMS enough time to evaluate the change,” Clayback said.

“(Now we need) to make the request to CMS officially,” he said.

While the suspension of bid pricing technically went into effect Jan. 1, CMS was only able to update its systems for July 1.

“For any claims submitted for (accessories for complex rehab manual wheelchairs), you should be using the KU modifier, regardless of where the beneficiary resides,” said Dan Fedor, director of reimbursement and education for U.S. Rehab, a division of VGM, during the webcast.

For previous claims submitted with dates of service of Jan. 1 to June 30, providers can submit for retroactive payment adjustments through a resubmission process using a Reopening Request Form, he said.

Stakeholders have been trying to stop CMS from applying bid pricing for accessories for years. In 2015, industry champions were able to stave off bid pricing for accessories for complex rehab power wheelchairs for a year. In 2016, they were able to do it again for another six months. CMS then decided not to apply bid pricing for accessories for complex rehab power wheelchairs, starting July 1, 2017.

Bid pricing for complex rehab manual wheelchairs, however, has been in place since Jan. 1, 2016. HME

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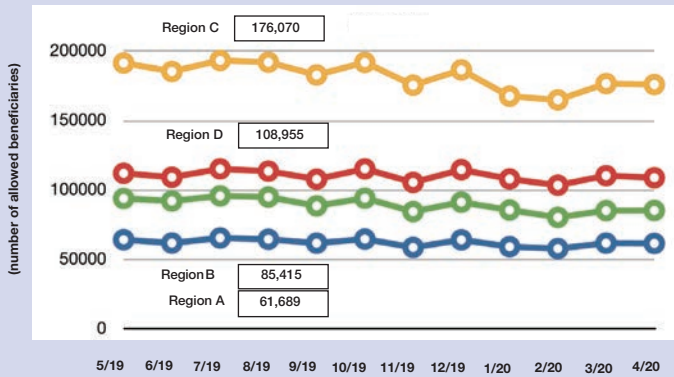
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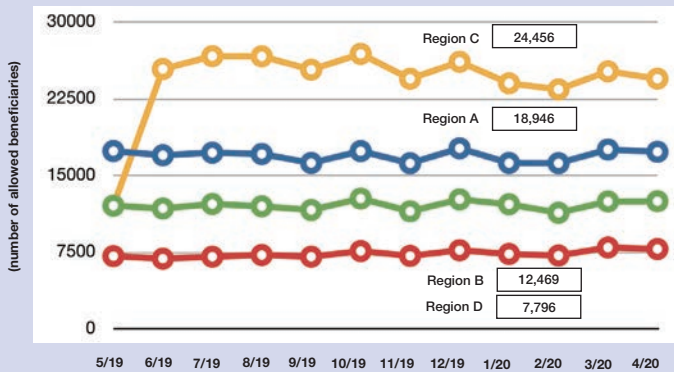
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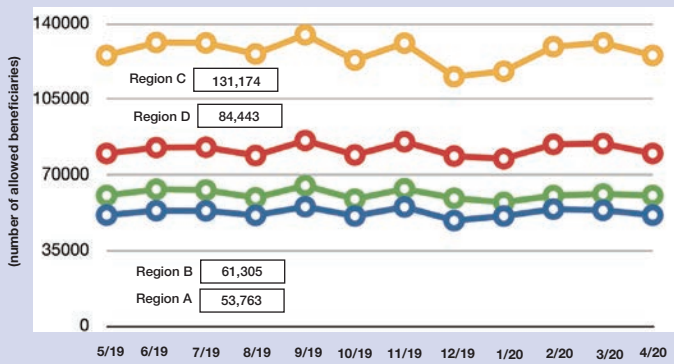
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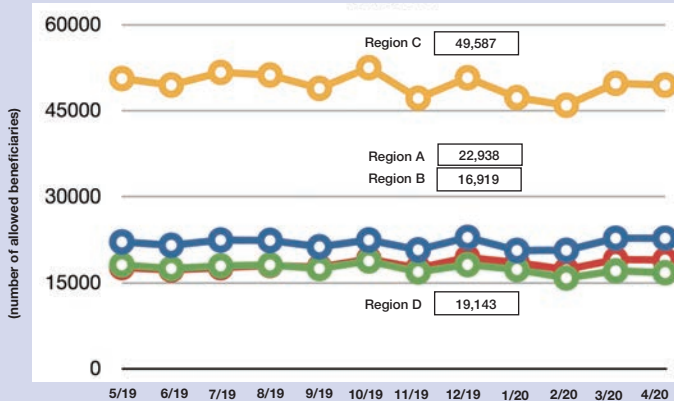
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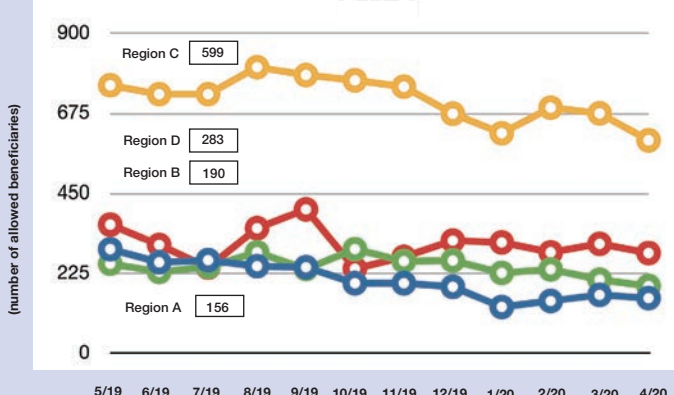
E0601: CPAP



