



■ Even in complex cases, there's a benefit to using telehealth, says Mark Schmeler. **See page 10.**



■ **Product Spotlight:** Check out the latest in complex rehab products like the Quickie Q300 M Mini from Sunrise Medical. **See page 14.**



■ Have you or any of your staff received the COVID-19 vaccine? **See results on page 19.**

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THE BUSINESS NEWSPAPER FOR HOME MEDICAL EQUIPMENT PROVIDERS

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■ One of the adaptations to the way business was conducted pre-COVID was the notion that most HME employees did not work from home. Today, it is common, writes Miriam Lieber. **PAGE 6**

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MEDICARE MESS

Pandemic exacerbates problems created by competitive bidding

BY THERESA FLAHERTY, Managing Editor

CMS'S COMPETITIVE bidding program set the stage for a number of the difficulties that the HME industry is seeing as it tries to meet increased demand for oxygen therapy for COVID-19 patients, say the leaders of Apria Healthcare and Lin-care and the Council of Quality Respiratory Care.



Dan Starck

age has already been done, they say.

The agency may have dropped oxygen from Round 2021, its latest round of bidding, but 10 years since the program's kick-off and the dam-

"If people think it's bad now, I can't imagine how bad it would be had we further reduced capacity in the industry (through Round 2021)," said Dan Starck, Apria CEO and former CQRC chairman. "It's not just the smaller providers. We're moving equipment around the country every day."

Throughout the pandemic, which is fast approaching the

PANDEMIC PROBLEMS SEE PAGE 18

Industry digs into Round 2021 data

BY LIZ BEAULIEU, Editor

WASHINGTON - Industry stakeholders are still trying to figure out what's behind the sometimes drastic variance in payment amounts in the Round 2021 data that CMS furnished late on Jan. 15.

For example, the amount for an oxygen concentrator was \$72.36 in Akron, Ohio, but \$189 in Chicago. The amount for CPAP

devices was \$38 in Oxnard, Calif., but \$110.80 in Las Vegas.

"It's difficult to say at this point whether the bid program is viable moving forward," said Cara Bachenheimer, head of the



Bachenheimer

government affairs practice and a shareholder at Brown & Fortunato. "With more data and more analysis, we hope to understand more completely what happened."

The agency announced in October that it wouldn't be moving forward with Round 2021 for 13 product categories because the program didn't achieve savings for

ROUND 2021 DATA SEE PAGE 18



Proactive is best

The VGM Group hosted a socially distanced and masked-up meeting with newly elected member of Congress, Ashley Hinson, at its corporate headquarters on Jan. 25. Rep. Hinson, R-Iowa (center), met with VGM senior leadership, as well as John Gallagher (left) and Emily Harkin (right). "Building these relationships with members of Congress must be done proactively instead of reactively," VGM says.

Studies promote telehealth

BY LIZ BEAULIEU, Editor



Brad Dicianno

PITTSBURGH - Two recent studies help to back up claims that using telehealth to provide complex rehab technology is equally as effective and, in many cases, patient preferred.

The first study, published in the International Journal of Rehabilitation, found that pre- and post-scores on the Functional Mobility Assessment questionnaire were similar for two groups receiving complex rehab wheelchairs: veterans with disabilities who were assessed by therapists using telehealth in the home; and a matched sample of non-vets who were assessed through traditional in-person methods. For a

STUDIES PROMOTE TELEHEALTH SEE PAGE 17

'We don't need them' ResMed says about POCs

LIZ BEAULIEU, Editor

SAN DIEGO - ResMed incurred a \$13.9 million restructuring expense in the second quarter of its fiscal year 2021 as a result of closing its portable oxygen concentrator business.

The company stopped selling its Mobi POCs in November.

"Going forward, the cessation of the POC business will have an immaterial impact on both group

revenue and earnings per share," said Brett Sandercock, CFO, during a conference call on Jan. 28 to discuss ResMed's financial results for the second quarter of its fiscal year 2021. "We did not expect to incur additional expenses in connection with this activity in the future, and we have adjusted for this one-time expense within our non-GAAP results for the quarter."

RESMED SEE PAGE 17

Hey... Where's my pump?!

How many times have you heard from a patient, or employee, “Hey...Where’s my pump?” Do you know how many pumps you own? Do you know where they all are? How many pumps did you lose last year? Do you monitor utilization?

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■ VGM's Mark Higley offers analysis of Round 2021 bid data. See story page 1.

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BRIEFS

Biden appoints acting CMS administrator, HHS secretary

WASHINGTON - Liz Richter has been named acting administrator of CMS and Norris Cochran has been named acting secretary of the Department of Health and Human Services. Richter is an agency veteran who has worked at CMS since 1990, most recently as deputy center director for the Center for Medicare. She began in the Bureau of Policy Development working on inpatient hospital payment policy. She subsequently worked on a variety of Medicare payment issues. She has also served as director of the Hospital and Ambulatory Policy Group in the Center for Medicare Management. Cochran previously served as deputy assistant secretary of budget for HHS. President Joe Biden has nominated California Attorney General Xavier Becerra to serve as his HHS secretary but there has been no confirmation hearing scheduled yet.

Medicare Advantage group releases TV spot

WASHINGTON - The Better Medicare Alliance, a research and advocacy organization supporting Medicare Advantage, is airing a new television ad on broadcast networks in Washington, D.C., and cable news channels nationwide. The 60-second spot highlights MA's preparedness in the face of health care challenges. "The COVID-19 pandemic has shown just how responsive and nimble Medicare Advantage is and how important it is to the health and wellbeing of beneficiaries," said Allyson Schwartz, president and CEO of BMA. "We've seen health plans waive costs, lead a rapid transition to telehealth, and leverage supplemental benefits that help keep seniors safe in their homes." The ad also cites data showing a 98% consumer satisfaction rating. BMS is a grassroots community of more than 500,000 beneficiaries and 156 ally organizations looking to improve health care through strong Medicare Advantage programs.

CMS calls suppliers to make sure they're open

WASHINGTON - CMS is having a subcontractor of the National Supplier Clearinghouse call supplier locations to make sure they're open and available for inspection, according to AAHomecare. Early in the COVID-19 public health emergency, CMS waived the requirement that suppliers be open at a physical location a minimum of 30 hours per week (supplier standard No. 7). The waiver was lifted in July and CMS announced it would move forward with physical inspections. The agency assured that inspectors would follow state and local guidelines. The subcontractor, Overland Solutions, has been instructed to call suppliers and ask them questions about their current company address and if they're operating from their physical location or from home, according to AAHomecare.

Stakeholders, in wait mode, keep eye on DC

'We suspect the final rule needs to be reviewed. The concern is it may take some time'

BY THERESA FLAHERTY, Managing Editor

WASHINGTON - With a new administration, a new Congress and new leadership at CMS and HHS still taking shape, there won't be a lot of action on HME priorities for the next few months, AAHomecare officials said in February.

Among those priorities is a final rule expected to include a host of DME-related provisions.



Tom Ryan



Jay Witter

"The new administration is reviewing all regulations and still getting staff on board," said Jay Witter, senior vice president of public policy for AAHomecare. "We suspect that the rule needs to be reviewed. The concern is it may take some time."

Among the DME-related

provisions expected to be in the final rule are methodologies for adjusting the fee schedule payment amounts for DMEPOS items furnished in former bid areas.

In comments that AAHomecare submitted to the proposed rule, the association made the case for a 90/10 blended reimbursement rate in former bid areas, to go along with the 50/50 rates in rural areas, which are permanent, and the 75/25 blended rates in non-rural, non-bid areas, which are good through the public health emergency.

EYES ON DC SEE PAGE 5

Providers scramble to keep up

BY THERESA FLAHERTY, Managing Editor

EIGHTY-SIX PERCENT of respondents to a recent HME Newspoll say they're running low on oxygen concentrators, and 88% say they're having difficulty obtaining more.

"Hospitals are full and discharging (COVID-19) patients to complete their recovery with home oxygen therapy," wrote one respondent. "We are struggling to keep up with the supply and demand due to long delays in shipping of ordered products."

The majority of respondents (39%) report delays of six to 10 weeks, with others reporting delays of more than 10 weeks (32%) and up to six weeks (30%).

"Every manufacturer is 10 to 12 weeks," wrote David Howells of Grand View Medical Company in Pennsylvania. "We have not run out but are close and had to obtain M and H cylinders

as back up."

Respondents report the shortage has also driven up their costs.

"We are just getting surges now of COVID, but throughout the entire pandemic, it has taken months to get machines," wrote Jenn Morrisroe of Dillon Medical Supply in Montana. "Not to mention they are costing more and some companies are putting surcharges on them for delivery."

With critical equipment in such short supply, respondents find themselves making the difficult choice of declining some business.

"We are only using our inventory for our HMO contract patients," wrote one poll respondent. "We often turn down other insurance patients."

To compensate for the shortage, respondents are placing larger orders than they normally would, but they worry about the impact of that

SCRAMBLE SEE PAGE 5

CALIFORNIA

Medi-Cal to temporarily boost O2 reimbursement

New reimbursement will be retroactive to March 2020

BY THERESA FLAHERTY, Managing Editor

SACRAMENTO, Calif. - California's Department of Health Care Services has reversed plans to reduce reimbursement for oxygen concentrators 40% and

will instead increase rates until the end of the public health emergency.

DHCS has submitted a waiver to CMS to increase the reimbursement rate for respiratory equipment from 80% to 100% of Medicare rural rates and eliminate a 10% clawback. Those rates will be retroactive to

March 2020, the start of the PHE.

"California has seen a surge in COVID-19 cases, with hospitals trying to get patients out of the hospital," said Bob Achermann, executive director of CAMPS, which reached out to state officials in a Jan. 29 call. "We reached out again to tell them

MEDI-CAL SEE PAGE 4

'Take the patient'

'I think they're in shock, and so they reach out and ask, are you sure it's OK?'

BY LIZ BEAULIEU, Editor

WATERLOO, Iowa - For HME providers, the need for information on waivers related to the public health emergency has ebbed and flowed with surges in COVID-19 cases, says Ronda Buhrmester of VGM Government Relations.

"Back in the spring, the hot-pots were big cities and they were the ones dealing with the impact of the pandemic, while other areas were not,"



R. Buhrmester

said Buhrmester, senior director of payer relations. "Now providers in those other areas are wondering what they can and can't do, because it's also impacting them."

The result, Buhrmester says, has been a steady stream of questions around Medicare's decision to cover respiratory related devices for any medical reason determined by clinicians during the PHE.

HME NEWS: So as long as we're in a PHE, the current NCDs and LCDs that restrict coverage for these devices only to patients with certain clinical characteristics don't apply, right?

Ronda Buhrmester: Yes, I keep saying, "It's OK to take the patient." What I'm seeing is suppliers trying to do the right thing. They want to meet the policy requirements. They want to make sure they're getting the CMN and getting everything signed by the patient. I think they're in shock, and so they reach out and ask, "Are you sure it's OK to take the patient?" It's OK to take the patient.

HME: What are you telling providers that helps put them at ease about taking on patients without, say, a signature or proof of delivery?

Buhrmester: I tell them to set those patients up but that they'll want to track them separately. Because you don't

BUHRMESTER SEE PAGE 5

CERT

Increase in errors due to insufficient documentation

Error rates vary by category, with diabetic shoes (68.2%), lower limb orthoses (65.7%) and upper limb orthoses (42.3%) having the highest rates

WASHINGTON - The CERT error rate for DMEPOS is 31.8% for 2020, an increase of 0.8% compared to 2019, according to a recent report from Medicare.

Insufficient documentation is at the root of about 65% of errors, according to the "2020 Medicare Fee-For-Service Supplemental Improper Payment Data," which reviewed claims from June 2018-June 2019.

Medical necessity represented a small percentage of errors. Other types of errors include: no documentation, incorrect coding, and other unspecified errors.

Error rates vary by category, with dia-

betic shoes (68.2%), lower limb orthoses (65.7%) and upper limb orthoses (42.3%) having the highest rates.

Similar to previous years, power mobility devices have the lowest error rate, dropping to 4% from 7% in the 2020 report. The low error rate is attributed to prior authorizations.

In January, the Office of Inspector General released a report that said CMS and its contractors did not use CERT data to identify providers with higher error rates. The agency recommended CMS review the list of 100 error-prone providers identified and take action, such as prior authorization, prepayment reviews and post-payment reviews, and use annual CERT data to identify individual providers that have an increased risk of receiving improper payments and apply additional program integrity tools to these providers.

