

# HomeCare

THE LEADING BUSINESS RESOURCE FOR HME  
& HOME HEALTH PROFESSIONALS  
HOMECAREMAG.COM

SEPTEMBER 2022

**HME**  
Restarting oxygen  
rentals

**IHC**  
Today's M&A  
trends

## SHOW ME THE DATA

How a tech startup built by  
undergrads is finding new  
ways to shape care



**Plus:**  
» The rise of AI  
» Rethinking RPM



One solution.

Endless collaboration.

With CitusHealth, organizations get more than a communication tool. They get a fully integrated collaboration platform with robust patient support that enables seamless communication, captures electronic signatures, customizes forms, and so much more.

**Improve satisfaction**

**Increase engagement**

**Boost productivity**

Check 102 on index.

[citushealth.com/one-platform](https://citushealth.com/one-platform)

**CitusHealth**  
by ResMed





## FREESTYLE® COMFORT® AND COMPANION 5™ YOUR NON-DELIVERY SOLUTION FOR NEW O2 SET-UPS

- Increase operational efficiency
- Reduce total cost of ownership
- Encourage unlimited patient ambulation

Connect with us at **Medtrade East** or visit  
[www.caireinc.com/providers](http://www.caireinc.com/providers) to learn more.

  
**CAIRE**®  
*O<sub>2</sub> is what we do.*



SEE PRODUCT WARRANTY STATEMENT FOR COMPLETE INFORMATION. Please consult the applicable product instructions for use for product indications, contraindications, warnings, precautions, and detailed safety information.  
© Copyright 2022 CAIRE Inc. All Rights Reserved.

Check 103 on index.

## EDITORIAL

**Editor**

Hannah Wolfson | (205) 278-2825  
 hwolfson@cahabamedia.com

**Managing Editor**

Kristin Easterling | (205) 314-8267  
 keasterling@cahabamedia.com

## CREATIVE SERVICES

**Art Director**

Jessi Tygielski

**Digital Project Manager**

Greg Ragsdale

**Web Developer**

Greg Caudle

## CIRCULATION

**Subscription Changes & Inquiries**

homecaremag@omeda.com

## ADVERTISING

**Associate Publisher**

Jim Harmon | (205) 933-0333  
 jharmon@cahabamedia.com

**Sales Development Representative**

Jill Kuerner | (205) 961-3378  
 jkuerner@cahabamedia.com

**Client Services Representative**

Kinsey Copeland  
 kcopeland@cahabamedia.com

## EDITORIAL ADVISORY BOARD

**Cara Bachenheimer**

Chair, Government Affairs Practice  
 Brown & Fortunato, P.C.

**Jeffrey S. Baird**

Chairman, Health Care Group, Brown & Fortunato, P.C.

**Mary Ellen Conway**

Chief Compliance Officer, US Med

**Louis Feuer**

President, Dynamic Seminars & Consulting

**Jim Greatorex**

Vice President, VGM Live at Home

**Mike Hamilton**

Executive Director, Alabama Durable Medical  
 Equipment Association

**Sarah Hanna**

VP of Consulting Services, ACU-Serve Corp.

**Seth Johnson**

VP Government Affairs, Pride Mobility Products Corp.

**Miriam Lieber**

President, Lieber Consulting

**York Schwab**

Show Director, Medtrade

**Bradley Smith**

Managing Director/Partner, Vertess

**William A. Dombi**

President, National Association for Home Care  
 & Hospice

**Publisher**

Matthew G. Conroy

**Director of Finance**

Brandon Whittemore

**Vice President of Sales**

Greg Meineke

1900 28th Avenue South, Suite 200  
 Birmingham, AL 35209 • Phone: (205) 212-9402

## Dear HomeCare Readers,

Like a lot of you, our company is small enough that we don't have in-house information technology staff. We have a lot of tech-savvy folks and a buddy system, and we call on an offsite company if we can't fix a problem ourselves. So managing technology—especially integrating new forms of tech and training people to use it—isn't always a no-brainer for us.

But sometimes, upgrading systems offers a significant enough change that it's just worth it. In this month's cover series, we look at some of the advancements happening in homecare technology. First, we've got a feature on Intus Care, a company founded by Brown University undergraduates with the idea that better collecting and understanding data could help PACE participants and providers achieve more. Then there's a deep dive into how artificial intelligence—which sounds futuristic but is a reality today—could help solve some of the industry's biggest problems, including staffing and documentation. And finally, we've got an interview with the co-founder of connected care company Biofourmis about a better approach to remote patient monitoring. A special hat tip to Managing Editor Kristin Easterling, who wrote all three of these stories for us this month!

There's a lot more inside beyond exploring our technological future, too. We've got advice from experts on what's necessary to restart the oxygen rental period, products to help clients and caregivers with safe transfers, how to build your best accreditation program, the current state of mergers and acquisitions, and more. We hope you enjoy.

Thanks for reading!

Hannah Wolfson

**BE HEARD**

**We want to know what you think** and how we can serve you better.

Send your comments and feedback to Managing Editor Kristin Easterling at keasterling@cahabamedia.com. We'd love to hear from you!

HomeCare® (ISSN# 0882-2700) is published monthly by the Cahaba Media Group, 1900 28th Avenue S., Suite 200, Birmingham, AL 35209. Periodicals postage paid at Birmingham, AL, and additional mailing offices. SUBSCRIPTIONS: Free of charge to qualified HME and home health workers. Publisher reserves the right to determine qualifications. **Annual subscriptions:** U.S. and possessions \$48, all other countries \$125 U.S. funds (via air mail). Single copies: U.S. and possessions \$5, all other countries \$15 U.S. funds (via air mail). Call 205-278-2840 inside or outside the U.S. POSTMASTER: Send changes of address and form 3579 to HomeCare Magazine, Subscription Dept., P.O. Box 530067, Birmingham, AL 35253. ©2022 Cahaba Media Group, Inc. No part of this publication may be reproduced without the written consent of the publisher. The publisher does not warrant, either expressly or by implication, the factual accuracy of any advertisements, articles or descriptions herein, nor does the publisher warrant the validity of any views or opinions offered by the authors of said articles or descriptions. The opinions expressed are those of the individual authors, and do not necessarily represent the opinions of Cahaba Media Group. Cahaba Media Group makes no representation or warranties regarding the accuracy or appropriateness of the advice or any advertisements contained in this magazine. **SUBMISSIONS:** We welcome submissions. Unless otherwise negotiated in writing by the editors, by sending us your submission, you grant Cahaba Media Group, Inc., permission by an irrevocable license (with the right to license to third parties) to edit, reproduce, distribute, publish, and adapt your submission in any medium on multiple occasions. You are free to publish your submission yourself or to allow others to republish your submission. Submissions will not be returned. VOLUME 44 NUMBER 9





HOME CARE AND HOSPICE

# CONNECTION 4.0 LINK UP

CONFERENCE AND EXPO

OCTOBER 23–25 | ST. LOUIS



This year, we want to celebrate one of the most meaningful touchstones of our industry...

## CONNECTION.

The 2022 Home Care and Hospice Conference and Expo is the meeting point for you to uncover groundbreaking ideas, discover new interests, and network with industry pros in home care and hospice.



Inspiring Speakers  
Hitting the Mainstage



Your Chance  
to Ask the Experts



Put Ideas to Work  
Straight Away



Registration is Open!

[nahc.org/nahc2022](http://nahc.org/nahc2022)



# In this issue



## COVER SERIES: TECHNOLOGY

- 16 How a company founded by Brown University undergrads is making a big impact on senior care
- 20 Experts say machine learning can prevent burnout & improve outcomes
- 23 Shifting the language of remote patient care

## HME

- 28 When to restart the 36-month oxygen rental period
- 30 Products providers can offer to make transfers easier

## IN EVERY ISSUE

- 6 Industry News
- 9 Government Affairs
- 10 Columns
- 39 HomeCare Directory: Beds
- 48 Back Page

44



## IN-HOME CARE

- 33 A look at current trends in mergers & acquisitions
- 36 Finding the right PACE partner can get you off on the right foot

## MARKET-LEADING PRODUCTS

- 40 New on the Market
- 41 CPAP
- 44 Scooters
- 45 Footwear

## COLUMNS

- 10 **HME:** The 7 timeless elements of an effective compliance plan
- 12 **IN-HOME CARE:** Understand the basics before you start billing Medicaid
- 14 **ROADMAP:** 5 steps to help protect your team's mental health



# We change the way you think about accreditation.

**For over 25 years, we have redefined and simplified accreditation.**

**If you're not using The Compliance Team for accreditation, you should be. And here's why:**

- A one-on-one advisor who walks you through the standards via a call series
- Policy and procedure templates that save you time and money
- Self-assessment checklists that will streamline the process
- Live and recorded webinars that answer all your questions
- Access to our patient satisfaction portal, allowing you to benchmark your patients against thousands of others
- A 3-year payment schedule with no additional or hidden fees
- Exemplary Provider® status

 **The  
Compliance  
Team**<sup>™</sup>

*Accreditation Organization*

Check 106 on index.

**215-654-9110 | [TheComplianceTeam.org](http://TheComplianceTeam.org)**

## UPCOMING SHOWS

Two major industry gatherings—the 2022 Home Care and Hospice Conference and EXPO and Medtrade East—both kick off in the fourth week of October. We'll preview Medtrade in our October issue, but here's a sneak peek at what's coming at the show hosted by the National Association for Home Care and Hospice (NAHC), which will be held Oct. 23-25 in St. Louis. More than 1,000 professionals are expected to attend.

**CONFERENCE THEME:** Connection, with a focus on the fourth industrial revolution that's bringing increasing technological advancement, automation and interconnectivity

**KEYNOTE SPEAKERS:** Nichol Bradford, a futurist and tech pioneer who co-founded Transformative Tech and previously worked for Disney, Vivendi and more; RX Fogarty, founder of Dear World and an artist dedicated to the power of a personal story.

**INDUSTRY INFO:** NAHC president Bill Dombi and organization leaders will present the latest news and industry response in the opening session.

**EDUCATION:** Three days of sessions on a wide range of clinical and business management topics, with everything from in-home diagnostics to combating anxiety at work. Plus, a pre-conference event, H3IT, the International Conference on Home Healthcare, Hospice and Information Technology.

**EXPO:** Booths from 184 exhibitors from software companies, service providers, manufacturers and innovative products, accreditors and much more.

## CMS Recruiting Hospice Providers to Beta-Test New Model

The Centers for Medicare & Medicaid Services (CMS) and its contractor, Abt Associates, need additional Medicare-certified hospice providers to participate in a beta test of the draft hospice patient assessment instrument called Hospice Outcomes & Patient Evaluation (HOPE). Recruitment is ongoing and training will occur on a rolling basis. Data collection begins when training is completed and is expected to continue through fall 2022.

CMS is specifically seeking providers with sufficient registered nurse, social worker and chaplain staffing to conduct one to two joint visits per week. For joint visits, two registered nurses visit one patient at the same time to complete the HOPE nurse assessment. Two social workers visit the patient at the same time to complete the HOPE social work assessment, and two chaplains visit the patient at the same time to complete the HOPE chaplain assessment. One of the two registered nurses, social workers and chaplains may attend their joint visit via video call. HOPE assessments are completed at admission, for symptom reassessment and at live discharge.

CMS is aiming to finish beta testing in early fall. If there is time, CMS may analyze the results of the testing and formulate a proposal for HOPE use by all hospices in the 2024 proposed rule. Joint visits are typical in beta testing standardized assessment instruments, but would not likely be required if a HOPE tool is implemented in hospice. [abtassociates.com](http://abtassociates.com), [cms.gov](http://cms.gov)

## Sunrise Medical Brings RGK Wheelchairs to North America

RGK, a range of advanced and premium made-to-measure manual wheelchairs, is now available through Sunrise Medical North America.