K0001: STANDARD WHEELCHAIR



K0823: POWER WHEELCHAIR**



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

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

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



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HME NEWS POLL

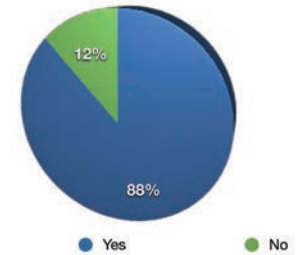
What is the pandemic like in your area and how is it affecting your business?

"We are seeing a major increase in oxygen referrals. More than 50% of our setups in June and July were COVID patients. Seven days into August, the same is holding true."
—Anonymous

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

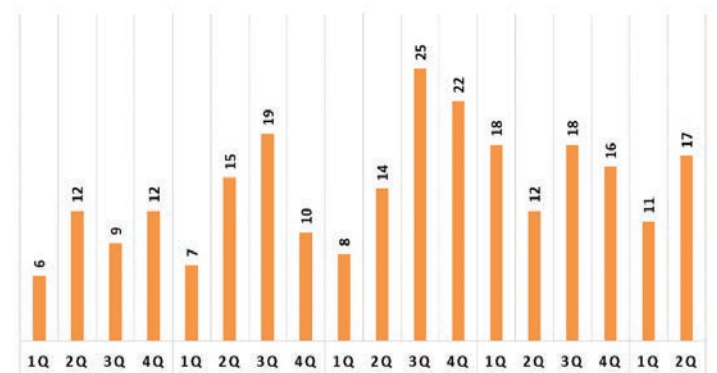
—Chris Rice

Do you think the pandemic will get worse as we head into fall/winter?



Newspoll based on 26 respondents.

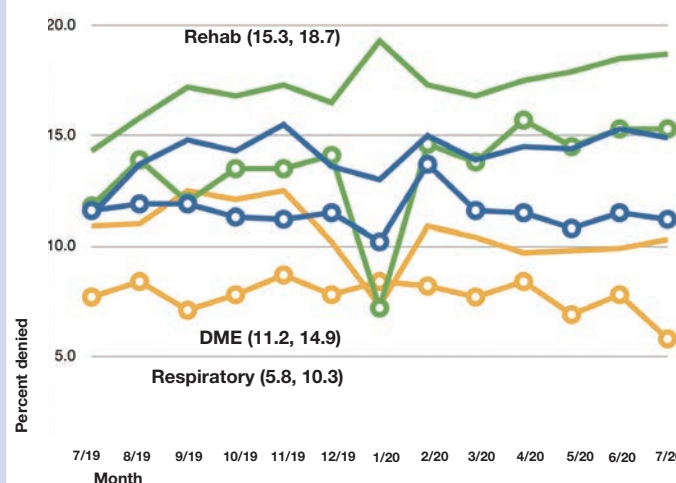
The Braff Group M&A Insider



This month, we examine the impact COVID-19 has had on deal activity in home medical equipment. Several months ago, in a report issued by The Braff Group entitled "Health Care M&A in the Time of COVID-19: Sectors that Will Fare Better than Others," we indicated that unlike other sectors across the broad market, the home medical equipment sector could very well dodge the plunge in M&A activity brought about by the pandemic. Commenting on the up and down nature of buyers' interest in the space over past decade or so, we predicted, in part, that "amidst the uncertainty of coronavirus, with (a) sustained and perhaps increasing demand (particularly for higher margin respiratory equipment), and (b) largely long-term rental and repeat sale revenue streams, love is back in the air for HME." Although still a bit early to draw conclusions, with deal volume rising in Q2 2020 vs. Q1, it appears that the buyers may very well be beating a path back to HME's doors.

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

The eSolutions Denial Tracker



The eSolutions Denial Tracker is an index of the percentage of Medicare and commercial claims rejected on a monthly basis. The most recent month's data represents an analysis of approximately 1,397,856 Medicare claims and 6,202,178 commercial claims adjudicated between July 1, 2020, and June 30, 2020. The index is a categorized and weighted analysis of claims filed by eSolutions customers.



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