CMS disagreed. **HME**

BRIEFS

Minnesota: Budget includes DME cuts, but lacks support

MINNEAPOLIS - Minnesota Gov. Tim Walz's 2022-23 budget recommendations include cuts to DME, according to a bulletin from MAMES. Specifically, the budget proposes changing the Medical Assistance reimbursement formula for durable medical equipment that is also covered by Medicare but is not currently subject to the upper payment limit to the equivalent of the Medicare rate. The state's Department of Human Services estimates the change would result in savings of 4.3%. The budget also proposes simplifying the reimbursement formula for products that don't have a reimbursement rate by basing it on provider costs rather than billed charges. Additionally, the budget proposes amending state statute to clarify the agency's current approach to applying the existing hierarchy for setting payment rates for DME items and services, and making clear exactly what payment methodology applies to which items or supplies. There is currently not support in the state Senate to move forward with the budget. MAMES will continue to work with key legislators to educate them on its impact on the ability of providers to serve Medicaid beneficiaries.

MEDI-CAL TO BOOST REIMBURSEMENT

CONTINUED FROM PAGE 3

this is not the time to do (a cut). Patients are paying a hefty price."

In December, the department, which oversees Medi-Cal, issued a bulletin stating it needed to implement a "rate correction" for oxygen systems (E0424, E0439, E1390 and E1391), cutting the reimbursement from \$144.47 to \$107.77, retroactively to Jan. 1, 2019.

Medi-Cal rates were already low at 80% of the Medicare fee schedule - part of the state's efforts to comply with the 21st Century Cures

Act.

"They've had a hard time keeping up with Medicare changes and are a year to a year-and-a-half behind," said Achermann. "It's an ongoing problem. We've been urging them since June 2020 to eliminate the 10% on respiratory equipment."

Achermann hailed the move as a "breakthrough," but says ultimately, providers need a permanent fix.

"This is a lifeline to the provider community," he said. **HME**

HME News

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EYES ON DC

CONTINUED FROM PAGE 3

"The rule maintains the 50/50 rates for rural areas, and we want to preserve that," said Tom Ryan, president and CEO of AAHomecare. "We still have to come up with an industry consensus on where the No. 1 priority would be."

One priority that is in play right now: getting Congress to extend the moratorium on 2% Medicare sequester cuts until the end of the PHE. The moratorium is set to expire April 21, but the new administration has indicated the PHE could continue through the end of 2021 and has promised to provide 60-day notice.

"That 2% makes a significant difference" says Ryan. "It's quite expensive (to provide services in the pandemic). And the 60-day notice is better than the last administration rolling the dice."

With new members of Congress still settling into Washington, D.C., and sorting out committee assignments, stakeholders say they are focused on relationship building.

"Some of our champions are in key committee leadership roles," says Witter. "We are just maintaining those and reaching out to new members of Congress now that things have settled down." **HME**

BUHRMESTER

CONTINUED FROM PAGE 3

know how long they're going to need the equipment – is it shorter term or longer term – and you don't know what's going to happen later on. What happens post-PHE? Will those patients need to be requalified or will they be grandfathered?

HME: It's a lot to keep track of, even when they're not in the middle of a pandemic.

Buhrmester: Suppliers are so busy right now – I really feel for them. They have so much being thrown at them right now, whether it's the loans, the stimulus package, the bid program, the lack of equipment. Then there are the issues with their own employees and having to deal with a virtual workforce. They're telling me, "We can't keep up; we don't know if a rule has changed or not," and finding the answers is never easy. They need the education and reassurance. **HME**

SCRAMBLE

CONTINUED FROM PAGE 3

long term.

"Once the pandemic is over, this is going to create huge surplus and storage problems for us," wrote Erik Sorensen of Ridgeway Home Medical Equipment in Minnesota. "Much like toilet paper, providers are being forced to stockpile concentrators because of the inadequate supply." **HME**

AAHomecare promotes three staff members

WASHINGTON - AAHomecare has promoted David Chandler to senior director of payer relations. Since joining the association in 2019, Chandler has expanded the reach of its payer relations team and been involved in building

relationships with commercial and private payers. The association has also promoted Ashley Plauche to director of member and public relations to promote membership efforts. Plauche has been with AAHomecare since 2015. Additionally, the associa-

tion has promoted Mina Uehara to director of regulatory affairs. Uehara, who has been with the association since 2014, developed a bid calculator that was widely used by the HME community to help HME suppliers in Round 2021. **HME**



Ashley Plauche



D. Chandler



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Just a start

IN THE past few months:

A global pandemic has severely stressed the supply of oxygen concentrators, revealing cracks in an HME industry that has been slowly chipped away at by Medicare's competitive bidding program for 10 years.

CMS has decided not to move forward with the majority of Round 2021 of that program, because the agency didn't "achieve expected savings," and therefore – wait for it – the current reduced rates continue to apply.

The government failed to uncover until recently a Medicare fraud scheme that involved a provider listing his yacht captain as a director for a shell company he created to submit false claims.

Sorry, we just can't enough miles out of that last one.

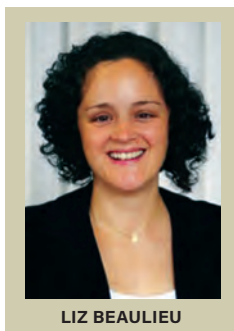
There's rarely a scarcity of news in the HME industry (something that really wows people outside of the industry), but the past several months have had a certain punch to them, haven't they?

I was reminded of just how much is going on in the HME industry during a recent conversation with Ronda Buhrmester, senior director of payer relations for VGM Government Relations.

"Suppliers are so busy right now – I really feel for them," she said, while talking about how providers are trying to keep up with what's allowed during the public health emergency, like coverage for any respiratory related devices for any medical reason determined by clinicians.

"They have so much being thrown at them right now, whether it's the (PPP) loans, the stimulus package, the bid program, the lack of equipment," she said. "Then there are the issues with their own employees and having to deal with a virtual workforce. They're telling me, 'We can't keep up; we don't know if a rule has changed or not,' and finding the answers is never easy."

This is the day-to-day for providers – big



LIZ BEAULIEU

and small. Of the difficulties of meeting increased demand for oxygen concentrators, Dan Starck, CEO of Apria Healthcare, said: "It's not just the smaller providers. We're moving equipment around the country every day."

There's been a lot of talk about how the pandemic has shown the larger health care industry and beyond just how critical it is to have a healthy HME industry, especially as it relates to ensuring access to ventilators, oxygen concentrators and other respiratory related devices.

And 100% agree.

But I also think there should be talk about what goes into making that HME industry healthy – because it's not the status quo.

Provider Regina Gillispie, in a recent Q&A with Medtrade Monday, said that during a recent fundraiser she told Sen. Shelley Capito, R-West Va., "My drivers and my respiratory therapists are in these homes and we need the affordable PPE just

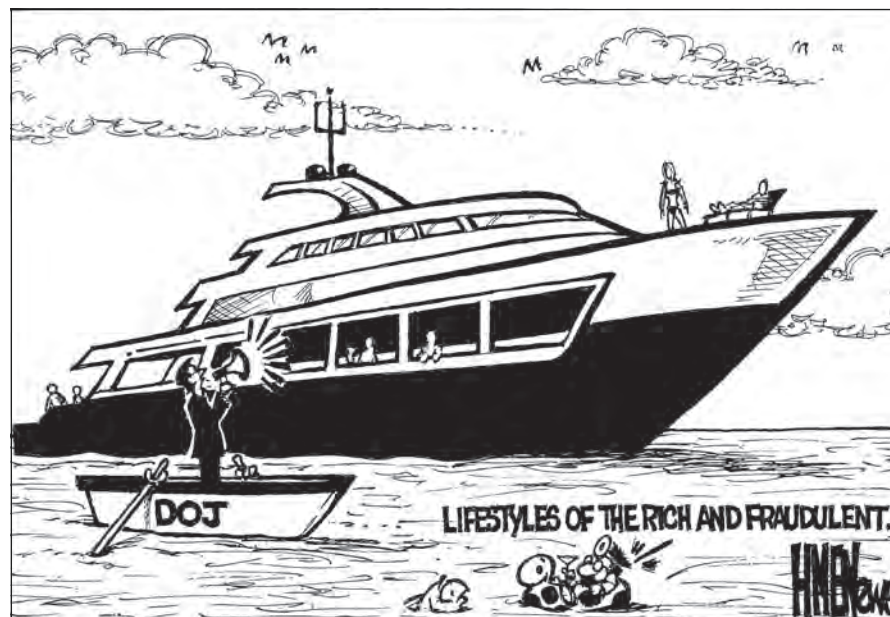
like the hospitals do." Capito mentioned in her speech during the fundraiser the importance of providers being able to deliver in the home and how important they are in freeing up hospital beds.

Stakeholders like Gillispie have to master a political dance that wouldn't allow them to say this, but I'll say it: You know what allows providers to be in homes, making deliveries and keeping people out of hospitals, safely during a pandemic? PPE, which we know they're having trouble affording, best case scenario, and sourcing at all, worst case scenario.

You can't agree that the HME industry is important without also supporting policies and reimbursement that make it solvent.

That's why I like recent efforts by stakeholders like AAHomecare and VGM to collect information about supplier costs, and why I like efforts by the Council for Quality Respiratory Care to make permanent certain waivers and other changes that have been allowed during the PHE.

In my mind, everything's on the table now, and that's just a start. **HME**



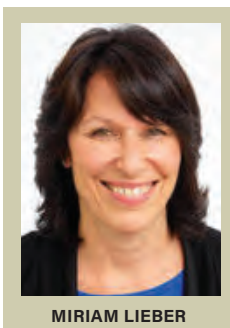
A LOOK AHEAD AND A LOOK BACK

With resilience, business has continued

BY MIRIAM LIEBER

LOOKING BACK at 2020, one of the additions I have made to my repertoire during the pandemic is to listen to more podcasts while walking, cooking, etc. Recently, I listened to a podcast on LinkedIn with the prolific author, Adam Grant. He spoke about some of his takeaways from 2020. He mentioned using the experience of last year to "go back and interview teams for re-entry. What have we done that's worked? What is the most surprising lesson you've learned by working from home? What would you like to reinvent based on these lessons?" Poignant and insightful, I believe we should all take his lead and do the same. This inspired me to take stock of 2020, and review what worked and what needs modification.

One of the adaptations to the way business was conducted pre-COVID was the notion that most HME employees did not work from home. Today, it is common to talk to HME staff from their home offices, while their dog barks and their kids pop "in" to say hi and share their lap. Granted, many employees are in the office, making deliveries to patients' homes and working in the warehouse, etc. However, others are pounding away at their keyboards from their bedroom, living room or basement office space. A



MIRIAM LIEBER

quick rebound on switching staff from their desktops at work to their dual screens/laptops at home with Internet was no small feat for most HME companies. Yet, it is now common to find staff group chatting on Slack and onscreen Zoom/Teams meetings. With resounding resilience, business has continued and often flourished, making it look seamless to the patient community. One company I spoke with said they have improved productivity by more than 5% to 10% during the pandemic.

With that in mind, I started to rethink the way I conduct business. From non-stop travel – planes, hotels, rental car booths and more – I found myself like a fish out of water in March. When I called a client with whom I was scheduled for an onsite visit in April to tell

RESILIENCY SEE NEXT PAGE

HMENews
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PRESIDENT AND PUBLISHER

Sarah Flanagan

sflanagan@hmenews.com

EDITOR

Liz Beaulieu

ebeaulieu@hmenews.com

MANAGING EDITOR

Theresa Flaherty

tflaherty@hmenews.com

CONTRIBUTING EDITOR

John Andrews

EDITORIAL & ADVERTISING OFFICE

106 Lafayette Street

PO Box 995

Yarmouth, ME 04096

207-846-0600; (fax) 207-846-0657

ADVERTISING ACCOUNT MANAGER

Jo-Ellen Reed

jreed@hmenews.com

ADVERTISING COORDINATOR

Cath Daggett

cdaggett@hmenews.com

PRODUCTION DIRECTOR

Lise Dubois

ldubois@unitedpublications.com

ART CREDITS

Steve Meyers: cartoon

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AUDIENCE DATA MANAGER

Adam Knatz, adam.knatz@stamats.com

HME News

PO Box 1888

Cedar Rapids, IA 52406-1888



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REPAIRS



Adapt to circumstances

BY DAN MEYER

Q. How has COVID-19 impacted my oxygen concentrator repair needs?

A. Providers are running out of concentrators and having a tough time getting more. In a recent HME Newspann, 86% of respondents reported equipment shortages, saying they're waiting up to 12 weeks for new units, turning away patients or even risking future surplus by overordering. Not surprisingly, they're also speed-dialing their repair vendors, making urgent appeals to get their equipment repaired and returned ASAP.