Already trusted by many top professional athletes and boasting more than 30 ambassadors globally, RGK is launching a new line of made-to-measure manual

wheelchairs. The company is following clinical evidence indicating a highly customized ultralight manual chair that is built to fit the individual rider results in optimal function and quality of life.

RGK and Sunrise also announced the launch of the RGK Genius Program. An RGK Genius is a subject matter expert on RGK and manual wheelchair design and mobility. Every RGK wheelchair evaluation/consultation will have an RGK Genius available to be there in person or via video conference to assist with measurements and any questions on the RGK product. [sunrisemedical.com](http://sunrisemedical.com)

## AAHomecare Launches New Diabetes Council

In October, AAHomecare will host the first meeting of its newly formed Diabetes Council in Arlington, Virginia, for key leaders in the diabetes market. The board of directors voted in July to establish this new council to meet the needs of member providers in the space.

According to the Centers for Disease Control and Prevention, the pervasiveness of Type 1 and Type 2 diabetes will increase by 54% between 2015 and 2030 to include more than 54.9 million Americans. As the demand grows for devices to manage and control diabetes, so does the need to establish a cohesive group of providers to strategize, advocate and communicate the challenges of the market.

The new council will be chaired by Linda Langiotti of CCS Medical; John Pryor of AdaptHealth will be vice chair. Together with council input, they will lead the discussion to develop goals for 2022-2023, which include:

- Demonstrating the benefits of durable medical equipment (DME) for access to and compliance with diabetes device therapy
- Ensuring distributors have a voice in policy making for DME coding and coverage criteria
- Developing strategy for continuing to treat patients on continuous glucose



monitor (CGM) therapy when the public health emergency ends

- Addressing taxability of CGM devices on a state-by-state basis

[ahomecare.org](http://ahomecare.org)

### **Belluscura Signs Supply Agreement With VGM**

Belluscura, a medical device developer focused on lightweight and portable oxygen enrichment technology, has entered into a group purchasing organization product supply agreement for the supply of portable oxygen concentrators with VGM Group, Inc.

VGM's providers will immediately gain access to Belluscura's portable oxygen concentrator, the X-PLOR, which was launched in late June 2022, and later this year will gain access to the DISCOV-R.

More than 2,500 health care providers with nearly 7,000 locations across the U.S. are members of VGM. The agreement further expands Belluscura's distribution network across the U.S. and its routes to market.

[belluscura.com](http://belluscura.com)

### **NSM Official ADA Sponsor for Music Festival**

National Seating & Mobility (NSM), a provider of comprehensive mobility solutions, will return as the official Americans with Disabilities Act (ADA) sponsor of Pilgrimage Music & Culture Festival Sept. 24-25, 2022. The sponsorship will mark the third consecutive year of NSM's partnership with the festival, which is held at the Park at Harlinsdale Farm in Franklin, Tennessee. NSM's sponsorship will fund hosted ADA-accessible viewing platforms for attendees with disabilities among the thousands across the nation attending the two-day event.

Viewing platforms will be set up around the two Pilgrimage Festival main stages to ensure a clear view of the performers for those with disabilities. Headliners include Chris Stapleton, Brandi Carlisle, the Avett Brothers and Elle King, and there are 50 additional acts across five stages.

[nsm-seating.com](http://nsm-seating.com)

### **Empath Health Adds Hospice of Marion County to Network**

Hospice of Marion County (HMC) has begun the process of affiliating with Empath Health. Empath Health currently has three hospice organizations operating within its network: Tidewell Hospice, Suncoast Hospice and Suncoast Hospice of Hillsborough. This year Empath Health was also awarded the initial certificate of need to operate hospice services in Polk, Highlands and Hardee counties in Florida.

HMC has served the community since 1983 and has been recognized by the Joint Commission with deemed status, exhibiting that it not only meets but exceeds standards set by the Centers for Medicare & Medicaid Services. In addition to hospice services, the agency includes Carewell Supportive Care, a palliative care provider for pain and symptom management, and durable medical equipment supplier Accent Medical, which serves hospice patients and families and sells directly to the public. HMC also has four thrift stores that financially support the organization and will be establishing a foundation to ensure all donation monies remain in and continue to benefit the patient programs of Marion County.

The organizations expect the integration to be complete in early 2023. HMC will retain its name and the executive leadership will remain in place as part of the larger Empath Health organization.

[empathhealth.org](http://empathhealth.org), [hospiceofmarion.com](http://hospiceofmarion.com)

### **Always Best Care Expands Services in 3 States**

Always Best Care Senior Services announced that it has signed new franchise agreements in Seattle; Orlando, Florida; and Humble, Texas, welcoming new owners to the system and expanding its brand presence in key states. These agreements come as the senior care franchise system continues to capitalize on over 10% sales growth in 2021 and an increased demand for in-home senior care by targeting new markets around the country for expansion.

## **MERGERS & ACQUISITIONS**

**July 26** Lifeway Mobility Acquires Health & Comfort Equipment

**Aug. 2** ResMed Purchases mementor

**Aug. 2** Tabula Rasa HealthCare Completes Sale of PrescribeWellness Brand

**Aug. 9** Netsmart Acquires CORE Analytics Solution

**Aug. 9** CMS Plans to Bid on Signify Health

**Aug. 16** Humana Buys Inclusa

**Aug. 19** ACU-Serve Corp. Acquires ECS Billing & Consulting North

## **UPCOMING EVENTS**

**We want to make sure our readers know about upcoming event opportunities. Did we miss an event? Send info to [keasterling@cahabamedia.com](mailto:keasterling@cahabamedia.com).**

**Sept. 14–15**  
**ATHOMES Annual Meeting**  
Nashville, TN  
[athomes.org](http://athomes.org)

**Sept. 28–29**  
**PAMES Conference**  
Seattle, WA  
[pames.org](http://pames.org)

**Oct. 16–19**  
**LeadingAge Annual Meeting & Expo**  
Denver, CO  
[leadingage.org](http://leadingage.org)

**Oct. 23–25**  
**NAHC Home Care & Hospice Conference & Expo**  
St. Louis, MO  
[nahc.org](http://nahc.org)

## INDUSTRY MOVES

**July 26**  
**Tina Null Signs On as Anelto Chief Clinical Officer**



**Aug. 2**  
**Anelto Appoints Chuck Washburn Chief Revenue Officer**



**Aug. 11**  
**Jeremy Stolz Named President of VGM & Associates**



**Aug. 12**  
**Lance Robertson Joins Intuition Robotics Advisory Board**



**Aug. 12**  
**Nonin Medical Names John M. Hastings CEO**



**Aug. 16**  
**Christopher Bradbury Joins Integrated Home Care Service as CEO**



**Aug. 18**  
**Roy Jakobs Appointed New CEO of Royal Philips**



**Aug. 22**  
**Christy Hendricks Joins Empath Health Leadership Team**



“The need for in-home senior care is more pressing than ever, with about 10,000 seniors turning 65 every day,” said Jake Brown, president and CEO of Always Best Care. “Nonmedical in-home care providers had an opportunity to shine during the pandemic, proving their worth to seniors and their adult children who began to view in-home care as a safer, more effective alternative to facilities. In addition, more payers now cover care that keeps seniors in their homes and out of hospitals. Those are just a few of the developments that have converged over the last few years to make our business model very attractive to new owners.”

Franchise opportunities are now available in many new territories with a growing population of senior homeowners. Markets open for development include key cities in Florida, Georgia, Louisiana, Arkansas, Pennsylvania, Missouri, Ohio, Michigan, Oklahoma, Nebraska, Indiana, Idaho, Nevada, Utah, Southern California, Oregon and Washington state.

[alwaysbestcare.com](http://alwaysbestcare.com)

### NSM Launches Consumer Insights Council

National Seating & Mobility (NSM), a provider of comprehensive mobility solutions, has formed the NSM Consumer Insights Council to provide valuable insight about the trends, priorities and drivers affecting the complex rehab technology client experience. The council’s input fuels the strategic direction at NSM, supporting best-in-class client service and satisfaction.

The NSM Consumer Insights Council is comprised of NSM clients and caregivers with personal experience in navigating the complex rehab technology industry, unique knowledge and a passion for the future of mobility solutions. Council members agree to participate in quarterly virtual meetings on prioritized topics.

NSM Consumer Insights Council participants include:

- Calvin Ferguson
- Will Fargas

- Lindsay Tuman
- Savannah Moore
- Martha Siravo
- Sandy Stuman and Lori Stuman
- Chris Ermolik
- Samantha Good
- Jason Price
- Kaity Ellis
- Jennifer Harrison

NSM launched the NSM Consumer Insights Council to better understand client needs and prioritize those needs to guide client experience excellence. The company will use input from the council to better understand client perspectives and needs as well as to create strategic responses.

[nsm-seating.com](http://nsm-seating.com)

### TZMO USA Partners With Mutual Drug

TZMO USA announced that the company has entered a partnership with Mutual Drug, a full-line wholesaler, to offer the Seni brand of adult incontinence products into the more than 500 pharmacies in North Carolina, South Carolina, Virginia and West Virginia that make up the Mutual Drug collaborative network of pharmacies.

Seni incontinence products and skin care lines are available in many countries around the world. Seni products are present in mass retailers, pharmacies, nursing homes, assisted living communities and other distribution channels.

Mutual Drug provides a supportive network of independent pharmacies. Its members leverage group buying power, have transparency into the true cost of products and receive equitable treatment throughout their cooperative.

[seni-usa.com](http://seni-usa.com)



**GET MORE NEWS**

Visit [homecaremag.com/news](http://homecaremag.com/news) for the industry info you need to know.

# Preserving Access to Home Health Act

HR 8581/S 4605

By Kristin Easterling

The annual proposed rule for Medicare home health services, which the Centers for Medicare & Medicaid Services (CMS) released in June, includes an estimated 4.2% or \$810 million decrease in aggregate payments. The rule would apply to calendar year 2023.

An analysis of the rule from the National Association for Home Health & Hospice (NAHC) revealed that 44% of home health agencies would operate at a loss in 2023 if the rule moved forward as proposed. The home health industry reacted strongly to the news and jumped into action to halt the proposed cuts.

“The stability of home health care is at risk because of CMS proposing the application of a fatally flawed methodology for assessing whether the Patient Driven Groupings Model led to budget neutral spending in 2020 and later years,” said William A. Dombi, president of NAHC.

“In its actions, the administration is undermining providers’ ability to deliver these critical services. ... CMS is unfairly assuming all providers are bad actors. This is not acceptable,” said Katie Smith Sloan, president and CEO of LeadingAge.

“Considering that access to home-based care has become increasingly important to the health and safety of American seniors, it is very troubling that CMS would propose such steep rate cuts for next year and potentially even deeper cuts in the future,” said Joanne Cunningham, CEO of the Partnership for Quality Home Healthcare.

In late July, Sens. Debbie Stabenow (D-Michigan) and Susan Collins (R-Maine), introduced the Preserving Access to Home Health Act. A House version of the bill soon followed, initially sponsored by Rep. Terri Sewell (D-Alabama).

If passed, the act would freeze current Medicare reimbursement rates for home health through 2026, but requires any make-up payments discovered then to be paid by 2032 in order to keep everything within the current 10-year budget cycle. It focuses solely on the payment issue, not on other adjustments in the proposed rule. The bill is designed to be budget neutral.