EQUIPMENT BACKLOGS

Consider how one Midwest multi-branch dealer limited patient contact during the height of the crisis: They scheduled porch drop-offs of new units whenever patients reported problems, leaving broken devices behind. They then scheduled contact-free porch pick-ups of those devices in a separate trip. The result? The provider shipped off more than 1,500 units to their repair center all at once. Dealers are scouring every inch of their inventory, creating an overwhelming demand that repair centers must adapt rapidly to meet.

SUPPLY CHAIN DISRUPTION

COVID-19 is causing disruption up and down the supply chain, and repair centers are experiencing the trickle-down impact of increased pressure on parts manufacturers, equipment OEMs and HME dealers. They're all making tough choices about deploying resources.

PARTS SHORTAGES

The biggest result of that disruption is parts shortages. Manufacturers must strike a balance between allocating parts for new equipment vs. repairs of existing units.

TIME TO ADAPT

Repair centers must adapt rapidly alongside dealers. At Repair Authority, we fast-tracked a 10,000-square-foot expansion, allowing us to add new production lines and technicians to meet surging demand. We're also cross-training staff to stay nimble in how we deploy manpower. **HME**

Dan Meyer is chief revenue officer at Repair Authority. Reach him at dmeyer@repairauthority.com or 440.334.2172.

RETAIL



Open your website's front door

BY SUE CHEN

Q. My website really needs an overhaul, but it feels overwhelming. What do I need to focus on to make my website work for my retail HME store?

A. Your website is the front door of your business. Most of your potential and existing customers will go to your website to learn about your business, connect with you and find your location. Just as someone forms an opinion about your store from the physical appearance and how they are greeted and treated when they come in, the same applies to your website. Make sure your website front door is engaging, relevant, welcoming and serves its primary function – to let people in.

Seventy-five percent of people look at your website from their mobile device. And the No. 1 purpose for the visit to your website is to find your phone number, address and hours of operation. Make sure that your phone number and address are front and center on your home page and are “click-able” to dial through and/or go to the maps or directions app on a mobile device.

Other important information people want to see on your website front door are your current open hours of operations and your COVID-19 safety policy. This will include any safety options, such as curbside delivery and other delivery solutions for customer who cannot travel to your store.

Lastly, people want to know more than just the general products and services your business provides. People want to know the personality and principles of your company. This is especially important for HME retailers because people want and need to connect with a provider they can trust and emotionally connect with.

Sue Chen is CEO, NOVA Medical Products. Reach her at suec@novajoy.com.

TECHNOLOGY



Make technology work for your business

BY MARK LUDWIG

Q. How can providers take advantage of technology to optimize patient outreach, resupply and outcomes?

A. Many companies moved to Software as a Service (SaaS) years ago and for good reason. SaaS is accessible anywhere and anytime to a broad spectrum of collaborators. Companies that converted their operating infrastructure to SaaS have been at a distinct advantage during the COVID-19 crisis. Their employees can work remotely and efficiently from both their computers and their phone.

SaaS solutions also minimize the risk of physical data loss and HIPAA exposure. Data backups are done in real-time and, should they fail, you might lose minutes vs. hours or days of data.

Most importantly, DME companies adopting a SaaS platform model can more easily integrate with specialized tools to optimize success. A perfect example is patient outreach and resupply, where engagement, collaboration, interoperability and data security are key to maximizing revenue and efficiency.

Today, DME companies are increasingly focused on personalized care management for patients with chronic health conditions. In this business model, outreach includes leveraging a skilled clinical network to connect patients, physicians, providers and health plans. Using SaaS technology and human touch, it is my belief that it will be DME operators that fill the continuum of care gap between patients and physicians.

One profitable aspect of personalized care management is resupply, particularly in managing OSA patients. It is frustrating to know that more than 80% of OSA patients fall off their therapy in the first year. Integrating technology that's focused on resupply and augmenting your staff with resupply specialists that engage, educate and support can substantially increase patient retention.

It's a win-win when you utilize new technology that can improve patient outcomes; reduce the reliance on an outdated, more costly approach; and maximize your financial success. **HME**

Mark Ludwig is president and CEO of Bonafide Medical Group. Reach him at mludwig@bonafide.com.

OUTSOURCING



Scale with the right team members

BY TODD USHER

Q. How can I scale my personnel needs?

A. Signing a new contract or being awarded a new payer can leave you waiting for customers or inundate you with new business. In the case of the latter, you can go through the arduous process of hiring, farm-out to a service or onboard remote personnel.

Hiring takes time, careful consideration, and choosing the right people and capital with no guarantee of return, especially in the current environment where the average turnover rate is 18%, according to the Society of Human Resource Management. “What’s in it for me” seems to rule the attitude and conversation within the first 90-days of onboarding. Job-hopping employees only last a year or two then jump ship.

A service can do the job but does not provide the “team” you may desire to assimilate into your company.

The other option is hiring remote personnel to complete the required job functions. When you hire remote personnel, you do not worry about where the next candidate is coming from. You have a pool of qualified candidates trained with specific skillsets that you can select based on your specific needs.

It is equally important they are a good fit into your company culture. Having a choice between multiple qualified candidates already trained makes your life less stressful and more enjoyable.

The reduced costs of remote personnel will even allow you to hire a few more to nicely round out the needs of your company that you may, otherwise, not fill due to budget constraints. You can exchange personnel, move them around, promote them or simply assign team members to better match their proven skillsets as you see fit.

Scaling does not need to be a headache. It can be as simple as choosing the remote team (member) that makes your life a little smoother. **HME**

Todd Usher is founder of Tactical Back Office, Inc. Reach him at todd@thetbo.com or 800.5589.7501.

RESILIENCY

CONTINUED FROM PREVIOUS PAGE

him I doubted I would be there, he queried: Why not just try this via Zoom or similar? Not only were we able to turn employee interviews to a virtual platform, we were able to visit with far more people than if I had been rushed to catch a plane. Rather, we took our time and visited with almost 100 employees before finishing the project. The extra time meant delving far deeper into the order-to-cash process and it became apparent that we could provide more service and product by doing so virtually. I learned that with patience and flexibility, we would plow through the

process and consequently, we finished the project with much better knowledge of staff, automation and processes. Our key take-away was that we could continue to offer our consulting services without physically coming to the office.

Not only did remote consulting engagements keep me busy during 2020, scheduled in-person presentations became virtual, and conventions were creatively designed to hold break out rooms and virtual show floors. They even had places to leave messages for attendees and virtual cocktail hours with bands, etc. Was it the same as meeting in person? Of course not! But it was better than the alternative and it kept me engaged. It was so nice to see old

friends, even via Zoom.

In addition, articles still got written, and mentor and coaching calls still happened. In fact, it was clear that people needed more check-ins, coaching and advice than before. This was uncharted territory and those that learned to stay in constant contact with their teams and provided releases and perks for employees found that they achieved improved productivity and collections that exceeded budget. I, too, enjoyed connecting with people with whom I wouldn't have had the chance to meet with if I had been on the road constantly.

As 2021 brings hope for a healthier year, congratulations for all you have done in the provider community to

fill the needs of referrals and for the risks you have taken and continue to take to serve the HME patient population. Lucky are those who receive your services. Thanks for entrusting me with your staff and I will continue to look for ways to reach out and learn and teach along the way.

I hope to see you in person soon! **HME**

Miriam Lieber is president of Lieber Consulting LLC, a business management consulting firm. She and her team offer on-site engagements to help improve operational efficiencies in the revenue cycle. Among other services, they also offer remote coaching and mentoring for all levels of leadership. Miriam can be reached at miriam@lieberconsulting.com or 818 692-1626.

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■ As the "second line" of defense, the HME industry has broad view of COVID-19 impact, says Crispin Teufel, Lincare CEO & CQRC chair. See story page 1.



Apria jumps into hot market

BY THERESA FLAHERTY, Managing Editor

LAKE FOREST, Calif. - After a lengthy period of relative quiet, Apria Healthcare's planned IPO could signal a company that is ready to grow, say M&A analysts.

The provider on Jan. 15 filed a Form S-1 with the Securities and Exchange Commission, a step it must take before filing an initial public offering.

"They've been a bit conspicuous by their absence in doing transactions," said Jonathan Sadock, managing partner/CEO of Paragon Ventures. "I think this has been brewing for a while, and I think the industry will be looking to see how they deploy that capital."

Apria was acquired by private equity firm Blackstone Group for \$1.8 billion in 2008.



Don Davis



Pat Clifford

Its biggest move since then: In 2013, it sold its home infusion business, Coram, to CVS Caremark for \$2.1 billion.

The IPO could also signal Blackstone's need to monetize their investment, analysts say. Apria could have looked for a buyer, but there's only a handful of companies that are large enough to buy them.

"Blackstone has owned them for very long time," said Brad Smith, managing director/partner at Vertess. "With the mar-

ket being very hot, they are probably going to see a huge return on investment."

The hot IPO market - for health care, in particular - has been further boosted by AdaptHealth, which ended a busy 2020 with a bang when it acquired AeroCare in a deal worth about \$2 billion.

"The market is up, then add on to that that AdaptHealth is well received and plays in the same marketplace - they all add up to, 'Let's give it a shot,'" said Pat Clifford, managing director, home medical equipment for the Braff Group. "I've heard estimates (Apria's IPO could go as) high as \$800 million but have not seen any (calculations). The underwriters will be as aggressive as they can."

When it comes to HME companies

APRIA IPO SEE NEXT PAGE

PROVIDERS ON THE MOVE

Kittitas Medical 'leans' into growth

BY THERESA FLAHERTY, Managing Editor

ELLENSBURG, Wash. - Kittitas Medical Supply has moved into a larger space, reflecting the provider's growing success since opening in 2016.

The new store, located on the well-traveled main street of this college town, features a 1,500 square-foot showroom, in addition to office space and fitting rooms, says Erik Mickelson, CEO of sister company Howard's Medical, which has locations in Yakima and Sunnyside, and Howard's Drug & Medical Supply, which has a location in Selah.

"We've done this for 16 years, so knew exactly what



THE NEW HOME of Kittitas Medical Supply.

we were looking for - where do we put CPAP fitting rooms, where do we put shoes," he said. "All of that came into play when we built this, and

KITTITAS LEANS IN SEE NEXT PAGE

AZ-MediQuip all in on retail biz

'If we can get customers in the door, we can win their business'

BY THERESA FLAHERTY, Managing Editor

PHOENIX - Provider Mark Nicotera says after receiving multiple offers for AZ-MediQuip over the past few years, the time was right to seek outside investment.

The retail-focused company recently announced it had received funding from Gemini Investors, a private equity firm. It's a change of pace from other recent deals in the HME industry - including AdaptHealth's acquisition of AeroCare - which have centered on companies with a respiratory focus.

"Gemini has experience with



Mark Nicotera

various types of retail and brick-and-mortar companies, so that they are definitely a believer that retail isn't dead," said Nicotera,

who will remain CEO of the company. "Yes, Amazon has grown, but specialty retail is healthy, particularly if you have products people want to buy. There's a range of products where we can easily compete with online sellers."

The retail-focused company, with four locations, grew faster than Nicotera expected when

AZ-MEDIQUIP SEE NEXT PAGE

Quinlan's Pharmacy works to slow pandemic

BY THERESA FLAHERTY, Managing Editor

WAYLAND, N.Y. - Provider John Quinlan has been working the front lines of the COVID-19 pandemic, both taking care of patients and advocating for vaccine access for his employees and the general public.

As both an HME provider and a pharmacy, he's well positioned to do both.

"We're working with hospitals and other providers to secure beds and concentrators - there's a huge shortage of both right

now," said Quinlan, president and CEO of Quinlan's Pharmacy & Medical Equipment, during a recent episode of the HME News in 10 podcast*. "We're trying to send a message: It's a dire emergency. We're looking forward to helping slow the pandemic with this vaccine."

Quinlan, who is president of the Northeast Medical Equipment Providers Association and an AAHomecare Ambassador, was a recent guest of the "HME News in 10" podcast, to talk about the importance

of everyone working together to get ahead of the public health emergency.

HME NEWS: What was the reaction of you and your employees to the vaccine?

John Quinlan: Normally it's three or four years to get through all the channels, so it's pretty impressive. Now, (it's a matter of) getting it out to the right parties and figuring out the priorities is another challenge. But you're seeing county health departments working together with hospitals

QUINLAN'S SEE PAGE 18

BRIEFS

Aeroflow Healthcare buys Family Medical Supply

ASHEVILLE, N.C. - Aeroflow Healthcare has entered into a definitive agreement to buy Wheeling, West Va.-based Family Medical Supply. Family Medical Supply, founded in 1991, services West Virginia and the greater Ohio Valley with a product portfolio that includes HME and incontinence supplies. "The acquisition of Family Medical Supply is an exciting step in Aeroflow's ongoing strategy to grow through acquisition," said Casey Hite, CEO of Aeroflow. Aeroflow, founded in 2001, has a staff of more than 200 with more than 13 years of experience.

Integrated Homecare buys pharmacy's HME division

BELOIT, Wis. - Integrated Homecare Services has acquired the HME division of HomeCare Pharmacy, according to the Beloit Daily News. Mark Hatch, president of Integrated Homecare Services, told the newspaper that the acquisition was an opportunity to grow the business and bring to market additional services. Integrated Homecare Services has offices in Beloit and Rockford, offering a full line of home medical equipment and respiratory equipment. It also offers women's health products.

Protech Home Medical expands into Florida

CINCINNATI - Protech Home Medical has acquired Mayhugh's Medical Equipment in Jacksonville, Fla., for \$5.8 million. MME, which has trailing 12-month annual revenues of \$7 million and adjusted EBITDA of \$1.2 million, is a respiratory focused provider with more than 10,000 active patients, including 5,000 that Protech can immediately add to its re-supply program. The deal marks Protech's first foray into Florida. "MME's heavily weighted respiratory product mix, and diversification of the payer mix, provides Protech with a stable foundation to start its Florida operations," said Protech CFO Hardik Mehta. "We will look to grow our scale in Florida, both organically and through strategic bolt-on opportunities that present themselves." Protech recently reported revenue of \$97.8 million for its fiscal year 2020 vs. \$81 million for 2019, a 21% increase.

Medisafe launches digital health resources

BOSTON - Medisafe, a digital therapeutics company with 7 million registered users, has announced a new initiative with Everyday Health to launch new condition-specific resource centers through the Medisafe platform. With 40% of patients turning to digital resources to help manage their chronic conditions, the new digital resource centers will feature health care guidance, condition-specific news coverage and living-with information to support patients managing their condition, including heart health, cholesterol, migraines, mental health and several oncology specialties. In June, Medisafe launched a COVID-19 digital resource.

KITTITAS

CONTINUED FROM PAGE PREVIOUS PAGE

we could not have asked for a better location.”

Kittitas Medical Supply is a full-line HME store. In addition to CPAP devices and therapeutic shoes, the provider offers oxygen and mobility equipment.



Erik Mickelson

The local community depends on Kittitas Medical Supply, which borrows its name from Kittitas County, says Mickelson.

“We are the only medical supply store in a 35-mile radius, so it made complete sense to carry everything,” he said. “No one knows who Howard’s is (here), so we purposely made the decision to rename (this location) Kittitas because everyone understands that.”

“We really strive to evolve and that’s enabled us to pivot.”

Mickelson attributes the success of Howard’s to its “philosophy” of evolving. Even amid the current public health emergency, the company hasn’t slowed down.

“We really strive to evolve and that’s enabled us to pivot, not only during COVID, but when there’s cutbacks or insurance problems,” he said. “The HME and respiratory business is alive and well, and if anything, it’s expanding left and right. Lean into it.” **HME**

AZ-MEDIQUIP

CONTINUED FROM PREVIOUS PAGE

he first opened in 2011. A big part of that success: not receiving any bids in 2014.

“We were already doing more retail than insurance,” he said. “We really just were reacting to customer demand and maybe I was just more in tune with it, having more of a retail background, not DME.”

In the short term, Nicotera is excited to begin growing AZ-MediQuip, opening new locations in Arizona and beyond.

“We believe in our model and that we have a demonstrable method of adding stores that become self-supporting,” he said. “There’s always challenges, but if we can get customers in the door, we can win their business.” **HME**

APRIA IPO

CONTINUED FROM PREVIOUS PAGE

going public, the more the merrier, analysts say.

“I would think that this just gives Adapt confidence now – they are going to see copycats,” said Don Davis, president of Durckridge Advisors. “Because of them, there’s a good M&A flow. It’s a good thing for them and good for their multiples.” **HME**



Jones Medical provides free lunch to front lines

Jones Medical Supply recently provided lunch for Troy Regional Medical Center in Troy, Ala., to show their appreciation for all of their efforts working on the front lines during the COVID-19 pandemic. Pictured from left: Allyson Sneed, Amy Minor, Jason Jones and Rita Felton.

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TELEHEALTH

CTF finalizes clinician guidelines

Stakeholders also ramp up lobbying for permanent change that would allow PTs, OTs to use telehealth

BY LIZ BEAULIEU, Editor

THE CLINICIAN Task Force has released final versions of a decision tree and a clinical paper on using telehealth for the provision of complex rehab technology.

Both the decision tree and paper will be distributed through the CTF and NCART.

"The decision tree, we are hoping that people can use it as a standalone reference," said Cara Masselink, the executive director of the CTF, during a recent CRT industry webinar, "but also with the paper, which describes a whole lot more, outlining the appropriate use and purpose of telehealth within CRT practices."

The clinical paper was written to be consistent with RESNA's Wheelchair Service Provision Guide, which provides a framework for identifying the essential steps in the provision of wheelchairs.

More specifically, the paper



Cara Masselink

describes how telehealth can be used in the recommendation and selection of complex rehab equipment, as well as fitting, training and delivering that equipment. It also includes detailed information on what clinicians should include in their documentation.

"(The paper concludes) with case examples that lead the reader through different scenarios of both using telehealth and when it would not be indicated for use," Masselink said.

The formalized guidelines will add to the industry's case that PTs and OTs should be permanently allowed to use and bill for telehealth for complex rehab. Right now, it's allowed only through the public health emergency, which runs through April.

GUIDELINES SEE NEXT PAGE

Shifting workflows, improved infrastructure, outside inspiration

BY LIZ BEAULIEU, Editor

PITTSBURGH - How might the exploding use of telehealth during the COVID-19 pandemic change the provision of complex rehab technology forever? Dr. Brad Dicianno and Mark Schmeler provide their takes.

SHIFT WORKFLOW

While some stakeholders are quick to point out that telehealth isn't appropriate in every case, Dicianno and Schmeler say they're not so sure, at least on a certain level.

"Brad and I are confident that even in complex cases, there's a benefit to using telehealth for screening or initial conversations," said Schmeler, an associate professor with the University of Pittsburgh's Rehabilitation Science and Technology Department. "Then based on that, we can determine what's the best assessment approach. If right now, it takes two or three visits to the clinic plus a home evaluation, maybe you can get it down to one visit to the clinic. That's something that's still being worked out, but we're looking at that with our therapists and physicians."



Mark Schmeler

TRENDS SEE NEXT PAGE

NRRTS stands on its education offerings

BY LIZ BEAULIEU, Editor

LUBBOCK, Texas - NRRTS expects to continue seeing increased demand for its education in 2021, as registrants and clinicians try to keep up with continuing education requirements during a pandemic that's limiting in-person events.

NRRTS awarded 50 CEUs or 500 hours of education in March 2020, when the COVID-19 pandemic first took hold in the U.S., up from 25 CEUs or 250 hours of education before that, says Annette Hodges, director of education.

"It has stayed pretty steady around 400 hours since then," she said in January.

In addition to the pandemic, a recent partnership with the Canadian Assistive



Michelle Lange

Clinicians, suppliers bend to meet patients

BY LIZ BEAULIEU, Editor

BALTIMORE - Erin Michael and Meredith Linden, both physical therapists, envision a hybrid model for evaluating patients for complex rehab technology post-pandemic that melds the best of in-clinic and remote visits.

Here's what Michael, PT, DPT, ATP/SMS, manager of patient advocacy and special programs at the International Center for Spinal Cord Injury at the Kennedy Krieger Institute in Baltimore, and Linden, PT, DPT, ATP/SMS, a clinical specialist at the center, had to say about how their professional worlds were turned upside down last spring when the pandemic struck,



M. Linden



Erin Michael

and how they're "Making Lemons into Lemonade," the title of their NRRTS webinar.

HME News: How has what you do changed due to the pandemic?

Erin Michael: A lot has changed in that we can't be as hands-on in the same way. We had to drastically reduce the number of staff in our treatment gym because of

BENDING SEE NEXT PAGE

Devices Association will further increase participation in NRRTS education this year, organization officials say.

With many registrants and clinicians choosing to watch webinars on demand (89 are available in the NRRTS library), one of the organization's goals for 2021 is to increase participation in its live events.

"There's a huge advantage to being in the meeting with an expert and being able to ask those questions and get answers, so it's more of a shared experience," Hodges said. "We have some really good discussions."

The topics of this year's slate of 29 webinars, which are free to registrants, half price for Friends of NRRTS and \$45 for everyone else, run the gamut from "Medicare Regulation and Policies: Insidious Ways to Access to CRT is Denied" to "Post-Election Analysis: Impact on CRT Access" to

EDUCATION SEE NEXT PAGE

BRIEFS

NSM taps new CFO...

NASHVILLE, Tenn. - National Seating & Mobility has appointed Allan Villegas chief financial officer. Villegas has more than 20 years of experience in financial leadership positions at private equity portfolio companies focused on the execution of growth and operational improvement initiatives. "Allan's extensive financial background, combined with his deep acquisition and integration experience to drive growth opportunities for industry leading companies in a variety of sectors, will be an asset to NSM," said Bill Mixon, CEO of NSM. Most recently, Villegas was the CFO of Impark, an industry leader in parking management and transportation services, and prior to that, WASH Mutifamily Laundry Systems, a leading provider of laundry facilities management services in North America.

...launches education

NASHVILLE, Tenn. - National Seating & Mobility has developed a new NSM University course to educate nurse case managers about complex rehab technology and mobility products. The one-hour course, "Introduction to Complex Rehab Technology & Accessibility Products for Persons with Disabilities," outlines the differences between standard DME and CRT equipment, and introduces various types of wheelchairs, seating systems and accessories. "Broadening the scope of understanding about CRT and mobility solutions is key as our industry continues to strengthen its position in the overall health care spectrum," said Bill Mixon, NSM CEO. "We are committed to investing in educational programs in support of this objective."

RESNA: Virtual event, dynamic seating

ARLINGTON, Va. - RESNA will hold its annual event virtually July 7-9. "The RESNA 2021 Virtual Conference will bring together assistive technology professionals from a variety of disciplines to exchange ideas about the latest innovations and research helping with disabilities lead independent, healthy lives," the organization stated. RESNA planned to kick off registration in late February. The organization also held its 2020 annual conference virtually in September...RESNA has released a new position paper on dynamic seating. The paper, an official statement by RESNA on clinical and professional practice, is available for free download at resna.org. It shares typical clinical applications and provides evidence from the literature supporting dynamic seating to assist practitioners in decision-making and justification.

RehabPulse takes showroom online

MIDDLETON, Wis. - RehabPulse, an online marketplace for mobility and home medical equipment, has launched a virtual showroom for wheelchairs and scooters. Users can book an appointment for a video conference with a support specialist to view options and customize wheelchairs. The seamless process then allows the user to check out with the click of a button.

BENDING

CONTINUED FROM PREVIOUS PAGE

the square footage regulations (related to COVID-19). Our job has been hands-on our whole career – 12 and a half years – so transitioning on a moment's warning wasn't what any of us signed up for. But working as a PT in a clinic for a larger health care system – if there's one thing you learn, it's how to be adaptive. The biggest thing has been learning how to do our jobs through computer screens and phones.

HME: Have providers been responsive to also using remote services and telehealth for evaluations and deliveries?

Meredith Linden: Like therapists, they have jumped in and taken on the new challenge. One thing we've both learned – the clinicians and the suppliers – is that we need to improve our communication and make sure it's really explicit for things to go well. When we're in a clinic, we have all the stuff we need right there down the hall. When we're doing this in a person's home, all the stuff has to be there.

Michael: That's definitely the biggest challenge: When you're using telehealth, you have to plan ahead. That includes making sure there is an additional person in the home that can support the supplier. We need someone – a caregiver or a family member – to be there to be the hands of the therapist. You also have to have a plan if video fails or you can't hear

each other.

HME: What has been a positive aspect of this new workflow?

Michael: We get a better understanding of the home environment, and we're better able to make sure this equipment will truly function for them. In a session the other day, I saw how the patient's doorway was really difficult to manage and impacted her ability to get in and out of the house. We were able to problem-solve that if they brought her in backward there was no issue. If I had done the evaluation in person, I'm not even sure they would have brought that up.

HME: How will your experiences for the past year affect the provision of complex rehab permanently?

Michael: I think it's our hope that some sort of hybrid model will stick around. We do feel seeing the patient in person is best-case scenario, but we've learned from the work and research being done, that, for example, patients in rural communities have trouble accessing services. Even for patients in cities, transportation fails them five out of 10 times. Maybe we (use remote services and telehealth) to go to those patients instead. We also really like the home assessment piece. Even if we're seeing a patient in the clinic, maybe we "follow" the supplier around when he or she goes to the home. Maybe we incorporate 15-minute check-ins by video after a certain time, so we can fix something that has come up, instead of them having to come to clinic. **HME**

EDUCATION

CONTINUED FROM PREVIOUS PAGE

"Community Mobility: Shifting Perspectives on Mobility, Technology and Interdependence."