### WHY IT MATTERS



**In the face of massive staffing shortages and rising costs, more than 1,000 agencies have closed in recent years, cutting access to home health care for more than 300,000 Medicare beneficiaries. Increased cuts would harm agencies’ ability to staff up and cover the growing demand for their services.**

### TIMING MATTERS

NAHC said the introduction of the bill in late July was a strategic move, designed to get the ball rolling before Congress recessed for and public comments closed mid-August. The goal is to influence CMS to adjust the rule. If not, the language could go into a budget reconciliation package or legislation regarding the public health emergency. The bill’s provisions did not make it into the recently passed Inflation Reduction Act.

### DID YOU KNOW?

**The Partnership for Quality Home Healthcare conducted a poll in late July that found 76% of registered voters over age 65 would be less likely to support their member of Congress if they were in favor of making these cuts to Medicare home health services.**

**LEARN MORE** Find HomeCare’s coverage of the proposed rule and this bill at [homecaremag.com/home-health](https://homecaremag.com/home-health).



# First, Build a Strong Foundation

The 7 timeless elements of an effective compliance program

By Mary Ellen Conway



MARY ELLEN CONWAY, RN, BSN, is chief compliance officer for US Med and a member of the HomeCare Editorial Advisory Board. Reach her at [meconway@usmed.com](mailto:meconway@usmed.com).

In 2005, the Department of Health and Human Services Office of the Inspector General (OIG) published seven essential requirements of an effective compliance program. Seventeen years later, these seven elements are still a solid foundation for your compliance efforts.

## 1 Implement written policies, procedures & standards of conduct.

Every accredited durable medical equipment (DME) organization should already have policies and procedures in place that meet its accreditor's standards. Additionally, these should promote the organization's commitment to compliance and address specific areas of risk. All new hires should review these policies at orientation and they should be available for review at any time. Employees should sign off on a standards-of-conduct document at orientation and again annually to ensure compliance.

The OIG recommends that compliance policies and procedures be designed in a way that helps employees remain in compliance while carrying out their job functions. Here are some excerpts from the guidance:

- Are policies and procedures clearly written, relevant to day-to-day responsibilities, readily available to those who need them and re-evaluated on a regular basis?
- Does the organization monitor staff compliance with internal policies and procedures?

- Have the standards of conduct been distributed to all directors, officers, managers, employees, contractors and clinical staff members?

## 2 Designate a compliance officer & a compliance committee.

In a small organization, the lead members of the staff may wear many hats, but someone should certainly be named the compliance officer. In a larger organization, the compliance officer may head the compliance department and report to the principals of the organization. The compliance officer is charged with operating and monitoring the compliance program.

There should also be a compliance committee that meets at least annually to review compliance activities and the results of any audits or findings that may have occurred during the year. The compliance committee should include members of key functions within the organization, such as legal, information technology and privacy. The OIG suggests organizations should consider these questions:

- Does the compliance department have a clear, well-crafted mission?
- Does the compliance department have sufficient resources (staff and budget), training, authority and autonomy to carry out its mission?
- Is there an active compliance committee made up of trained representatives of each of the relevant functional departments and senior management?

- Does the compliance officer make regular reports to the board of directors concerning different aspects of the compliance program?

### **3** Conduct effective training & education.

It is imperative that all staff members receive training on fraud and abuse, regulatory requirements and the compliance program upon orientation and education on the relevant factors annually. Your accreditor may have this requirement built into its annual educational requirements.

- Does the organization conduct annual compliance training for its staff, including both general and specific training pertinent to the staff's responsibilities?
- Does the organization evaluate the content of its training and education program on an annual basis and determine that the subject content is appropriate and sufficient to cover the range of issues confronting its employees?
- Has the organization kept up to date with any changes in federal health care program requirements and adapted its education and training program accordingly?
- Does the organization review the content of its education and training program to consider results from its audits and investigations?

### **4** Develop effective lines of communication.

The OIG describes open communication as a product of organizational culture and internal mechanisms for reporting instances of potential fraud and abuse. All employees must feel comfortable reporting internally and there should be multiple reporting avenues, such as the compliance officer and an anonymous hotline. All reports must be taken seriously, and the compliance officer should conduct a follow-up with employees, when applicable.

- Does the organization foster a culture that encourages open communication without fear of retaliation?
- Has the organization established an anonymous hotline or other similar mechanism so that staff, contractors, patients/clients, and medical and clinical staff members can report potential compliance issues?
- How well is the hotline publicized; how many and what types of calls are received; are calls logged and traced (to establish possible patterns); and is the caller informed of subsequent actions?
- Are all instances of potential fraud and abuse investigated?
- Are the results of internal investigations shared with the governing body and relevant departments on a regular basis?

### **5** Conduct internal monitoring & auditing.

This involves an ongoing process of evaluation and assessment to deter bad behavior and ensure the effectiveness of education and corrective action(s). The compliance program should also monitor compliance with privacy and provide a risk assessment of potential privacy issues.

- Is the audit plan a proactive program that reviews processes, such as billing, prior to the claim being billed or shortly thereafter?
- Is the audit program re-evaluated and does it address the proper areas of concern, such as findings from previous years' audits?
- Does the audit plan include an assessment of billing systems and claims accuracy to identify the root cause of billing errors?
- Is the role of the auditors clearly established and are personnel qualified?
- Is the audit department available to conduct unscheduled reviews?
- Does the audit include a review of all billing documentation, including clinical documentation, in support of the claim?

### **6** Enforce standards of conduct through well-publicized disciplinary guidelines.

Standards of conduct outline an organization's rules, responsibilities, proper practices and/or expectations of its employees. Compliance should work with human resources to ensure that the standards and consequences for violations are strictly enforced.

- Is there a response team that may be able to evaluate any detected deficiencies quickly?
- Are all matters thoroughly and promptly investigated?
- Are corrective action plans developed that take into account the root causes of each potential violation?
- Are periodic reviews of problem areas conducted to verify that the corrective action that was implemented successfully eliminated existing deficiencies?
- Are overpayments promptly reported and repaid to the durable medical equipment Medicare administrative contractor?

### **7** Respond promptly to detected offenses & undertake corrective actions.

Ensure that any detected offenses that are discovered are immediately addressed and that actions are begun immediately to correct the deficiency and ensure that it no longer occurs. Failure to ensure timely and effective remediation for offenses can create additional exposure for the organization.

Your organization, no matter how small, should have an effective compliance program. If you need to, hire a consultant to help you get one in order. Know your areas of risk and make sure your employees are well informed of their responsibilities to ensure that you promote a culture of compliance. **HC**

# So You Want to Bill Medicaid?

Understand the basics before you jump in

By Jeff Howell



JEFF HOWELL is the director of growth at Alayacare, an end-to-end homecare software platform that has powered over 1 billion homecare visits. In his spare time, Howell is the host of the Home Health 360 Podcast, where he speaks with leaders in homecare from across the globe.

Homecare agencies that venture into the world of Medicaid face new obstacles compared to the Wild West of private pay.

Medicaid has strict guidelines regardless of which state you are billing in and no matter how you are generating invoices and collecting funds. This article explores some key things to evaluate before you make the shift.

## What Are the Normal Billing Processes?

Homecare agencies first receive authorizations (otherwise known as an authorization period) that outline the number of units a client can receive. For example, a client may be authorized to receive personal care for monthly recurring visits for up to 112 units or 28 hours (each unit being a quarter of an hour). Another may be authorized to receive one visit per week for two months.

Your billing software for Medicaid should have either a hard or a soft guard against your scheduler accidentally setting up visits outside of the authorization period. Those visits will not be reimbursed by your state Medicaid provider. A soft stop would be an icon or a warning to the scheduler, and a hard stop would not physically allow the scheduler to set up a visit in error.

## Rejections & Denials

One of the biggest downfalls of small Medicaid agencies is that denial or rejection rates are typically 20% to 30%.

The difference between the two is that rejections have data that is missing or inaccurate, requiring the agency to go back, correct the data and re-submit those claims. Denials, on the other hand, are simply unpayable (for example, if the client was not Medicaid eligible), and the reimbursement is gone forever. The challenge with denials is that Medicaid reimbursements have a low margin to begin with.

Imagine if 20% of your claims are denied and your \$20-per-hour biller is now on the phone for several hours with your state Medicaid department to fix visits that only have a \$2 profit margin. Even if they correct nine visits in an hour, you are still losing money, as you had to pay that employee \$20 to recover \$18 in lost profits.

This is why Medicaid is a challenging service line: The visit requirements are complex enough that there is a high denial rate, but the margins are thin enough that agencies cannot afford to make any errors.

## Sources of Medicaid Denials

Two common factors in denials are scheduler error at the point of scheduling and caregiver error when documenting the visits.

The first can be solved by use of the hard stops previously mentioned, or, if your system of record only has a soft stop, then look at stronger training and adherence to the soft stops for new schedulers, with a supervisor overseeing shift compliance.

The second typically has to do with caregivers not accurately logging the



activities of daily living (ADLs) before clocking out of a visit. In this case, be sure that your mobile app has the same hard stop functionality—that is, that it doesn't allow the caregivers to clock out without accurately documenting the visit.

For rural visits, some apps have an offline mode, which requires more training for your caregivers. A common complaint in the industry is that offline mode for apps can be unreliable, so your compliance specialist should be on the lookout for issues with this function and any resulting documentation errors.

For agencies that are still using paper for documentation, slow turnaround time from caregivers can create enough of a lag to create cash flow issues. Caregivers not producing documentation and time sheets quickly enough means agency owners still have to run billing and catch up on those visits in the next cycle. Mobile apps take away this burden with real-time documentation of visits, as well as time and attendance.

### The Benefit of Clearinghouses

For agencies that have—or want to have—more volume, clearinghouses like Waystar and Availity can improve denial and rejection numbers down to 2% to 3%. They mix manual work with artificial intelligence to provide a report on which claims need to be fixed before completing a real billing run. In other words, they are a practice run for your billing team, so when they run the real billing cycle, the claims will be clean. Most modern systems of record will have a direct integration to a clearinghouse so that your billing team can stay in their normal environment while getting feedback from the clearinghouse.

Most clearinghouses work on a per-claim basis with volume discounts, so the price is substantial for smaller agencies—about \$0.25 per claim on a visit that has a \$2 margin. And while they are expensive for smaller agencies, clearinghouses virtually



eliminate the need for the role of the biller who is constantly fixing faulty claims, and allow for an agency to have their revenue cycle essentially outsourced to the experts so they can focus on other matters.

### Electronic Visit Verification

Electronic visit verification (EVV) has been mandated by the Cures Act to ensure that Medicaid agencies are capturing clock ins and clock outs for every Medicaid visit electronically, with a goal of reducing fraudulently documented home visits. While this is a good practice for private pay, it is not mandated, so agencies moving from private pay into Medicaid need to be sure they pick a software provider that is compliant with their state's requirements.

Each state approaches EVV software differently. A "closed" system means the software used to clock into and out of visits is mandated by the state, but the software is free. An "open" state means an agency's choice of software vendors is open as long as the data from the provider's chosen system can integrate with the state's aggregator.

Closed states have tried to ensure that all providers can remain EVV compliant without any additional cost, but the mobile app may not be the same vendor that agencies are currently using to run their business. In those cases, agencies must either rely on their existing software provider to integrate

with the state system or have caregivers clock in and out twice.

Open states have adopted the philosophy that home health agencies should have choice about what software they wish to use to run their business. As long as the data rolls up to the state Medicaid level, the state is not getting involved in software vendor selection.

In either case, a mobile app will be required to capture visit details, so if you are running your business on paper in private pay, a software upgrade and training will be required to bill Medicaid—with the EVV deadline for Medicare around the corner in 2023, as well.

### Conclusion

Mobile apps and the elimination of paper are now table stakes in Medicaid billing for home health. As more software agencies develop hard stops to eliminate accidental scheduling of nonreimbursable Medicaid visits, agencies can rest assured that rejections are on the decline. This leaves user error at the point of care with caregivers as the main area of focus for agencies to thrive in the low-margin, high-volume game of Medicaid billing.

If you can run a highly compliant home health agency and achieve enough volume to introduce a clearinghouse, you will have risen to the top of the Medicaid market. **HC**

# How to Spot & Combat Burnout Before It's Too Late

5 steps to help protect your team's mental health

By Yelena Sokolsky



YELENA SOKOLSKY is a registered professional nurse entrepreneur and the owner, administrator and director of patient services at Galaxy Home Care, a New York-based home care agency. Before starting Galaxy Home Care in 2021, Sokolsky served as a director of patient services for a large home care company. She also has an extensive experience as a VP of operations with major Medicare-certified home health care agencies. She holds a Bachelor of Science in nursing and Bachelor of Arts in psychology.

Burnout is a complex issue affecting many people in essential and nonessential jobs. A combination of factors causes burnout, a condition that includes emotional exhaustion, depersonalization and feelings of inefficacy.

Two and a half years in, the COVID-19 pandemic is still causing stress for workers, especially home care employees. Too much stress can lead to burnout. The stress on these essential workers is caused by the constant fear of getting infected themselves, as well as by concern for the people they are caring for. They need to take care of themselves so that they can continue to take care of others.

Workplace wellness programs are essential when it comes to helping these workers deal with the stress they are experiencing. It is important to have a healthy work-life balance so your staff members can continue to do their jobs without getting sick themselves or passing an illness on to their clients. This article shares a few ways to catch burnout early and improve mental health in your organization.

## Signs of Burnout

It's easy to get burnt out from time to time; we've all been there. But there are ways to help prevent it from happening and some ways to combat it when it does occur.

Burnout can affect anyone regardless of age, race, gender or profession; it's not something that anyone should be ashamed of. The symptoms are not limited to feeling tired or exhausted—your staff may also feel frustrated, angry and unfulfilled.

Here are some signs you or someone you work with may be experiencing burnout:

- The feeling of being drained after daily activities
- The constant feeling of being in a hurry
- An inability to concentrate on tasks
- Difficulty making or enjoying social plans
- Declining work performance

## How to Help

Many factors contribute to health care burnout, but one of the biggest is feeling like clients and managers do not appreciate you. One way to keep your staff happy and productive is by showing them that you care.

**Burnout can affect anyone regardless of age, race, gender or profession; it's not something that anyone should be ashamed of.**

The first step is recognizing the signs. For example, caregivers or other workers may experience depression or anxiety about their daily tasks. Homecare aides or home medical equipment representatives may feel underappreciated or as if they are not making a difference in their clients' lives. This can lead to feelings of hopelessness, making it difficult to continue providing care. Your staff must learn how to take care of themselves and maintain their mental health while caring for others.

Here are some things you can do:

### **1 Provide adequate breaks.**

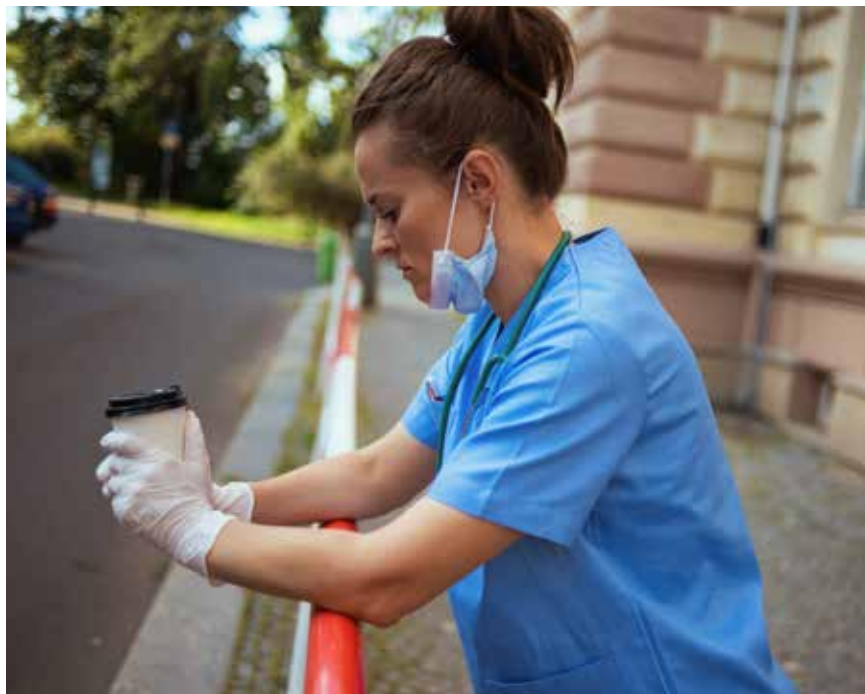
Create a schedule that allows for adequate breaks during their day as well as time to spend with their family or friends. Encourage them to actually take their breaks throughout the day, even if it's just for a few minutes at a time. Pausing when dealing with a difficult client can help push a mental reset button on the encounter.

### **2 Offer paid time off.**

The idea of giving staff paid time off is not new. However, the need is more urgent than ever with the increase in burnout and mental health issues among homecare staff. Paid time off for staff can help them maintain their own health, so they are able to provide better care for their clients. Caregivers especially feel like they are constantly on call, which can lead to high levels of stress and anxiety. Taking a break is one thing, but completely disconnecting is another, especially if it adds the stress of missing out on paid days. As for all careers, vacation is an important part of providing a healthy work environment for your employees. It is key to creating a culture that values the care your team provides and recognizes that it is a full-time job.

### **3 Encourage them to take care of their own health.**

Make sure they remember to eat healthy snacks and meals during their breaks to



keep them fueled during the day. If you have a break room, consider providing these healthy snacks. Patients need reminders to eat well and exercise—and so do your employees! Also, include a solid health insurance plan, including coverage for mental health needs, in their benefits package so they do not need to fear going into medical debt to care for themselves or their families.

### **4 Provide opportunities to learn.**

Offer education programs and provide your staff the resources that can support them in their daily work. This might include certification courses, articles, videos or online forums to help caregivers connect and share information.

### **5 Offer workplace wellness options.**

Burnout has a mental component. Aside from physically taking care of themselves with the same care that they offer their patients, encourage caregivers to take care of their mental health, too.

Workplace wellness programs are becoming increasingly popular because of the rise in cases of workplace burnout among employees from all industries. These programs aim to help employees deal with stress and improve their mental, physical and social health. The benefits of such programs are wide-ranging, impacting everything from productivity to job satisfaction, engagement levels and retention rates.

### **The Importance of Mental Health**

Keeping up with one's well-being as a homecare worker can be difficult. Providing care or service to an elderly or disabled person who may have multiple chronic conditions is a demanding job that requires long hours. For homecare agency owners and managers, it's crucial to provide your employees with the support they need to best take care of others. As a homecare professional, taking care of your staff allows for better quality service for your clients. **HC**



# Show Them the Data

How a company founded by Brown University undergrads is making a big impact on senior care

By Kristin Easterling



*Intus Care COO Evan Jackson (left) and CEO Robbie Felton. Photos by Linda Kleineberg.*



Health-related technology is a crowded market—and more solutions are being launched every day. It can be hard to set your company apart. But the team at Intus Care is doing just that, with a deep focus on the senior care space. The Intus Care platform is designed for Programs for All-Inclusive Care for the Elderly (PACE) and Medicare-Medicaid integrated program quality management, a segment of senior care that the Intus Care founders say is most in need of technology solutions.

### Getting Started

Intus Care was conceived in 2019 while its founders were still in college at Brown University. Co-founder and CEO Robbie Felton's mother was a geriatric social worker and, later, manager of a PACE program in his home state of Michigan. He would often accompany her to volunteer with the seniors she visited and worked with.

"I got to see firsthand how those sorts of high-touch programs that are community based can affect those very vulnerable and frail populations," he said.

When he started at Brown, with a major in public health, Felton's conversations with his mother kept returning to her work. Through those conversations, he noticed something: The providers had plenty of data, but it wasn't delivered to them in a usable format.

Evan Jackson, then a religious studies and economics major—and now chief operating officer—came to the senior care space from a different angle, when

he interned with a long-term care-focused private equity firm.

"I was coming into the firm thinking that I was learning the ropes of finance, but (the organization's) focus was making long-term care investments," Jackson said. "I got to understand the space and learn it a little bit from a back office perspective."

Felton and Jackson met on the Brown football team and connected on their passion for the senior care space.

"After meeting Robbie, and him explaining PACE to me, I was like, this is amazing. We have to know more [about this space]," Jackson said.

But the two aren't software engineers or designers. While they could work out the business aspects, the software had to work and provide a seamless experience for users. That's where fellow student and computer science major Alexander Rothberg, who became chief technology officer, came in.

"It was all starting to come together. We had the health care piece, the business piece and now the tech piece," Jackson told the Brown Daily Herald.

### Moving Forward

Any great tech startup also needs funding and backers to get off the ground. In fall 2019, while still studying at Brown, the team earned a finalist spot in the MassChallenge startup accelerator program and received \$50,000 in seed money. It was a pivotal investment, Jackson told the Daily Herald

Following that win, Jackson and Felton

## FAST FACTS ON INTUS CARE

**Year Founded:** 2019

**Location:** Providence, Rhode Island

**Service Area:** PACE

**Services:** Software solutions, health analytics, business intelligence

**Recent Funding:** \$3.1 million in second-round seed funding

took a year off to volunteer at the PACE program Felton's mother oversaw in Ann Arbor, Michigan.

Felton said that their time with the PACE program showed them how badly a system was needed that would help participants. Providers are under pressure trying to accomplish all they need to do for their clients. It needed to be easier for them to leverage the insights they were gathering from patients without too many complicated steps or an extra program on their devices, he said.

"When people want to make that jump over from some other area of health care—or even an industry outside of health care—into the senior care space, a lot of times they just don't understand the nuance in the industry and the complexity of the individuals being served—the complexity of the models of care—and that doesn't lend itself to better outcomes for the patients, better products for the providers," Felton said.

Meanwhile, Rothberg remained at Brown to take additional courses and to oversee a group of student developers. What he learned and built would play a big role in the final product.

**Intus Care tracks the person's living situation, access to food, potential medication errors and more. It can better inform patient care to know if the person lives in a ZIP code with a lot of air pollution or in a food desert.**



# 46%

of PACE participants need care associated with dementia.

Jackson and Felton returned for their senior year with a better business plan. They went to Rhode Island PACE with their pitch. In fall 2020, they enrolled 300 Rhode Island PACE members on the platform, and by fall 2021, they had enrolled thousands of members across seven states.

That hard work paid off. In spring 2020, Intus Care captured the Nelson Center’s Brown Venture Prize—bringing in \$25,000—and raised \$600,000 as part of its first round of funding. The company also just completed a \$3.1 million funding round.

### Help With Staffing

All of the data the team was gathering needed to tell a story, Jackson said. The goal of the product and the company is to keep seniors at home and out of the hospital. But without the right data at the right time, providers can’t and don’t realize their clients are struggling.

And then there’s the staffing shortage that is affecting all areas of senior care. It’s a struggle not only to find caregivers, but also to hire back office staff. Technology can help ease the stress employees feel by

automating their daily tasks.

“My thought on that is if you can’t hire a second person, make the person you have be able to do twice as much,” Felton said. “With our platform, we make sure to implement features and functionality that help people and organizations better load balance so that people can be focused on what they need to focus on.”