"Like anyone, we want timely topics," said Michelle Lange, curriculum coordinator for NRRTS's education and the clinical editor of its Directions Magazine.

NRRTS has put in a lot of work in the past few years to elevate its education, including becoming accredited by the International Association for Continuing Education and Training (IACET) and featuring CEU articles in Directions six times a year.

"NRRTS is committed to providing good education," Lange said, "not just so (registrants and clinicians) can get their CEUs but so they can truly serve their clients better and have the tools they need. The role of NRRTS is to raise the bar of suppliers in all areas, whether it's ethics or technology or policy. That's what we're behind." **HME**

GUIDELINES

CONTINUED FROM PREVIOUS PAGE

"The first step needs to be giving CMS the authority to make certain temporary things permanent," said Don Clayback, executive director of NCART. "We're setting up individual calls with key offices – there are a variety of House and Senate members that are focused on telehealth. We've actually had conversations with them over the past several months and we're following up on that." **HME**

TRENDS

CONTINUED FROM PREVIOUS PAGE

Dicianno, medical director at the Human Engineering Research Laboratories (HERL), added: "I see telehealth becoming a tool that we use as part of our regular clinical workflow."

IMPROVE INFRASTRUCTURE

Right now, a lot of telehealth systems are integrated into electronic medical records, effectively shutting out complex rehab providers that are outside of medical centers, Dicianno says.

"If you want to include the whole team, you have to have the technology to support that model," he said. "It needs to evolve so we're all using something with HIPAA compliance, that's accessible and that's integrated into the medical record."

Schmeler added: "As (telehealth) becomes more mainstream, we think companies will look at developing better solutions."

LOOK TO THE VA FOR INSPIRATION

Because Veterans Affairs is both payer and provider, it's more focused on patient-centered care and, therefore, has been an early adopter of telehealth, long before the COVID-19 pandemic, Schmeler says.

"If you're both the payer and provider you're perhaps more motivated or willing to look at options that make the health care experience more meaningful and effective, which is a little bit of a different perspective," he said. **HME**

M&A ACTIVITY

Numotion, NSM make buys

BRENTWOOD, Tenn. – Numotion has acquired Wheeler's Medical Supply, a Jacksonville, Fla.-based provider of intermittent catheters and incontinence supplies.

The acquisition expands Numotion's existing medical supplies business, which provides catheters, incontinence, ostomy and advanced wound care products.

"Growing Numotion's medical supplies offering with the addition of the Wheeler's team enables Numotion to more comprehensively serve the needs of an expanded customer base and allows us to continue to empower people to actively participate in everyday life," said Mike Swinford, Numotion's CEO. "Wheeler's has a track record of exceptional customer service and our goals in serving customers align in a way that makes this acquisition a natural step on our path to serving the needs of more customers."

Wheeler's branch in Jacksonville will be Numotion's sixth in Florida. Wheeler's also has a presence in Georgia.

NSM BUYS SCOOTERS N MORE

NASHVILLE, Tenn. – National Seating & Mobility has acquired Scooters N More in Valparaiso, Ind., expanding access to mobility solutions throughout Northern Indiana and the Chicago metropolitan area.

"Our growing footprint supports our commitment to deliver 360-complete mobility solutions to more individuals who need them," said Bill Mixon, NSM CEO. "We look forward to expanding the availability of innovative products, breakthrough technologies and best-in-class services supporting independence throughout Northern Indiana."

Scooters N More, founded in 1998 by John Frantom, is an approved vendor with several Veterans Affairs facilities. In addition to boosting NSM's VA Business, the acquisition creates an opportunity to further enhance its independent living program with The Home Depot. Announced last fall, the program offers solutions to support Home Depot customers looking to create a safer environment. **HME**

Power To Go The Distance

The advertisement features a night-time photograph of a city skyline with illuminated skyscrapers. In the foreground, a person is seated in a power chair, with their hands on the controls. The MK BATTERY logo, consisting of the letters 'MK' in a stylized font with 'POWERED' underneath, is prominently displayed. Below the logo, two MK batteries are shown. At the bottom of the ad, the text '800-372-9253 • MKBATTERY.COM' is visible, followed by the slogan 'Genuine Gel Technology for Proven, Longest-Term Battery Life'.



NCPA says DIR fees threaten pharmacies

Some community pharmacies report \$100K in annual clawbacks

BY THERESA FLAHERTY, Managing Editor

ALEXANDRIA, Va. - After Congress and the administration failed to get relief on direct and indirect remuneration fees through legislative and regulatory pathways, the National Community Pharmacists Association says it was left no choice but to file a lawsuit to stop what it says is an "existential threat" to independent pharmacies.

The lawsuit, filed in January against the U.S. Department of Health and Human Services, states that the fees are without reasonable transparency, and they conceal from patients and taxpayers the true cost of prescription drugs.

"This is not something we took lightly," said B. Douglas Hoey, NCPA CEO and a pharmacist. "For one reason or another, Congress and the executive branch have so far failed to get it done. We aren't giving up on those pathways but frankly, the dam-

age caused by pharmacy DIRs escalated to an existential threat to community pharmacies."

In the lawsuit, NCPA seeks to close the "loop-hole" created by a rule allowing price concessions to be imposed on pharmacies long after the point of sale, which it says violates the language and intent of the Medicare Act.

A recent study cited in the lawsuits shows that pharmacy DIR fees, in which pharmacy benefit managers claw back a portion of a pharmacist's reimbursement for the costs of a patient's medication, have increased 1,600% since 2015, with \$4 billion in DIR fees being squeezed from pharmacies in 2017 alone. NCPA says it routinely gets reports of pharmacy benefit managers clawing back \$100,000 per pharmacy annually.

Making it even harder: DIR fees vary widely by health plan, says the NCPA.

"Some are pay to play, some are percentage based, some are tied to quality measures - they are all over the place," said an NCPA spokesperson. "Some are clawed back monthly or quarterly, or annually. It's hard to get a handle on." **HME**

Two charged in brace scheme

BOSTON - Two women have pleaded guilty to charges they participated in a scam to defraud Medicare of more than \$109 million by filing false claims for orthotic braces.

Jessica Jones, 30, of Louisville Colo., and Elizabeth Putulin, 30, of Coconut Creek, Fla., who have each pleaded guilty to one count of conspiracy to commit health care fraud, conspired with their employer, Juan Camilo Perez Buitrago, to submit more than \$109 million in false and fraudulent

BRACE SCHEME SEE NEXT PAGE

BRIEFS

OPGA launches new website

WATERLOO, Iowa - The Orthotic and Prosthetic Group of America, a division of VGM & Associates, has launched a redesigned website at opga.com. The site makes it easier for members to find the information and resources they're looking for with a new members-only portal. "At OPGA, we strive to provide savings and solutions to our members to help their businesses thrive," said Todd Eagen, president of OPGA. "With the new website, we're making it even easier for members to find the valuable information they need so that they can spend more time on what truly matters - their patients." The redesigned OPGA website is part of a larger overhaul of vgm.com. The two together provide a one-stop shop for members serving both the orthotic and prosthetic, and HME industries.

DarioHealth appoints digital health expert

NEW YORK - DarioHealth has named Chris Chan senior vice president of employer sales, responsible for leading growth initiatives in the self-insured employer market. Chan previously worked as chief marketing officer at SleepQuest, a sleep apnea-focused technology and telehealth company, and he also founded the Mercer LABS and the Health Imagination Innovation Team at Willis Towers Watson. He has an extensive background in digital health, care delivery improvement, behavioral economics and incentive design. "Chris brings an extensive network of senior-level relationships and a successful track record of innovation and sales leadership in digital therapeutics, and we are very pleased to welcome him to the team," said Rick Anderson, president and general manager of North America. "In his previous roles, he has been involved in the proliferation of some of the largest digital health interventions in the employer and payer markets."

Insulet launches OmniPod DASH in Canada

ACTION, Mass. - Insulet's OmniPod DASH Insulin Management System is now available in Canada. The system combines a tubeless, wearable, waterproof Pod with an easy-to-use, touchscreen Personal Diabetes Manager. The PDM features an intuitive interface that allows customers to wirelessly control the Pod to deliver customizable basal rates and bolus amounts. "We're thrilled to bring this convenient and easy-to-use insulin delivery system to Canada," said Bret Christensen, chief commercial officer of Insulet. "The Omnipod DASH System's Personal Diabetes Manager (PDM), combined with the existing benefits of Pod therapy, will provide Canadian users even more freedom, flexibility, and discretion to simplify their diabetes management."

Henry Schein follows health care 'migration'

BY THERESA FLAHERTY, Managing Editor

MELVILLE, N.Y. - With more and more health care migrating outside the hospital setting, Henry Schein Inc.'s acquisition of Prism Medical Products was a "natural progression" for the company, giving it a home care platform on which to grow, says President Brad Connett.

Driving that migration to the home: reimbursement changes by payers that prioritize the value and effectiveness of that care, as well as "consumerism," with patients becoming more knowledgeable about seeking the type of care they want, says Connett.

"No one would disagree that if you can get care at home, that's a wonderful thing," he said. "As costs spiral out of control, more procedures are moving to a lower-cost setting."

Henry Schein Inc. offers products ranging from bandages and gauze to specialized laboratory and imaging equip-

ment. While it has a large footprint in the dental industry, the company also serves physician offices, and urgent care and surgical centers.

In Prism Medical Products, which provides supplies with a focus on wound care, Henry Schein has found not only a presence in the home, but also a partner with a good brand and a passion for patient care, says Connett.

"The management team is truly passionate about services and patient care," he said. "They are highly focused on wound care and on certain comorbidities that are chronic in this country, like diabetes, obesity and urological problems. They fit a category we will expand in, (like glucometers and urologicals)."

Henry Schein's existing infrastructure is designed for small unit packaging, giving it a boost as it seeks to grow in the medical supplies market, says Connett.

"In the markets we serve, there's not a lot of storage space," he said. "With highly automated distribution centers, we can have next day delivery to 99.5% of the country." **HME**



Brad Connett

STUDY NIV at home shows benefits, but underutilized

BY THERESA FLAHERTY, Managing Editor

LAFAYETTE, La. - A recent study showing positive outcomes for patients treated with non-invasive ventilation at home is a step toward closing a "data gap" that prevents more patients from benefitting from the therapy, says Dr. William Fraizer, chief medical officer for Viemed Healthcare.

Patients treated with NIV at home had a 50% decrease in all-cause mortality during the study period; a 28% decline in the risk of hospitalization; and a 52% reduction in the risk of an emergency room visit.

"We're showing improvements in survival, reductions in hospitalization and reductions in ER visits by using NIVH for patients with COPD with chronic respiratory failure," said Fraizer.



Dr. W. Fraizer

er. "That's never been demonstrated in the U.S."

The study, performed in conjunction with Precision

Health Economics, analyzed data obtained from the Medicare Limited Data Set and included patients who were diagnosed with COPD and CRF between 2012 and 2018.

The use of NIV at home is still relatively new, says Fraizer, who estimates that only 3% to 5% of eligible COPD patients with CRF are currently on the therapy.

"While we've seen an uptake, there are still so many patients not being

VENT STUDY SEE NEXT PAGE

BRIEFS

NHIA names fellows
for new program

ALEXANDER, Va. - The National Home Infusion Association has announced the members of its inaugural Fellow Program. The program aims to advance the home and specialty infusion profession by recognizing the contributions and achievements of highly accomplished individuals. NHIA fellow status is awarded to members who have successfully demonstrated a commitment to the field of home infusion for at least seven years, have a record of sustained involvement and leadership within NHIA, and have been actively involved in educating practitioners and others. Those selected for the program are Kathi Andrusko-Furphy, Monica Bandy, Marianne Beuhler, Stan Chamallas, Gene Decaminada, Don Filibeck, David Hirsch, Suzanne Kluge, Nancy Kramer, Melissa Leone, Jeanne Lugli, Ramona Moenter, Linda Payne, Barbara Petroff, Felicia Schaps and Paula Zelle. Those selected were part of a competitive application process, which included an extensive review of their professional accomplishments and letters of recommendation. The program is administered and funded by the National Home Infusion Foundation, thanks to a contribution from Integrated Medical Systems, the 2021 sponsor of the program.