The team kept hearing from providers about spreadsheets and reports they had to create, spending hours at work trying to get the data in and the burnout it caused.

“As we pull all this data, one of the secondary functionalities we realized is that we could really be an automated data reporting tool for programs,” Jackson said. “So now rather than having to go through all the information and search through countless records in the electronic health record and try to pull all this information in, we make it really accessible for programs to create reports in minutes.”

### Patient Privacy

The team is collecting a lot of data on PACE



*Intus Care Chief Technology Officer Alexander Rothberg*





Jackson (left) and Felton take a break.

patients, including social determinants of health, Jackson said.

Intus Care tracks the person's living situation, access to food, potential medication errors and more. It can better inform patient care to know if the person lives in a ZIP code with a lot of air pollution or in a food desert.

"We're trying to be as holistic as we possibly can in the way we're ingesting data. ... In order to get a really good picture of the participant, there's a lot of information you need," Jackson said.

With all the data the platform is gathering, Intus Care knew patient privacy had to be top of mind, Felton said. In June of this year alone, there were 31 reported breaches of 10,000 or more health care records, affecting 1.2 million individuals, according to the HIPAA Journal.

"We make sure to stay up on all of the compliance standards and make sure that we're being proactive, not just reactive, in our security," said Felton. "We work with multiple

firms to ensure our backend infrastructure is secure."

### To the Future

The three company founders graduated earlier this year. Intus Care's next big task is working to send representatives to new clients to help create a data-driven environment, partnering with them to develop best practices, Felton said.

The company is also looking at adding tech-enabled services to the platform, such as fall monitoring and medication management, which can help keep patients out of the hospital.

"There's no better feeling than when one of the programs calls and says, we just avoided an admission," said Jackson.

PACE is growing, and will continue to do so as more Americans reach the age of Medicare eligibility. And while PACE programs currently serve only the dual-eligible senior population—that is, low-income seniors who qualify for both

Medicare and Medicaid—there is a push to expand the service to seniors on Medicare or Medicare Advantage. That expansion will need the technology infrastructure to grow and accommodate more users, Jackson said.

"We would like to be one of the agents for these programs to grow," Felton added. "We've helped programs grow throughout our tenure. And we want to be a sounding board and a support system for these new programs and existing programs as PACE becomes a nationwide force for dual eligible high-quality, high-value care."

Jackson said they want Intus Care to become a clinical operations tool that will help organizations streamline the way they operate and take action.

"It's really a world of possibilities, and we're really excited to explore it," he added.

For Jackson and Felton, the solutions they are building are really about the future—their own included. Like many in their age cohort, Jackson and Felton are driven by a mission to make the world a better place and have an impact on their community, something Felton said companies need to examine as they try to recruit more and younger workers. But ultimately, it comes down to making a better way for people to age at home.

"Robbie always likes to say, 'We're all going to be old one day,'" said Jackson. "So let's build solutions that will help yourself down the line." **HC**



**WANT  
MORE?**

Hear from Jackson and Felton in their own voices in this month's HomeCare Podcast. Visit [homecarmag.com/podcasts](http://homecarmag.com/podcasts).

Kristin Easterling is managing editor of HomeCare.



# The Rise of AI

## Experts say machine learning can prevent burnout & improve outcomes

By Kristin Easterling

When you think of artificial intelligence (AI), what comes to mind? It could be a dystopian future ruled by machines, such as in movies like “Terminator” or “The Matrix.” Or maybe you take the view of “Bicentennial Man,” where robots want to live in harmony with humans. Either way, it’s hard not to acknowledge the role AI is playing in everything we do—from social networking to internet searches to running your business.

### Uses in Home Health

Artificial intelligence generally refers to computers or other systems that mimic human intelligence, and that can continuously improve their own performance based on the data they gather. As the use of AI has grown and the technology has improved, software providers serving the home health space are scrambling to set themselves apart with new and better

programs designed to improve patient care and the patient experience.

Ashish V. Shah, CEO of Dina, which powers care coordination across the health care continuum, said the goal of AI in health care is to make outcome predictions about patients—like Netflix showing you new shows you might be interested in watching.

“It is really all about the ability to take those predictive models (and) collect new and interesting data points that may be localized, where you could start to train the algorithms to be smarter based on new and interesting data,” Shah said. “AI is the full automation of that learning process.”

And what the intelligence learns can lead to better patient care, said Anthony Dohrmann, CEO and founder of Electronic Caregiver, which recently launched an interactive AI program called “Addison.”

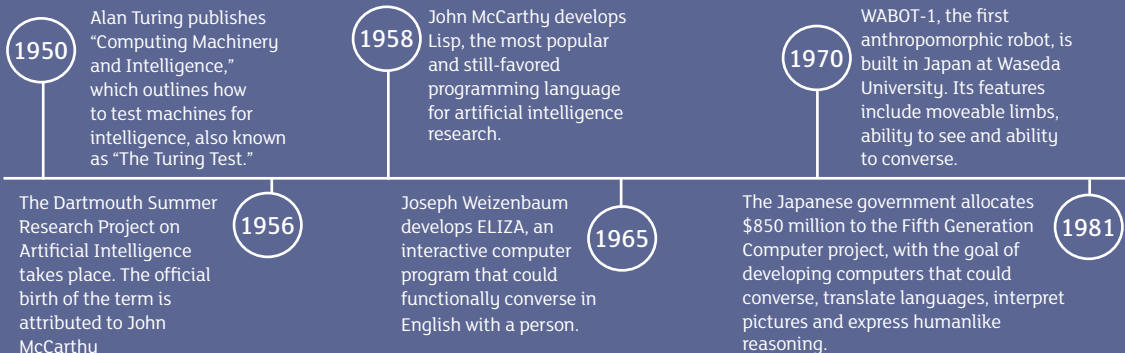
“Things are happening consistently in real time,” Dohrmann said. “And we’re actually able—on a broad spectrum—to identify across a big global population of patients at scale, we can now see how individual patients are responding to their individual treatment plans.”

His company’s Addison program can be installed in the home like an intercom, or seniors can access it on their home computers, tablets and smart TVs. Addison can be customized in many different ways, including gender, race and environment. It responds to voice commands and questions and is set up to deliver medication and monitoring reminders, acting as a sort of caregiver when none can be present.

“She helps applaud and reward you for maintaining your compliance in improving your outcomes as you begin to see changes in your weight loss or your blood pressure or your A1C levels or you’re feeling your strength because you’re doing your physical movements,” Dohrman said.

In general, experts say, cheering patients on and improving their outcomes are the major benefits of artificial intelligence and remote patient monitoring (RPM) technology today. For example, in a pilot program, Dina realized a 30% reduction in unnecessary hospitalizations by flagging potential issues and alerting care teams to them sooner.

### AI History Highlights



# Artificial Intelligence

Sensi, an AI-powered virtual homecare agent, seeks to get providers on the same page of patient care, said Romi Gubes, CEO. The company works to not only watch for fall risks, but also tries to spot urinary tract infections (UTIs) before patients experience the cognitive difficulties that can be associated with them.

“The early detections that we’re doing for UTIs is something that no caregiver that is working in the home would be able to do because they are seeing a narrow picture of the older adult,” Gubes said. “Once those stakeholders get a comprehensive and holistic overview about the older adult, they will be able to provide better outcomes.”

## Automating the Workforce

The homecare industry is experiencing a deep staffing shortage in the face of growing demand for services. Providers are turning to AI-powered software to help automate some caregiving and back-office processes.

“I think we’re reaching an inflection point of the shortage in caregivers versus the aging population—people will look for solutions that are not based on people,” Gubes said.

Many times, companies have a high-ranking person coming in to manage data transfer from their system to an electronic health record or the reimbursement provider, said Joe Randesi, co-founder and CEO of



Element5, a workforce automation solution for post-acute care that uses robotic process automation to cut down on repetitive clicks and tasks.

The bots, Randesi said, can learn how to automate an agency’s workflows that lead to a “death by a thousand paper cuts,” automatically copying and pasting patient and billing information where it needs to go.

“We are allowing our clients to grow bigger without adding more staff,” he said. “We’re removing that annoying work, so staff happiness skyrockets. It’s interesting—when we went to market, the happiest people

were the people that we were removing the repetitive administrative work from.”

Randesi added that billing and coding managers tell them that they weren’t hired to sit at a computer and copy and paste data all day—but if they don’t, the agency doesn’t get paid. Retention goes up when those repetitive tasks are removed.

On the clinical side, AI-powered RPM means a move away from visit-centric care models to continuous care delivery, said Dina’s Shah.

“When you have location monitoring in place, you just don’t have to be a

1995

Richard Wallace develops the chatbot A.L.I.C.E., inspired by ELIZA. A.L.I.C.E. is different from ELIZA due to the addition of natural language sample data collection.

2000

Cynthia Breazeal develops Kismet, a robot that could recognize and simulate emotions. It is structured like a human face with eyes, lips, eyelids and eyebrows.

2015

Elon Musk, Stephen Hawking, Steve Wozniak and 3,000 others sign an open letter banning the development and use of AI-driven autonomous weapons.

2022

Google engineer Blake LEMONIE tells the Washington Post that the company’s LaMDA AI is possibly self-aware.

1997

IBM’s Deep Blue defeats reigning world chess champion Garry Kasparov.

2011

Watson, a natural language question answering computer created by IBM, defeats two former “Jeopardy!” champions in a televised game.

2018

Alibaba’s language-processing AI outscores human intellect on a Stanford reading and comprehension test.





Addison is a virtual caregiver from Electronic Caregiver that cheers users on to health goals.

homecare worker in the home for one to three hours to understand what's going on. You are connected and you are receiving data about their overall health disposition continuously," Shah said. He noted that care managers still need to review the data generated so that nothing is missed, but the AI helps flag problems.

Systems should also be programmed to only send an alert within certain parameters, said David Keely, chief technology officer of Electronic Caregiver. Too many alerts creates data fatigue and caregivers don't know what to react to or how, he said.

"That's where I really believe both on the front-end user and the back-end provider side that the artificial intelligence bridge is going to alleviate some of the provider shortages that we have," Keely said.

### What's Next?

Getting more technology into seniors' homes

is going to take a shift in mindsets and in policy. More baby boomers are embracing technology, but there's still hesitancy—and not all seniors have the high-speed internet access or technological know-how needed to run in-home monitoring devices.

Getting past that reluctance may mean AI providers need to publicly discuss the secrets of their programming, said Shah. The AI doesn't have any bias on race, sex, financial position, he said, but the humans programming it do, and that can create unintended consequences to care.

Recent telehealth legislation would also keep and expand virtual care services that rose to prominence during the COVID-19 pandemic, and AI-powered RPM will play a part in who gets a telehealth appointment and who gets an in-person visit, most experts agreed.

"I think in the next decade, we're going cross over from the people—us—being

the product for these companies and all of our interactions being monetized, to the consumer and organizations having more control around what we share, how we interact and being better informed of the technologies that we're using," Shah said. **HC**



**WANT  
MORE?**

For a more complete timeline visit [g2.com/articles/history-of-artificial-intelligence](https://g2.com/articles/history-of-artificial-intelligence).

Kristin Easterling is managing editor of HomeCare.

# Managing vs. Monitoring Patients Remotely

Shifting the language of remote care

By Kristin Easterling

Remote patient monitoring (RPM) is having a moment. Thanks to the pandemic and other pressures, more patients are seeking hospital-level care in their home. And the pandemic has driven innovation in the space, with more advanced devices becoming available for at-home use. Biofourmis, a comprehensive care management platform including virtual multidisciplinary care teams, looks at RPM differently. Chief Medical Officer and co-founder Dr. Maulik Majmudar recently sat down with HomeCare to discuss the company's theory of remote patient management and how to improve care in the home.