Ascensia supports
Spare a Rose campaign

BASEL, Switzerland - Ascensia Diabetes Care is supporting the 2021 Spare a Rose campaign, which encourages people to donate the \$5 cost of each rose they would have given someone on Valentine's Day to Life for a Child. The organization provides lifesaving diabetes supplies and insulin to children in countries such as Mauritania, Jamaica and India. "While people around the world will be



buying flowers and cards for their loved on this Valentine's Day, many of our employees

will be choosing instead to donate to the Spare a Rose campaign," said Rob Schumm, president. "This is testament to how many employees at Ascensia are passionate about making a difference to the lives of people living with diabetes, both professionally and personally." Ascensia will match donations up to a maximum of one rose for each of the company's 1,700 employees. To date, they have raised more than \$40,000.

NCPA launches public
education campaign on
threat of PBMs

ALEXANDRIA, Va. - The National Community Pharmacists Association is partnering with state pharmacy associations to educate the public, patients and policymakers on the largely unknown role played by pharmacy benefit managers, or PBMs, in raising drug costs, restricting patient access, and squashing local pharmacies, ultimately limiting consumer choices. "Access to pharmacies - essential businesses and health care providers - has never been more important than during this last year," said NCPA CEO B. Douglas Hoey, pharmacist, MBA. "As much of the world was turned upside down by the coronavirus pandemic, pharmacies remained open. Meanwhile, these essential pharmacies' very existence is threatened by PBMs, which engage in profiteering and patient steering to ultimately force pharmacies into a loss and out of business." The campaign will also promote the value of community pharmacies. In January, NCPA filed a lawsuit against the U.S. Department of Health and Human Services over direct and indirect remuneration fees that it says are driving small business neighborhood pharmacies out of business.

Roche, Humana settle
kickback allegations

INDIANAPOLIS - Roche Diagnostics and Humana have agreed to settle a whistleblower lawsuit for \$12.5 million, after the government declined to intervene in the case.

Roche was charged with violating the Anti-Kickback Statute and False Claims Act, causing false claims to be submitted to the Medicare Advantage program and defrauding taxpayers, in a lawsuit filed in 2014 in the U.S. District Court for the Northern District of Illinois by a former employee of the company.

Humana and Roche were accused of entering a kickback relationship where debt forgiveness was traded for access to government-funded Medicare business. Roche allegedly forgave millions of dollars owed by Humana in exchange for Humana purchasing Roche diabetes testing supplies and favoring the company's diabetes testing supplies in

Humana's Medicare Advantage plans.

"This case demonstrates that Medicare Advantage organizations, pharmacy benefit managers and pharmaceutical companies can be held responsible for giving or accepting payments in exchange for access to Medicare Advantage funds," said Inayat Ali Hemani, New York partner and co-chair of Sanford Heisler Sharp's Whistleblower Practice, which represented the former employee. "Our client has helped the government recover millions of dollars and shed light on secretive transactions between pharmaceutical companies and Medicare Advantage Organizations."

The settlement is the first False Claims Act settlement arising from a Medicare Advantage organization accepting a kickback from a pharmaceutical company, according to Sanford Heisler. **HME**

BRACE SCHEME

CONTINUED FROM PREVIOUS PAGE

claims for DME, such as arm, back, knee and shoulder braces, according to the Department of Justice. Perez in October pleaded guilty to health care fraud and paying kickbacks in connection with a federal health care program.

Jones and Putulin are charged with helping Perez submit false and fraudulent Medicare claims by establishing shell companies in more than a dozen different states, including Massachusetts. They purchased Medicare patient data from foreign and domestic call centers that targeted elderly patients and instructed call centers to contact the Medicare beneficiaries with an offer of ankle, arm, back, knee and/or shoulder braces "at little to no cost."

Jones and Putulin further facilitated the fraud, according to the DOJ, by answering frequent phone calls from Medicare patients who received DME that they did not request, want or need; and responding to requests from insurance companies for prescriber orders and medical records, which they were unable to provide. **HME**

VENT STUDY

CONTINUED FROM PREVIOUS PAGE

treated," he said. "There's a data and knowledge gap. People seem to think it works and this is proving that. This is a big step in helping close that data gap."

"While we've seen an uptake, there are still so many patients not being treated (with NIV)."

Although the current study does not include an economic analysis - that's the next project, says Fraizer - it seems likely that increased use of NIV at home will, ultimately, lead to a decrease in costs to the health care system, he said. That's attractive to policymakers.

"There's a huge, big push in the U.S. to get patients home," he said. "Health care utilization decreases and I think that's huge for policymakers, payers and physicians to know." **HME**

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Complex rehab products keep getting smarter

BY JOHN ANDREWS, Contributing Editor

COMPLEX REHABILITATION has a reputation for being a tech-savvy market, with advancements improving power chair stability, durability, performance and appearance over the decades.

To be sure, technological growth has expanded beyond device components to include “smart” systems designed to help users achieve fuller, more independent lives, said Jay Brislin, vice president of Exeter, Pa.-based Quantum Rehab.

“There have been several component innovations within the industry that have increased client daily independence, function and overall confidence with their power wheelchair,” he said. “We are determined and dedicated to creating and innovating beyond just what is coded. We are focused on improving client safety, increasing community interaction and enhancing environmental access.”

Complex rehab continues to be a frontier for technology and Larry Jackson, president of Fresno, Calif.-based Sunrise Medical says the company “will continue to push the envelope,” with an emphasis on seat elevation and

CATEGORY

Complex rehab

DIGITAL DEVELOPMENT

■ **Mother of invention:** Due to the COVID-19 pandemic, the CRT market has embraced digital communications tools like telehealth and virtual consultations to maintain the social distancing required for public safety.

PRODUCT ENHANCEMENTS

■ **Technology focus:** CRT manufacturers are continuing to add “smart” features to power chairs like rear-view cameras, seat elevation, standers and other components to boost the quality of life for users.

EXPERTISE ADVANTAGE

■ **Context essential:** Thorough understanding of market dynamics serves as a solid platform for leveraging technology to create responsive service models that ensure less down time for CRT clients.

standers.

ALTERNATIVES ARE FLOURISHING

Communications technology has made great leaps in health care and the HME industry, in particular, since the COVID-19

pandemic began. Telehealth, video consultations and remote evaluations have been adopted to comply with social distancing guidelines.

“Without a doubt, 2020 made it very difficult for everyone involved in complex rehab, especially the clients,” Brislin said. “Scheduling clients for evaluations has been a challenge on both the provider and facility side, but industry professionals have been able to adapt and overcome these challenges by finding several alternative ways to ensure people get the equipment they desperately need.”

Isaac Rodriguez, senior vice president of strategic development for Franklin, Tenn.-based National Seating and Mobility, maintains that the use of remote service options is trending upward.

“In the context of equipment, individuals who rely on CRT are generally looking for safe, reliable equipment that maximizes their independence, while making their lives easier,” he said. “Regarding components of technology beyond the power chair, such as seat elevation, consumers are willing to pay for those medically necessary items. NSM’s Thought Leadership Committee is exploring out-of-pocket costs and the accessibility to available

technologies.”

Even when the pandemic finally winds down, the digital platforms will continue to play a role and evolve in their purpose, Brislin said.

“As we reopen, telehealth will also be used in conjunction with in-person visits, which will hopefully help increase efficiency across the board and, ultimately, give clients positive and thorough evaluations and treatment,” he said.

Jackson added, “I hope we can make a good argument to keep telehealth alive. For many it works great, especially in rural areas that are underserved today.”

CONNECTIVITY IS PARAMOUNT

Rodriguez acknowledges that new technologies related to connectivity for proactive client service and preventative maintenance have made great strides over the past year.

“New technologies supporting connectivity are assisting clients with seating and pressure release regimens,” he said. “Other exciting technologies are enhancing safety for CRT clients offering the detection of equipment issues that need to be addressed. New preventative

GET SMART SEE NEXT PAGE

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Manuals

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www.stealthproducts.com / www.quantumrehab.com

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- Electric Stand Assist Lift.
- Stand-up lift with powder coated carbon steel constructed frame.
- Weight limit 400 pounds.

www.daltonmedical.com

GET SMART

CONTINUED FROM PREVIOUS PAGE

technologies that are more proactive and predictive than ever before will help keep our clients more independent and safer in their environments."

Over the last few years, Quantum has launched several innovative component add-ons to its rehab power chairs, including iLevel technology (which allows power chair operation with the seat fully elevated at walking speed), standard LED fender lights, and most recently, a backup camera that offers a rear viewing angle of 170 degrees.

"Complex rehab equipment is highly advanced and not inexpensive, so clients continue to look for unique features and benefits of each piece of equipment, similar to the 'technology at our fingertips' we expect from our cell phones," Brislin said.

EXPERTISE IS ESSENTIAL

Providers viewed as experts in the field will tap into technologies that are a benefit and value to clients and the overall health care system, Rodriguez said.

"Leveraging technology for repair issues and preventative maintenance with pro-

active, robust, easy to use, and responsive service models will ensure less down time for the client," he said. "In addition, when the provision of medically necessary equipment occurs earlier, it can prevent health complications due to mobility limi-

"New technologies supporting connectivity are assisting clients with seating and pressure release regimens. Other exciting technologies are enhancing safety for CRT clients offering the detection of equipment issues that need to be addressed."

tations, offering better client outcomes and decreasing hospital admissions. These technologies not only keep clients moving they can also prevent accidents and more costly healthcare situations."

Because advanced technology components for complex power chairs continue to be implemented throughout the industry, Brislin said "it is very important for providers and clinicians to periodically find time to meet with manufacturers and vendors to be updated on all the new advancements, as well as attend virtual or non-virtual training courses provided by these vendors." **HME**

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www.alber-usa.com



Tatch rethinks HST

'I felt flexible electronics could really make a change'

BY LIZ BEAULIEU, Editor

NEW YORK - Tatch, a startup that has developed a flexible, smart wearable patch for home sleep testing, has the potential to make great



Amir Reuveny

strides in diagnosing the nearly 30 million people with obstructive sleep apnea in the U.S., clearing the way for more treatment, CEO Amir Reuveny says.

"There are a few barriers to getting good care in sleep," said Reuveny, who first started the company as part of the Runway Startup program at Cornell Tech. "Sleep labs are the gold standard but expensive and inaccessible, while home sleep testing equipment is still cumbersome and prone to errors. I felt flexible electronics could really make a change."

The patch is attached to a user's torso while they're sleeping, picking up on key signals and metrics, to gather data on sleeping habits. All the data is then wirelessly transferred via the cloud to a sleep physician, who can provide a diagnosis and develop a treatment plan.

Tatch, which secured \$4.25 million in seed funding led by Spark Capital in 2020, is currently going through the regulatory process for approval by the U.S. Food and Drug Administration, with the goal of going to market some time in 2021.

TATCH HST SEE NEXT PAGE

EFFICIENCY & EFFECTIVENESS

VirtuOx helps providers 'cut cord' on deliveries

LIZ BEAULIEU, Editor

CORAL SPRINGS, Fla. - VirtuOx has launched a new oximetry program called EzOx, reshaping the process of qualifying patients for home oxygen therapy, and making it more efficient and cost effective for HME providers, says Kyle Miko.

Under the program, VirtuOx drop ships a disposable oximeter to patients in their homes, eliminating the need for providers to drop off and pick up a traditional oximeter, saving about \$70 in activity based costs, and reducing the time to qualify patients from 10 to five days, he says.

"We are cutting that umbilical cord," said Miko, founder and chief marketing officer at VirtuOx. "This is my baby. I'm an RT and I owned a DME company for 15-plus years. I understand what the DME is



KYLE MIKO SAYS EZOX reduces the time to qualify patients from 10 to five days.

doing and how to come up with programs to help patients and providers and physicians. We're excited."

VirtuOx also calls patients to help them pair the disposable oximeter with their smart device and review instructions. Patients wear the oximeter while they're sleeping, allowing the device to transmit data from their finger to their phone. When the patient hits a button on his phone to end the study, the results are sent

to VirtuOx's application in the cloud, and then to providers and physicians.

VirtuOx charges \$59.99 for the disposable oximeter, which lasts up to 100 hours or five years, and ships them to patients in one or two days.

"We're integrated with Amazon for fulfillment," Miko said, "so we can scale the country."

Because the disposable oximeter stays with the patient, it can be re-used to answer questions like, is a patient ready to be discharged from therapy or is a patient benefiting from 2 liters of oxygen?

"The provider doesn't do just one test for each patient," Miko says. "It would be naïve to think that. We think testing happens quite often for each patient. We think it costs, on average, about \$200 to keep a patient on service for the duration (using the traditional model)." **HME**



Golden Technologies honors its team of front-line 'warriors'

Old Forge, Pa.-based Golden Technologies has awarded its 2020 President's Award to its entire front-line team of "warriors." The annual award typically recognizes an individual whose performance has gone above and beyond, and who supports Golden's mission. "Under unprecedented conditions, each team member in production, traffic, customer and technical service, accounting and sales showed up day after day and did everything they could to continue to provide customers with the power lift recliners they so desperately needed," said CEO Rich Golden. "I am very proud of everyone, and congratulations on this special achievement."