### **HOME CARE:** What trends are you seeing in health care technology?

**MAJ MUDAR:** I think the silver lining of the pandemic really has been the fact that there's been tremendous acceleration of a lot of different movements and policies in the health care and health care technology space. We're seeing things around innovation in terms of new care models that leverage technology, the simplest one being telemedicine, the more complex being moving acute care and complex care into the home environment by leveraging technology

and software and services. Other big trends, of course, are the use of data science and machine learning for drug discovery or for identification and diagnoses [of disease] or remote diagnostics.

### **HOME CARE:** How does the strategy of remote patient management differ from remote patient monitoring?

**MAJ MUDAR:** That's something I feel extremely passionate about; it's a subtle, but really critical, distinction of the words. I think the reason it's important is that historically people use the word monitoring, and they usually just mean physiological monitoring. And the reality of that is that it ends up being a set of devices to collect data and that's where it usually stops. That's what monitoring really means—collect a bunch of data—but it doesn't go as far to then say what you do with the data. And I think

the reality is that to drive improvement in patient outcomes, you really have to figure out what the action should be against that data. I think the management piece is a combination of interpretation of the signals.

### **HOME CARE:** Why does remote patient management matter for aging in place?

**MAJ MUDAR:** I think there's a few points there. I think the most obvious one is it is not convenient or preferred by anybody, let alone seniors, to travel to and from clinic visits. And there's the situation where people are isolated or alone in the home. And for them, that visit is very valuable from a human interaction perspective. I think, first and foremost, the goal would be to right-size the clinical care model for the patient. I don't want to ever say it's only at-home care or only in-clinic care—it's really what suits the patient best. And sometimes with the same patient—today they may want an in-home visit, but tomorrow they may want a clinic visit.

And then there's the disease path, which is to say that even if you did in-person clinic visits, what is happening to your disease at home? How are we able to gain more insights into your disease longitudinally in a more frequent way, as opposed to episodic visits?

By having technologies that can monitor or help manage you in the home environment, this gives us more flexibility and more opportunities for interventions, as well as more ability to look at trends in disease as opposed to isolated time points.

**The reality is that to drive improvement in patient outcomes, you really have to figure out what the action should be against that data.**



## Rear Straight Anti-Tipper w/Wheels



Part #	Description
PP-RATSW	Universal Rear Anti-Tipper Straight w/ Wheels (pr)

\* Compare to Drive Part# STDS833N. Fits Silver Sport I & II, Rebel, Chrome Sport

## Elevating Leg Rests



Part #	Description
PP-ELR	Universal Elevating Leg Rests (pr)
PP-HDELR	Universal Heavy Duty Elevating Leg Rests Aluminum (pr)

## Rear Adjustable Anti-Tipper w/Wheels



Part #	Description
PP-RATK3	K3 Anti-Tipper w/Wheels (pr)

\* Compare to Drive Part# STDS819. Fits Cruiser III & IV.

## Swing-Away Footrests



Part #	Description
PP-SF	Universal Swing-Away Footrests (pr)

## Rear Chrome Anti-Tipper w/Wheels



Part #	Description
PP-RATBW	Universal Anti-Tipper Chrome w/ Wheels (pr)

\* Compare to Drive Part# STDS802. Fits Sentra, EC, Recliner, Winnie Series.

## Universal Calf Pads



Part #	Description
PP-RCP	Universal Calf Pad w/ Hardware (ea)

## Rear Chrome Anti-Tipper w/o Wheels



Part #	Description
PP-RATNW	Universal Anti-Tipper Chrome w/o Wheels (pr)

\* Compare to Drive Part# STDS818. Fits Sentra Reclining, Bariatric, EC, Silver Sport I & II.

## Universal Wheel Lock Assembly



Part #	Description
PP-RWLACR	Universal Wheel Lock Assembly Push-to-Lock (Right) (ea)
PP-RWLACL	Universal Wheel Lock Assembly Push-to-Lock (Left) (ea)

## Wheel Lock Extension



Part #	Description
PP-WLE6	Wheel Lock Extension 6" (ea)
PP-WLE8	Wheel Lock Extension 8" (ea)

## Anti-Fold Bar



Part #	Description
PP-AFB18	Anti-Fold Bar for 18" Recliner (ea)

# Wheelchair Parts & Accessories

## Universal Desk Length Arm Pads



Part #	Description
PP-RAPD	Universal 10" Desk Length Arm Pad w/Hardware (ea)
PP-RAPUD	Universal 10" Urethane Desk Length Arm Pad w/Hardware (ea)

## Universal Full Length Arm Pads



Part #	Description
PP-RAPF	Universal 14" Full Length Arm Pad w/Hardware (ea)
PP-RAPUF	Universal 14" Urethane Full Length Arm Pad w/Hardware (ea)

## Push Button Seat Belts



Part #	Description
PP-SB48	Push Button Seat Belt 48" (ea)
PP-SB60	Push Button Seat Belt 60" (ea)

## Hand Grips



Part #	Description
PP-RHG	Hand Grips - Fits 7/8" Tubing (ea)

## Dust Cap



Part #	Description
PP-1051	Dust Cap (ea)

## Knob for Anti-Fold Bar



Part #	Description
PP-AFK	Knob for Anti-Fold Bar (ea)

## Universal Replacement Vinyl Seat



Part #	Description
PP-RSV16	Universal Replacement Vinyl Seat K2 - 16" (ea)
PP-RSV18	Universal Replacement Vinyl Seat K2 - 18" (ea)
PP-RSV20	Universal Replacement Vinyl Seat K2 - 20" (ea)

## Universal Replacement Vinyl Back



Part #	Description
PP-RBV16	Universal Replacement Vinyl Back K2 - 16" (ea)
PP-RBV18	Universal Replacement Vinyl Back K2 - 18" (ea)
PP-RBV20	Universal Replacement Vinyl Back K2 - 20" (ea)

## Universal Replacement Nylon Seat



Part #	Description
PP-RSN16	Universal Replacement Nylon Seat K1 - 16" (ea)
PP-RSN18	Universal Replacement Nylon Seat K1 - 18" (ea)
PP-RSN20	Universal Replacement Nylon Seat K1 - 20" (ea)
PP-RSNK316	Universal Replacement Nylon Seat K3 - 16" (ea)
PP-RSNK318	Universal Replacement Nylon Seat K3 - 18" (ea)
PP-RSNK320	Universal Replacement Nylon Seat K3 - 20" (ea)

## Universal Replacement Nylon Back



Part #	Description
PP-RBN16	Universal Replacement Nylon Back K1 - 16" (ea)
PP-RBN18	Universal Replacement Nylon Back K1 - 18" (ea)
PP-RBN20	Universal Replacement Nylon Back K1 - 20" (ea)
PP-RBNK316	Universal Replacement Nylon Back K3 - 16" (ea)
PP-RBNK318	Universal Replacement Nylon Back K3 - 18" (ea)
PP-RBNK320	Universal Replacement Nylon Back K3 - 20" (ea)





I think that is the fundamental advantage of doing care at home—the ability to manage the disease on a more frequent, more timely, more longitudinal basis, and of course, having some set of technology equipment or devices available to help do that in a safe and effective way is obviously preferable.

**HOME CARE:** *Homecare agencies can have RPM in their back pocket to communicate with physicians. Are you seeing barriers to homecare agencies and health systems doing a good job with this? And if so, how do they overcome them?*

**MAJMUDDAR:** The fact that you have the technology doesn't mean that you can put it in place and it's going to work just fine. So, I think you need a set of platforms and processes and policies to make sure the utilization of the technology is effective for the eventual objective that you have, which is to actually improve patient lives.

But then the question is, like I said earlier, what do you do with the data? A lot

of the analytics and the sophistication of interpretation of data comes from the fact that we want to be able to interpret this data in a way that doesn't overburden the clinical staff.

A lot of the gaps in the home health space have been: The device is available to collect data, but there's no interpretation happening in the field—it's sent over to the clinical care teams. How can you equip the staff with some level of sophistication of data science or interpretation of data to help them make the clinical decisions? That's the first layer.

The second layer is people—the ability to have 24/7 coverage to look at this data and intervene when necessary or answer a patient's question when it comes in the middle of the night. It's the ability to have that 24/7 virtual care team that augments the in-person, local staff. Augmenting the traditional models with some of these technology platforms and services is a great way to enhance the care model and make sure that we can still achieve the right outcomes in a cost-efficient way.

**HOME CARE:** *What does the future of care in the home look like to you, and what will it take to get there?*

**MAJMUDDAR:** I had a recent unfortunate experience with my family, which is our entire family was sick with COVID ..., which was brutal and painful. We have young kids that are not vaccinated, so it's especially stressful. It made me think about how I would have wanted to receive care in that moment. We had kids with fever, we were dehydrated, we needed to get all these things. And we're like, oh, do we go to the hospital? Do we expose people? Do we get exposed ourselves? So I think this idea of care in the home, in the future, to me is can we access care in the same high-quality way that you would get in the brick and mortar setting? We don't want to jeopardize the quality of care because a person is at home, as opposed to in the hospital setting. **HC**

Kristin Easterling is managing editor of HomeCare.

# medtradeEAST

## OCTOBER 24-26, 2022

GEORGIA WORLD CONGRESS CENTER • ATLANTA, GA



## WILL WE SEE YOU IN ATLANTA?

Join us in Atlanta and see new products and technology, reconnect with industry colleagues, and hear the latest educational offerings from speakers! Use code **HCMAG22** to receive a free expo pass\*.

[medtrade.com](http://medtrade.com)

Produced by:



\* Free expo pass offer valid for qualified attendees only and does not apply to exhibiting-type companies (manufacturers/producers/distributors) who sell to attendees.





# When to Restart the 36-Month Oxygen Rental Period

## 3 scenarios to study

By Jeffrey S. Baird

A new 36-month oxygen rental period can be restarted only in certain circumstances. This article discusses three of these events.

### 1 Break in Medical Need

If the beneficiary enters a hospital or skilled nursing facility or joins a Medicare health maintenance organization (HMO) and continues to need oxygen, when the beneficiary returns home or rejoins traditional Medicare, payment resumes where it left off. If the need for or use of oxygen ends for less than 60 days plus the remainder of the rental month of discontinuation and then resumes, payment resumes where it left off. During the 36-month rental period, if need/use of oxygen ends for more than 60 days plus the remainder of the rental month of discontinuation, and new medical necessity is established, a new 36-month rental period will begin.

The blood gas study must be the most recent study obtained within 30 days prior to the initial date. The beneficiary must be seen and evaluated by the treating physician within 30 days of the date of initial certification.

If there is an interruption in medical necessity of greater than 60 days plus the days remaining in the last paid rental month, once the need resumes, the supplier will collect supporting documentation of the new medical need, including:

- A new prescription (detailed written order and written order prior to

delivery, if required)

- A new initial certificate of medical need (CMN) with new qualifying oxygen test results performed within 30 days of new initial date
- Documentation supporting new medical need
- Documentation explaining interruption of need
- Documentation supporting length of interruption (e.g., pick up date, new delivery date)

The claim for the first month of the new rental period meeting the above documentation should include:

- New initial CMN
- Narrative statement, "Break in medical need greater than 60 days."

During months 37 to 60, if need/use of oxygen ends for more than 60 days plus the remainder of the rental month of discontinuation and new medical necessity is established, a new rental period does not begin. The supplier that provided the oxygen equipment during the 36th rental month must provide all necessary items and services for the duration of the reasonable useful lifetime (RUL).