Kno2 rides 'tail winds' of post-acute care

BY LIZ BEAULIEU, Editor

KNO2 ANNOUNCED partnerships with Strattice Healthcare and DMEhub recently, allowing the HME providers who use those two platforms to access, effectively, any electronic health record system.

Here's what Therasa Bell, co-founder, president and CTO of Kno2, had to say about how to "do interoperability right," and how the company made a bet several years ago that information exchange needed to happen beyond the walls of hospitals and physician offices.



Therasa Bell

KNO2 INTEROPERABILITY SEE NEXT PAGE

BRIEFS

F&P sees increased demand due to COVID

AUCKLAND, New Zealand - Fisher & Paykel Healthcare reports operating revenue for the nine months ended Dec. 31, 2020, was up 73% in constant currency compared to the prior comparable period. In the hospital product group, operating revenue was up 113%, with hardware growing 446% and consumables growing 54%. "In many parts of the world, we have continued to see an influx of COVID-19 patients requiring hospitalization for respiratory treatment," said Lewis Gradon, managing director and CEO. In the homecare product group, operating revenue was up 6%. The company now expects revenue and net profit after tax for FY2021 to be higher.

Itamar Medical 'jump starts' RPM initiatives

CAESAREA, Israel - Digital health company Itamar Medical plans to buy San Francisco-based Spry Health, which makes a wrist-based remote monitoring solution. Spry's Loop System, a watch-like, home-based device, uses sensing technologies and algorithms that contextualize real-time, continuous physiologic data to flag signs of patient deterioration using bio-markers such as SpO2, respiration rate and heart rate. These three signals, combined with Itamar's core expertise in Peripheral Arterial Tonometry (PAT), form the foundation for continuous sleep apnea monitoring.

Sleep8 lowers MAP

YARMOUTH, Maine - Sleep8 has decided to extend a lower minimum advertised price for its CPAP sanitizing devices throughout 2021. The company lowered its MAP to \$199 from \$249 in December to help its DME provider customers boost end-of-year revenues, resulting in "significant sales across all of our partners," the company says. Sleep8 has also revised wholesale pricing to \$109 price per unit for one case and \$99 price per unit for more than two cases.

3B Medical's Luna G3 receives approval

WINTER HAVEN, Fla. - 3B Medical has received 501(k) clearance from the U.S. Food and Drug Administration for its new third-generation bi-level device, the Luna G3 Auto-BPAP, to treat obstructive sleep apnea. The device is available with integrated heated tubing, cellular connectivity, and an advanced algorithm that automatically senses and adjusts pressure settings to ensure airway patency, according to the company.

Encore releases V3

LIVINGSTON, Tenn. - Encore Healthcare has released the third version of its Nexus platform, making it easier to tailor to meet the growth, clinical and compliance goals of respiratory HME providers at any level. "With the launch of V3, Encore is releasing a Nexus solution for companies who are not ready for the full clinically enhanced disease management platform but want to take the first step into an outcome-based model," a press release states.

Inogen names new CEO

GOLETA, Calif. - Inogen's board of directors has appointed Nabil Shabshab as president and CEO.

Shabshab will replace Scott Wilkinson, who announced that he would be retiring in June last year.

Shabshab will also serve as a Class II director, with a term expiring at the annual stockholders meeting in 2022.

Shabshab, 56, has most recently served as worldwide president of diabetes care and digital health at Becton Dickinson and Co., since August 2017. Previously, he served as the company's chief marketing officer and executive vice president of strategic planning. He's also worked at Diversey, The Zyman Group, Symphony IRI, Waner Lambert/Pfizer, the Coca-Cola Co. and Fronterra.

Shabshab's employment agreement provides for an annual base salary of \$650,000, a target annual bonus opportunity of 85% of his base salary and a cash sign-on bonus of \$1.7 million, according to a Form 8-K filed with the Securities and Exchange Commission.

The agreement also provides for an equity award of restricted stock units (RSUs) covering shares of Inogen's common stock, with an initial value of about \$1.8 million; and for an equity award cov-

ering shares of the company's common stock, with an initial value of about \$2 million, according to the form.

Wilkinson has agreed to provide transition services to Inogen as a non-executive employee until, at the latest, June 4, 2021. He will continue to receive his current base salary and other benefits, according to the form.

PATENT DISPUTE SETTLEMENT

Inogen has settled allegations that its line of wearable ventilators infringes on patents by Breathe Technologies, according to Bloomberg Law. Inogen entered the non-invasive ventilators market with its acquisition of New Aera for \$70.4 million in 2019. New Aera manufactures the Tidal Assist Ventilator system, which includes the Side-Kick RAV, a 4-ounce, pocket-sized portable non-invasive vent for people suffering from various chronic lung diseases. In its lawsuit, Breathe, which is owned by Hillrom, charges Inogen with knowing about the patent infringement prior to its purchase of New Aera and using the deal to indemnify itself against claims of patent infringement. Gregory Kapust, who was Breathe's CEO until 2011 and was listed as an inventor on the patent, founded New Aera shortly thereafter. **HME**

RESMED ON POCs

CONTINUED FROM PAGE 1

ResMed introduced the Mobi in 2018 – the result of a collaboration between the company and Austin, Texas-based Inova Labs, which it acquired in 2016 – and made it widely available in the U.S. in early 2019.

Company officials say the POC market didn't evolve the way they expected it to, with providers and payers continuing to favor stationary oxygen concentrators, making POCs "not as attractive as five years ago."

"Especially in the U.S., reimbursement has always been upside down – sort of unfavorable for POC vs. stationary," said Jim Hollingshead, president, sleep and respiratory care business. "We entered the category knowing that we're innovating and feeling really good about the product, but then you see how reimbursement hasn't changed and, in fact, has become less favorable. When you take that line of business and compare it to our overall portfolio, in relative terms, it's not nearly as strong a profile as the other opportunities."

ResMed is, instead, focusing its attention and R&D dollars on serving early stage COPD patients through Propeller, a sensor that attaches to inhalers to improve adherence; mid-stage patients through high-flow oxygen therapy; and later stage

patients through its non-invasive ventilators and lift support platform.

"We don't need POCs to help in our end-to-end digital pathway for COPD," said CEO Mick Farrell.

The COVID-19 pandemic has put a new focus on nasal high-flow oxygen therapy, company officials say, and, while it's an emerging therapy with "virtually zero" reimbursement right now, they expect it to be a growth area for ResMed.

"Ninety percent of our revenue is in the home and the idea of high-flow therapy in the home has a future," Farrell said. "We think, given some of the clinical data coming out and the research we're doing with providers around the world, that there is an opportunity to get patients out of the hospital and into the home with high-flow therapy, and (using it) as a stepping stone on the pathway to our non-invasive ventilators and life support ventilators and in combination with our drug delivery system. It's very early days, but it provides that sort of bridge portfolio and we think was validated somewhat during COVID-19. We think this will be a good part of our homecare portfolio." **HME**



J. Hollingshead

KN02

CONTINUED FROM PREVIOUS PAGE

HME NEWS: How does Kno2's Interoperability as a Service work?

Theresa Bell: We aggregate all the networks into one simple platform – we like to say we're health care's largest network aggregator. Stratice or DMEhub connects once to a set of Rest-APIs and they can communicate across the care continuum – Epic, Cerner, ambulatory EHRs, post-acute EHRs and many more. When an order is initiated out of the EHR, it allows providers to get the patient record they need to create a CMN. Now the provider can communicate everything to fulfill that order to meet Medicare's requirements. Once that's complete, we'll send the completed order not only to the provider but also back into the EHR for the referring provider.

HME: You say interoperability has been an option for only the "elite" providers in health care – hospitals and physician offices – and not post-acute care providers. How does Kno2 widen access to interoperability?

Bell: It's not only our connectivity but also our economics. Interoperability has largely been unavailable to many because of the costs. They can't afford to engage with mul-

tiples networks or endpoints, one by one, every time. In some cases, we're being used by a small office for as little as your monthly coffee allowance.

HME: Another reason that, when it comes to interoperability, the focus has been on hospitals and physicians is the HITECH Act and Meaningful Use, which provided incentive payments to these providers to use certified EHR systems in a "meaningful manner." Why did Kno2 think beyond these providers?

Bell: If we go back 10 years, everyone was focused on the Meaningful Use dollars that were incented to eligible providers. We said, "We're going after the underserved markets." We knew it was just a matter of time before post-acute and other would need it. We took the hard road and the one that was maybe not so obvious to people, but now the tail winds are in our favor.

HME: Do you think everyone also thought everything would consolidate into a Cerner or an Epic, minimizing the need for a service that aggregates so many networks?

Bell: I do think people had blinders on. When you say the word health care, people think doctor. That is a narrow view of what health care is. Healthcare covers many disciplines and the need to securely share patient information spans the continuum. **HME**

TATCH HST

CONTINUED FROM PREVIOUS PAGE

"We still have more clinical studies that are ongoing to collect more data and support different claims," Reuveny said. "We are also doing some user experience testing. We feel that the current user experience for sleep patients is not too great. We want to make sure the Tatch product journey provides the best user experience possible."

Tatch will likely go to market with a direct-to-consumer business model, Reuveny says, with plans in the works to serve not only people who already have prescriptions for sleep tests but also people who seek to obtain prescriptions virtually.

"Sleep medicine is really inaccessible," he said. "The ratio between the number of sleep clinics to people in the U.S.



TATCH IS ATTACHED TO A USER'S TORSO while they're sleeping, picking up on key signals and metrics, to gather data on sleeping habits.

is more than one to 50,000, so it's very difficult to find a sleep lab, especially if you don't live in a big city."

For HME providers, the major benefit of a company like Tatch gaining traction is the trickle-down benefit of increased prescriptions for CPAP therapy, but it also has a wow factor, says one provider, Woody O'Neal.

"I'm just fascinated by progress and technology," said O'Neal, vice president of O2 Neal Medical, who has a patch to test run. "The age-old question is, when will home sleep testing reach some sort of critical mass, and that's something I'm fascinated by. Assuming this gets the stamp of approval as a medical device, how marketable will it become?" **HME**

STUDIES

CONTINUED FROM PAGE 1

question on the FMA related to transfers, the study found scores were even higher for the telehealth group.

"The scores improved in both groups," said Dr. Brad Dicianno, study investigator and medical director at the Human Engineering Research Laboratories (HERL), which conducted the research with the University of Pittsburgh's Rehabilitation Science and Technology Department. "But one other interesting finding was that the

change in score for transfers was quite large for the telehealth group, which could have something to do with the benefits of telehealth in assessing transfers in a patient's natural environment. We might be addressing transfers more effectively that way."

The FMA, managed by UPitt and U.S. Rehab, is a patient-reported outcome questionnaire that assesses a person's satisfaction in performing common mobility related activities of daily living, such as reaching, transfers and personal care tasks.

The second study, also published in the IJR, found not only that vets and providers were

satisfied using telehealth for complex rehab technology but also that vets preferred it.

"There is a higher population of veterans living in rural areas compared to non-veterans," said Mark Schmeler, an associate professor with the RSTD, "and having telehealth really helps to get specialty care to those rural areas. Maybe there's a more efficient way to manage resources. Maybe you don't need a wheelchair clinic everywhere in the country."

The studies come at crucial time for complex rehab stakeholders, who are trying to make the case to Congress that they need

to give CMS the authority to permanently authorize physical therapists and occupational therapists as telehealth practitioners beyond the current public health emergency.

"Who benefits from this research," Schmeler said. "If there's a new treatment or approach, you need to know if you're going to get the same or better results – from the patient, provider and policy perspective. We want to make sure it's not just a way to increase utilization or shortcut best practices. These studies are the beginning of that process." **HME**

Permobil

PushTracker E2

Permobil's new preconfigured PushTracker E2 and updated app enables SmartDrive users to take control over their mobility experience and get rolling even quicker. The newest version of the smart wearable can be set up in just minutes with no Wi-Fi or phone required, and now includes performance and maintenance notifications.

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Zing Portable

The Zing Portable. Featuring three tripod-style legs that quickly and easily fold and a fully-configured weight of approximately 20 pounds. Zing Portable was designed for children in the 0-3 year age range and has a height range up to 36 inches and a weight capacity of 36 pounds. The stander's footprint and overall size are proportional to the size of the end user. The carrying handle on the Zing Portable was designed to balance the weight of the unit when folded.