#### *New CMN Requirements*

Beginning with March 1, 2020, dates of service and for the duration of the COVID-19 public health emergency, there is no requirement to submit CMNs for oxygen

equipment. Add the CR modifier to the HCPCS code(s) billed and "COVID-19" in the NTE 2400 (line note) or NTE 2300 (claim note) segments of the ANSI X12 for electronic claims or in item 19 for the CMS-1500 claim form. The Centers for Medicare & Medicaid Services (CMS) is discontinuing all CMNs and DME Information Forms (DIFs) starting Jan. 1, 2023.

### 2 Specific Incident of Damage Beyond Repair or the Item is Stolen or Lost

A specific incident of damage to equipment is required, such as equipment falling down a flight of stairs. A new 36-month cap rental period cannot be started if equipment is replaced due to malfunction, wear and tear, routine maintenance, or a need for repair. A new 36-month rental period and new reasonable useful lifetime (RUL) is started on the date that the replacement equipment is furnished to the beneficiary. Claims for the replacement of oxygen equipment for the first month of use only are billed using the HCPCS code for the new equipment and the RA modifier. The supplier must include on the claim for the first month of use a narrative explanation of the reason why the equipment was replaced and supporting documentation must be maintained in the supplier's files.

**Replacement Equipment Documentation Initial CMN & Claim for Replacement Equipment**—The initial date should be the



date of delivery of the replacement oxygen equipment. Claims for the initial rental month must have the RA modifier added to the HCPCS code for the equipment. Claims for the initial rental month must include a narrative explanation of the reason the equipment was replaced and supporting documentation must be maintained in the supplier's files.

**Initial & Recert CMN for Replacement Equipment**—Repeat testing is not required. The supplier should enter the most recent qualifying value and test date. This test does not have to be within 30 days prior to the initial date. It can be the test result reported on the most recent prior CMN. There is no requirement for a physician visit that is specifically related to the completion of the CMN for replacement equipment.

### **3** End of the Reasonable Useful Lifetime

The RUL for oxygen equipment is five years. At any time after the end of the RUL, the beneficiary may elect to receive new equipment, thus beginning a new 36-month rental period. The five-year period begins on the initial date of service and runs for five

years from that date. It is not based on the actual age of the equipment. The five-year period does not restart if there has been a change in oxygen modality, change out of equipment or change in supplier.

When the RUL of a beneficiary's portable oxygen equipment differs from the RUL of the beneficiary's stationary oxygen equipment, the RUL of the stationary oxygen equipment shall govern for both types of oxygen equipment, stationary and portable.

If the RUL end date of the portable oxygen equipment is before the RUL end date of the stationary oxygen equipment, the RUL end date of the portable oxygen equipment is extended to coincide with the RUL end date of the stationary oxygen equipment. If the RUL end date of the portable oxygen equipment is after the RUL end date of the stationary oxygen equipment, the end date of the RUL of the portable oxygen equipment is shortened to coincide with the RUL end date of the stationary oxygen equipment.

When the end date of the RUL of the stationary oxygen equipment occurs, the beneficiary may elect to obtain replacement of both the stationary and the portable

oxygen equipment. If the beneficiary elects to obtain replacement of the stationary and the portable oxygen equipment, both types of oxygen equipment must be replaced at the same time, and a new 36-month rental period and new RUL is started for both the replacement stationary oxygen equipment and the replacement portable oxygen equipment.

A beneficiary who resides in a durable medical equipment competitive bidding area (CBA) may obtain replacement of both the stationary and portable oxygen systems only from a contract supplier with a competitive bidding contract for the CBA in which the beneficiary permanently resides.

If the beneficiary elects not to receive new equipment after the end of the five-year RUL, and if the supplier retains title to the equipment, all elements of the payment policy for months 37 to 60 remain in effect. There is no separate payment for accessories or repairs. If the beneficiary was using gaseous or liquid oxygen equipment during the 36th rental month, payment can continue to be made for oxygen contents. If the beneficiary elects not to receive new equipment after the end of the five-year RUL and if the supplier transfers title of the equipment to the beneficiary, accessories, maintenance and repairs are statutorily not covered by Medicare. Contents are separately payable for beneficiary-owned gaseous or liquid systems. **HC**



**GET MORE NEWS**

Visit [homecaremag.com/tags/oxygen](https://www.homecaremag.com/tags/oxygen) for the industry info you need to know.

Jeffrey S. Baird, Esq., is chairman of the health care group at Brown & Fortunato, a law firm with a national health care practice based in Texas. He represents pharmacies, infusion companies, home medical equipment companies, manufacturers and other health care providers throughout the United States. Baird is board certified in health law by the Texas Board of Legal Specialization and can be reached at (806) 345-6320 or [jbaird@bf-law.com](mailto:jbaird@bf-law.com).

# SAFE TRANSFERS

## Need a Lift?

Products that HME providers can offer to make transfers easier

By Jon Winer & Amy Villars

When looking at the topic of safe transfers in the home, what comes to mind? You may think of moving someone with mobility issues from a bed to a chair (and back), or maybe onto the toilet or into a bath or shower. There are various transfers that happen day and night in the home, including simply boosting up in bed or

a chair and getting in and out of cars. Those who have assisted a family member with these transfers understand how demanding it can be for both the caregiver and the person being helped. In many cases, transfers are done via sheer force by pulling or tugging on someone, which is often unsafe and even painful for both the individual and the person assisting them. It can create even greater risk for those with impaired skin integrity.

Without appropriate equipment—and often, home modifications—transfers can be a backbreaking task for a caregiver. In addition, they expose both people to the risk of shoulder injuries and falls. And since transfers happen many times throughout the day, by the time the evening arrives, both parties are exhausted and injuries are more apt to occur. Even if no accident or injury happens, the constant physical demands often lead to caregiver burnout, forcing the loved one to be admitted to a facility.



A bathtub chair like the Showerbuddy shown here can prevent injuries in the bathroom. Images provided by Inovi Healthcare.

Home medical equipment (HME) providers can mitigate these risks. We recommend focusing on the primary areas in the home where transfer-related falls occur and factoring in the conditions, prognosis and needs of the client. Partnering with occupational therapists or home health agencies can provide another level of service, since they have the training and experience to make appropriate, comprehensive home assessments (which may include tangential items like slip-proof floors, throw rug removal, etc.). Home health agencies can also send clients who need these products to you.

### 1 Entrance

Just getting into the home can create transferring challenges, since there are often stairs to overcome. Installing a vertical platform lift (VPL) is an excellent solution to help those in a wheelchair get into a home. These mini-elevators can be placed in garages or outside. A few models can convert from stairs to the lift and therefore do not require a separate area for installation. Wheelchair ramps are also an option if the space permits.

Working with VPL and ramp manufacturers to become a certified installer can increase your home access offerings and shows customers you have the expertise to do the job.

### 2 Automobiles

Even before reaching the front door, a person might need help getting in and out of a vehicle. Certain floor lifts can be used, but these are expensive and often heavy. Pivot pads that can be put on the seat and help the person spin and swing their legs in and out of the car are an easy addition to your product offerings.

### 3 Living Room

Transferring from a recliner chair or sofa where the loved one sits is also a common daily task that usually involves significant physical effort. As most people retain upper

body strength longer than lower body strength, one simple option is to place walking poles that run from the floor to the ceiling to provide the individual a safer way to get up from their favorite spot by reaching up, grabbing on and using their own upper body strength. These do not require any special drilling. Another option is a powered lift chair, which can take the place of a favorite recliner.

Where the individual requires greater assistance, but can still support at least 30% of their weight, a powered sit-to-stand lift is an option. This type of lift also helps with sitting. Your clients may need training on how to safely use the lift, a service that will help turn them into repeat customers.

When a powered sit-to-stand is too big or expensive, some nonpowered lifts can be used if the individual has sufficient body strength. Like a standing pole, the individual

can grab onto the lift and pull themselves up to a stand standing position from a bed, chair or toilet, and also hold onto it while lowering themselves.

#### **4 Bedroom**

Before anyone can even get out of bed, they first must get to the edge. Most often caregivers pull and tug on the individual's arms, which can cause injury. Recommend a slide sheet to reduce friction between the patient and the mattress.

Another common issue with anyone in bed or a chair is sliding down. A simple solution is one-way slides. These have one-directional friction that helps prevent the person from sliding down in their chair. For a bed, there are satin sheet systems that do something similar.

A walking pole, powered sit-to-stand or nonpowered lift can work in the bedroom



*A lift like this Inovi Healthcare QuickMove Sit-to-Stand Lift helps with transfers from a chair or bed that happen multiple times a day.*

**We offer a cafeteria menu of services, customized to each client's needs:**

#### **BILLING SERVICES**

- ▶ Commercial and Governmental Insurance Billing
- ▶ Payment Posting
- ▶ Verify Reimbursement Accuracy
- ▶ Patient Statements
- ▶ Answer Patient Phone Calls
- ▶ Claims Denial Management
- ▶ Obtain Prior Authorizations
- ▶ Emergency "Fill In" or Transition Billing

#### **PROFESSIONAL SERVICES**

- ▶ Provider Credentialing
- ▶ Insurance Contracting
- ▶ Workflow Analysis
- ▶ Audit Preparation

# YOUR REVENUE CYCLE PARTNER

Quick Cost Effective Billing Solutions



For A Free Consultation Call  
**702.800.3689**

[info@hmebillingandconsulting.com](mailto:info@hmebillingandconsulting.com) | [www.hmebillingandconsulting.com](http://www.hmebillingandconsulting.com)

Check 107 on index.



as well. In cases where an individual has very limited mobility, a total mobile lift can move them from one surface to another. This provides a comfortable and safe transfer for both the individual and caregiver. Unfortunately, with heavier individuals or in houses with carpeting, the floor lift may be challenging to roll. Another option would be a ceiling lift that can be mounted in the ceiling and makes moving the individual extremely simple.

Another option is a custom homecare bed that raises and lowers to help lift the person up to exit the bed. Walking rails can be used once someone is out of the bed for safe ambulation from bed to bathroom or elsewhere in the house.

## 5 Bathroom

The bathroom is usually the most critical

area as most falls occur there. Most of those falls occur getting on and off the toilet. Grab bars and poles can be used, as well as the previously mentioned lifts. Installing a taller toilet is a great option, except where the person is too short for their feet to touch the ground. For those with much less mobility, a powered toilet seat lift works well but usually others will no longer use that toilet.

For showering and bathing, the ideal scenario is to renovate older bathrooms to provide for a walk-in, barrier-free shower. This allows people to more easily walk in or be wheeled in using a shower chair. Once inside the shower, a wall mounted shower seat with grab bars is very helpful with a shower wand that reaches that spot. Virtually every wall in the bathroom, including the shower, should have grab bars or railings for additional support. For tubs, there are various options

to improve safety, from a replacement safety tub to cutouts to overtub lifts.

Most individuals at home will eventually lose mobility and therefore face challenges getting from bed to chair or toilet and back. Offer a range of products in your store that are appropriate for each phase of this mobility curve. These products will increase the ability to manage these activities for the individual and their caregivers with much less risk of injury to both. **HC**

Jon Winer is the president and founder of Inovi Healthcare. Amy Villars is the vice president of clinical services and general manager of Inovi Healthcare's Barrier Free Division. Inovi Healthcare is a safe patient-handling company that serves the acute care, long-term care and homecare industries. Winer and Villars both have decades of experience working with health care organizations to make care as safe as possible for both patients and those providing care. Visit [inovihealth.com](http://inovihealth.com).