WWW.ZINGSTANDER.COM

Drive DeVilbiss Healthcare

Foldable Rollator

The Foldable Rollator features a durable steel frame that supports up to 350 pounds. The arms are height-adjustable from 31 inches to 37 inches for a customized fit. Padded seat and backrest allow users to remain comfortable and supported while sitting. The rollator assembles tool-free and folds compactly for quick and easy storage and transport. Other features include under-seat storage pouch, ergonomic handgrip with easy-to-use loop lock brakes, and 6-inch wheels with soft grip tires for indoor and outdoor use.

WWW.DRIVEMEDICAL.COM



Etac

Convaid Carrot 3 Accessories

The Convaid Carrot special needs car seat now features new accessories. The Anti-Escape Vest, available in three sizes, keeps the child safe. The Anti-Adduction Pad can be used facing forward as a knee separator or facing backward as an anti-adduction pad. Incontinence cover is washable. Long Crotch Belt for the Carrot 3 XL/Booster Seat provides added comfort to growing child. The Carrot 3 is now certified to be used on airplanes.

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INDUSTRY DIGS INTO ROUND 2021 DATA

CONTINUED FROM PAGE 1

those products. The implication: that the payment amounts had gone up, prompting AAHomecare to file a Freedom of Information Act and CMS to release the data.

But it's more complicated than that, as the variance in payment amounts shows, stakeholders say. Despite a tremendous effort by AAHomecare, VGM, the CQRC and others to educate providers prior to submitting bids – an effort that included a dedicated website, calculators and in-person and online sessions – uneducated bidders could be one reason or the variance.

"If you didn't bid high enough on the lead item, it pulled the accessories way back down," said Mark Higley, vice president of regulatory affairs for VGM Government Relations. "The providers that bid \$40 on CPAP again – either they didn't know about the calculator or didn't use the calculator or just wanted to get in. Or they were hoping another provider would bid much higher."

Another reason for the variance might be the capacity offered by providers.

"If five suppliers offer a maximum amount of units, then the fifth supplier sets the price," Higley wrote in his analysis and commentary. "If that price was near or below the former SPA, there would be no increase in reimbursement. This occurred frequently in several CBAs. Conversely, suppliers who recognized this mathematical factor and/or had history of offering relatively few items in the category could generally bid at a much higher amount. If that bid approached the bid limit and there was 'room'

for the relatively low capacity offering, they then set the clearing price/maximum winning bid. And this happened frequently."

Stakeholders believe additional information is needed to completely analyze and comment on the payment amounts. AAHomecare announced last week that it had filed a second FOIA request for, among other things, the number of bids submitted. The association stated that while the data appear to support the industry's concerns that payment amounts are too low, "it is important to analyze the data and understand the variations to avoid potential unintended consequences that could result in CMS eliminating the critical gains achieved during the last several years."

"We need to know how many bidders there were," Higley said. "Areas with few bidders would have the tendency to reach capacity quicker and, accordingly, keep the single payment amounts low, like in Akron. Conversely, in some areas of the country like Chicago, a number of companies offered less capacity and hence that clearing price kept going higher and higher."

Regardless of whether or not these payment amounts should have gone into effect and what's behind the variance, stakeholders still argue that they're based on a pre-pandemic climate – demand and costs have shifted significantly since bids were submitted.

"Don't forget CMS's decision was two-fold," Bachenheimer said. "There was the lack of savings, and there's also the pandemic." **HME**

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PROBLEMS

CONTINUED FROM PAGE 1

one-year mark, HME providers have reported lengthy delays in obtaining both oxygen equipment and parts. Post-holiday surges in December and January have stretched them, and the health care system at large, to the limit.

The bid program, which drastically reduced reimbursement and forced providers and manufacturers to run much leaner operations, has in some ways handicapped the industry's ability to respond to increased demand in the way that it would like to, Starck says.

"Manufacturers only manufacture enough to keep up with normal demand," he said. "The last 60 days have been anything but ordinary. Manufacturers can't just flip a switch and make more widgets. Supply has been impacted and it's downstream effect (has hit) at all levels in the industry."

As the "second line of defense" in fighting COVID-19, HME providers have a broad view of the resulting impact, says Crispin Teufel, Lincare CEO and CQRC chairman.

"It's difficult for hospital systems to get the oxygen to the bedsides, given the significant liter flows required," he said. "It's difficult for the industry to get enough concentrators and make them available to deal with the discharges from the hospital."

Stakeholders would like CMS to make permanent some of the changes it has made during the pandemic to increase access, like allowing coverage of home oxygen for acute conditions (including COVID-19) and waiving medical record review requirements for respiratory therapy. **HME**

QUINLAN'S

CONTINUED FROM PAGE 8

and physician practices to get everybody vaccinated. I think we're well on our way.

HME: How were you able to secure the vaccine for your employees and has the vaccine had an impact on morale?

Quinlan: The county health department reached out to us and we're also part of a community pharmacy enhanced services network so we were able to get on that priority list – basically just reaching out to whoever. It kind of put us toward the top that we're delivering oxygen and hospital beds and trying to keep people in their home to slow the spread. Most of the staff has been willing to get vaccinated. It gives them another sense of security and being a big part of that front line of health care workers trying to slow the spread.

HME: Will you be administering vaccines, as well?

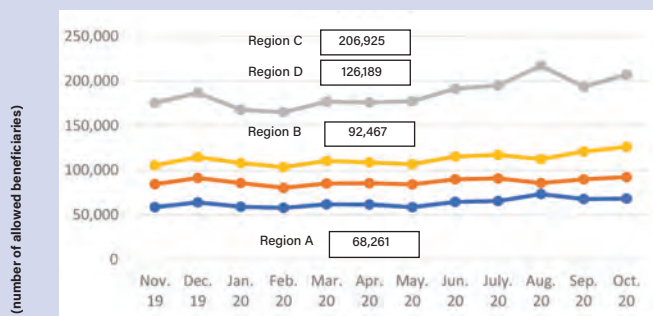
Quinlan: Yes. As a pharmacy we're in a pilot with New York state. But in New York, there's still a shortage and it's somewhat disorganized as far as the requirements for the Pfizer vaccine because it has to be a certain temperature. The ball is ever moving. We're looking forward to helping slow the pandemic with this vaccine. A lot of independent pharmacies will be administering it.

HME: Last year was rough all around. How are you feeling about 2021?

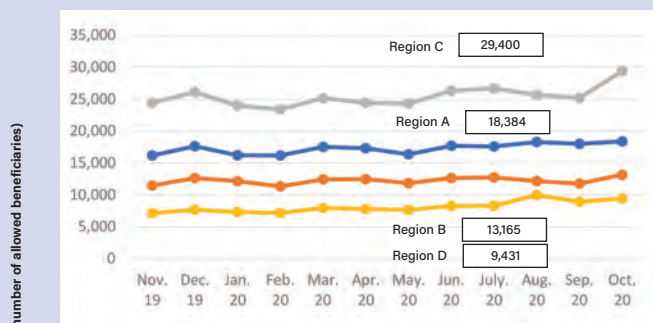
Quinlan: We've worked with insurers, AAHomecare, state associations, VGM – we have all come together in these challenges with a great alliance and a greater value put on DME. We actually do keep people at home and I actually see us being stronger going forward. **HME**

Medicare Market Marker

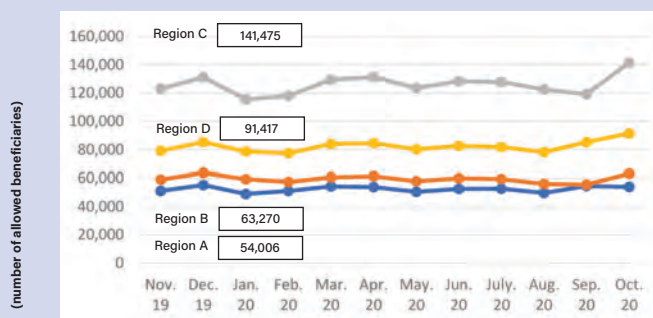
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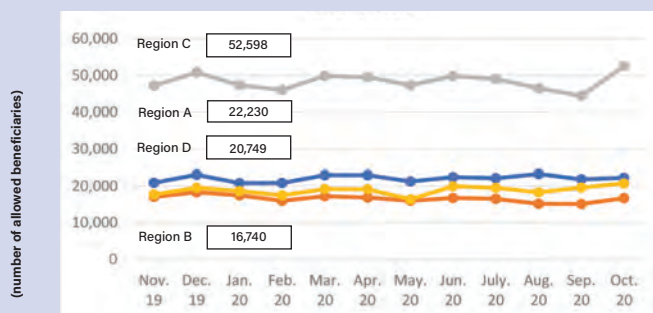
E0260: SEMI-ELECTRIC HOSPITAL BED



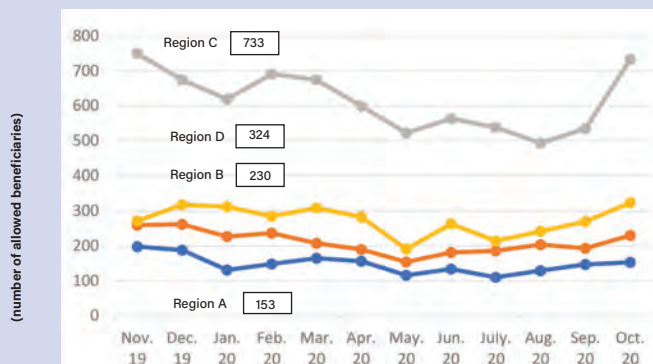
E0601: CPAP



K0001: STANDARD WHEELCHAIR



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**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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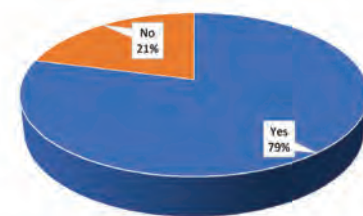
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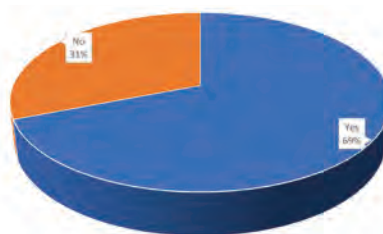
Are DMEPOS suppliers eligible for vaccines in your state?



"About 2/3 of our employees were willing to get the vaccine. Many were sick for a day after the second shot. Some of them feel safer, some of them don't feel like it will make a difference."

-Anonymous

Have you been vaccinated?



"One hundred percent of our employees have received their second vaccine. I believe that it as given some security to them as they care for patients. Since 1/1/21 we have seen a large increase in COVID-19 positive patients being treated with home oxygen."

-Betty Horrigan, New York

News poll based on 65 respondents.

The Braff Group M&A Insider

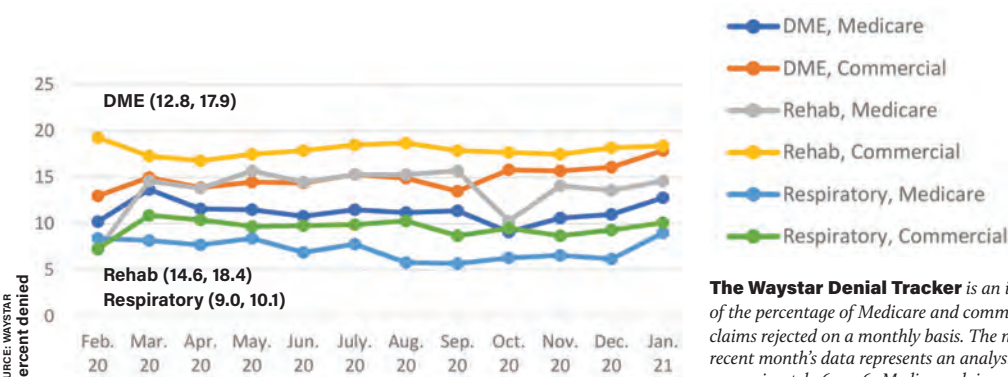
Home Medical Equipment Deal Trends



This month, with complete data now in for 2020, we take a 10-year retrospective look at HME mergers and acquisitions activity. Notably, while much of the mergers and acquisitions world saw sharp declines in deal flow, the HME segment eeked out an increase of 3.1%, owing largely to it's COVID resistant demand for products and services. As such, the sector saw its third consecutive year of elevated activity. Also notable – a 45% increase in private equity activity (platform and follow-on combined) as interest in the space from sponsors remains high. With investors taking their cues from high profile announcements of AdaptHealth's acquisition of AeroCare and Apria's intention to go public, the table is set for sustained, and perhaps increased acquisition interest – and valuation – in HME in 2021.

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

The Waystar Denial Tracker



The Waystar 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 694,261 Medicare claims and 3,391,481 commercial claims adjudicated between January 1, 2021, and January 31, 2021. The index is a categorized and weighted analysis of claims filed by Waystar customers.

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