*Three models with hundreds of Adjustable Hi-Low combinations available!*

### MOBILE SERIES



Twin Size (without mattress)  
Mission Style / Espresso

### SIGNATURE SERIES



Queen Size (without mattress)  
Scalloped / Upholstered

### PLATFORM SERIES



Queen Size (without mattress)  
Raised Panel / Cherry  
(with side safety rail)

Enjoy many hospital bed features without looking like one! Perfect for your clients needing chronic care, allowing more comfort during therapy and transfers.

DOWNLOAD MODEL INFORMATION  
AT [ASSUREDCOMFORTBED.COM](http://ASSUREDCOMFORTBED.COM)  
DEALERS WELCOME!



- **Hi-Low feature** for adjusting mattress heights
- Side safety and assist rails are available
- Quiet remotely-controlled operation
- Twin, full, queen, split-king or custom sizes
- Exclusive headboards and footboards
- All Series may retrofit existing bed surrounds
- Several mattress options. Current mattress may work.

Call 866-852-2337 or email: [sales@AssuredComfortBed.com](mailto:sales@AssuredComfortBed.com)



Check 108 on index.

# Despite Strong Headwinds, the Future Remains Bright

A current look at trends in the market

By Matt Caine

It's no secret that the first half of 2022 brought a shift from the pandemic-fueled revenue and merger and acquisition (M&A) growth experienced in 2020 and 2021. Still, home health care in the United States—a \$55 billion industry—continues to grow annually at 4% to 5% with respect to patient volume. As we move into the latter half of 2022, it is worthwhile to assess how both the status quo, like staffing challenges and wage issues, and new developments, such as programmatic reimbursement changes from the Centers for Medicare & Medicaid Services (CMS) and market valuation shifts, will shape the industry going forward.

## No Relief for Staffing

Staffing shortages, which were exacerbated by the pandemic, are expected to remain the most challenging issue in the home health industry. In an ongoing tight labor market, many homecare aides have left the industry for more competitive compensation in supply chain, warehouse and other jobs. At

the same time, an increased reliance on paid caregivers is expected, and the U.S. Bureau of Labor Statistics projects openings for these positions to increase almost 37% by 2028. One driving factor is that the ratio of unpaid family members aged 45 to 64 caring for those over 80, which was seven to one in 2016, is projected to drop to four to one by 2030. To put it simply, aging Americans have fewer family members to take care of them, thus driving an ever-increasing demand for home-based care services.

What does this mean for home health providers? While admissions growth remains strong and is expanding from both COVID-related retraction and aging demographics, margin pressures persist as providers rely on the increased use of contractors and staffing companies to offset labor gaps. Elevated salary, wage and benefit costs, along with sign-on bonuses, will continue to compress margins for providers.

On a more positive note, contract labor visits and hourly rates are trending

downward. Hourly rates that peaked in the \$160 range are now around \$130. In addition, some providers are seeing a slight drop in the utilization of contracted labor sources. Providers are clear-eyed in their focus on workforce optimization, looking to balance labor costs with staffing constraints. The industry demands the efficient use of nursing labor in the field and must deploy these resources in both a time-efficient and cost-effective manner. In support of these efforts, many providers are attempting to amend or renegotiate payer contracts to reflect the current labor market.

## A Growing Preference for Homecare

The pandemic opened the floodgates of demand for in-home care—and its funding—as both aging and chronically ill patients look to remain at home and avoid high-cost hospitals or skilled nursing facilities. Patients who typically do not require intensive medical supervision, but have high incidence rates of chronic illnesses, are driving this trend. As the pandemic lingers and patients wish to avoid more populated settings, in-home care remains a growing preference.

Reimbursement for home health care is substantially driven by Medicare fee-for-service (FFS), and these FFS rates have cumulatively declined by 15% over the last decade as a means to drive inefficiencies

Up to

\$265

**billion worth of care services for Medicare fee-for-service and Medicare Advantage beneficiaries could shift from traditional facilities to home-based care by 2025.**

# MERGERS & ACQUISITIONS



As of late July, stocks of home health provider companies traded at 70% of 52-week highs.

out of the market. Also, Medicare Advantage (MA) plans have switched to a per-visit model to enhance efficiencies and shift the burden of quality outcomes to the provider and away from the payer. Payers are moving to narrow their networks and are driving volumes to larger, high-quality home health providers to better ensure care and outcomes, as concerns exist around smaller, undercapitalized providers.

## CMS Moves Raise Flags

CMS continues to make moves that will impact the industry in the last half of the year to drive efficiencies and wring unnecessary costs out of the system. CMS's Patient Driven Groupings Model (PDGM) approach to reimbursement continues to redefine measures for efficiencies and patient care in the home health sector.

Many providers are concerned that PDGM requirements introduce an improper scope for services and interactions provided to their patient base; that is, it does not allow them to properly account for all of the activities necessary to provide comprehensive care. CMS has proposed a repricing method to

determine what Medicare reimbursement would have been had PDGM not been implemented during 2020 and 2021. It believes the industry overspent and was too inefficient, and therefore further reimbursement rate reductions need to be implemented.

In June, the home health sector was rocked by the CMS proposal to cut home health rates by 4.2% net (7.6% unadjusted) for 2023—a possible \$810 million impact to the industry. This change reflects the effects of prospective permanent behavioral assumption adjustment, as well as a decrease in outlier payment. In comparison, the final rate adjustment for 2022 was a 3.2% increase. This proposed rate cut for next year reflects a significant headwind.

CMS is proposing to apply only the permanent 7.6% rate cut to the 2023 base payment rate, which could mitigate the need for a larger adjustment in future years. However, CMS is also considering additional temporary adjustments of up to \$2 billion to recoup retrospective overpayments in 2020 and 2021, further dampening the earnings outlook for home health providers. However,

the general market consensus is that this large negative adjustment will not be a part of the final 2023 rate update, as the sector is leaning on Congress for both short- and longer-term relief (see page 8 for more).

## Valuation & Merger Activities Respond to Market Turmoil

In the last six months, publicly traded home health providers have seen valuation multiples drop, with earnings before interest, taxes, depreciation and amortization (EBITDA) falling from the low-20s to mid-teens. As of late July, stocks of home health provider companies traded at 70% of 52-week highs, which reflects both the reimbursement headwinds in home-based care and the broader market turmoil affecting the equity capital markets. Price-earnings (P/E) ratios have also fallen from the mid-30s to a more average P/E ratio in the low to mid-20s.

Despite some of these current trends, valuations of comparable M&A transactions continue to hold steady in the mid-teens (as a multiple of EBITDA). Thirty acquisitions closed in the first quarter of 2022, up



15% year-over-year. Of note was United Healthcare's \$5.4 billion acquisition of LHC Group, announced in March 2022, which followed the lines of Humana's hallmark \$8.3 billion acquisition of Kindred at Home in August 2021.

Important to the overall industry trends, private equity continues to deploy capital into the home health sector, seeking to grow market share, enhance realization of economies of scale and enter new markets. Cases in point include Wellspring Capital Management's purchase of Caring Brands International, LLR Partners' purchase of Affinity Hospice and Webster Equity Partners' purchase of Honor Health Network. All of these were executed in the fourth quarter of 2021, and the trend is expected to continue.

Volumes associated with Medicare Advantage plans are a major driver of large acquisitions as these plans are building large market concentrations. Access to clinicians and wage inflation will also continue to drive consolidation. In these scenarios, acquirers of home health operations are looking for referral sources, any concentrations with larger health systems, a robust payer mix, and secondary and tertiary market players, as large primary markets are inundated with competing providers. Small providers, which make up 75% of the home health market, are especially looking for situations that help them better respond to or leverage reimbursement changes, COVID-related issues, labor costs and the continuous move to digitalization.

### Home Health's Future Remains Robust

Despite some bumps in the current environment from staffing, CMS reimbursement changes and fluctuating valuation, the growing demand for home health services—undergirded by the undeniable demographics in this country—is paving the way for strong market drivers for home health.

Based on a survey of physicians who serve predominantly Medicare FFS and MA patients, McKinsey & Company estimates that up to \$265 billion worth of care services for Medicare FFS and MA beneficiaries (which accounts for up to 25% of the total cost of care) could shift from traditional facilities to home-based care by 2025. The company also notes how this shift can be a win-win for benefit payers, health care facilities and physician groups, home health providers, technology companies and investors alike, as well as patients. Home health is set for strong growth going forward. **HC**

Matt Caine is a managing director with SOLIC Capital Advisors, where he provides financial advisory services, including investment banking and capital restructuring support to home health and hospice organizations, life plan communities, skilled nursing providers, independent and assisted living facilities, regional health systems, community hospitals, ambulatory surgery centers and multispecialty physician practices. Caine is a chartered financial analyst and a certified insolvency and restructuring advisor and holds a certification in distressed business valuation. Visit [soliccapi.com](http://soliccapi.com).

*Margin*

**PARKS**  
health products®

~~Everything~~ is Better with  
**Kalmia**

- Same-day shipping
- USA based customer service
- Strong margin opportunity
- Credit terms available
- Floor sample discounts
- 75+ years of manufacturing expertise

Visit us at  
**Booth #512**  
medtradeEAST



Scan Here



**Kalmia**  
**Perfect® Height Bed System**

Become a Dealer Today!  
**844-433-2435 | [parkshealthproducts.com](http://parkshealthproducts.com)**

Check 110 on index.

**AN ALTERNATIVE TO CPAP**  
Helps alleviate snoring & more...



VS.



Offer your customers a more comfortable solution for a better night of sleep

- Adjustable pressure of up to 15 cmH2O
- Easy-to-use nasal pillow mask
- No power supply or prescription needed
- FDA cleared for snoring
- Reusable & ideal for travel



**OPTIPILLOWS**  
EPAP MASK

602.944.0847 • [optipillows.com](http://optipillows.com)



Check 109 on index.

## PARTNERSHIPS

# Jumping Into the PACE Pool

Finding the right support can get you off on the right foot

By Orsula V. Knowlton

The Program of All-Inclusive Care for the Elderly (PACE) startup journey is a multi-step process that involves—for starters—determining state regulations, establishing a timeline, developing a business plan and conducting a feasibility study. While this process is often tricky to navigate, the right partner can provide crucial support in conceptualizing and launching a PACE program. This partner should have a strong understanding of the PACE market, as well as demonstrated experience helping organizations start and support successful PACE programs. The National PACE Association lists PACE Technical Assistance Centers (TACs) on its website. Some states require a TAC for the startup process, and even after services begin. Be mindful of both the experience and resources of the consultants.

New PACE operations may also want to consider a partner that can bring the comprehensive, integrated technological solutions needed to help streamline the launch and optimize results of PACE. For established PACE programs, integrated solutions can increase efficiency and refine business operations, allowing PACE organizations to maximize value for their participants.

## PACE-Specific Pharmacy Services

As startups look to serve their first participants, it's important to keep in mind that PACE users have an average of 11 prescriptions each. This requires more than pharmacy fulfillment and delivery; it calls for medication management and risk mitigation, which can be an important differentiator for pharmacy services.

Truly impactful medication management involves structured medication risk mitigation services that incorporate several components focusing on optimizing medication among PACE participants. Examples include adverse drug event risk stratification, the availability of pharmacogenomic testing to personalize medication regimens, recommendations from pharmacists with clinical expertise in multi-drug interactions and drug information support. All of this can be delivered through a single communication platform integrated into a PACE program's electronic health record (EHR) for ease of access and use by all parties.

Medication risk mitigation has proven economic benefits. PACE programs that used structured medication risk mitigation services showed a year-over-year increase in average medical costs per participant that was \$5,000 less than that of PACE programs without a risk mitigation service. This way, as participants are enrolled in PACE, organizations can have peace of mind that avoidable medical costs are minimized.

In addition to having peer-reviewed documented outcomes, choosing a pharmacy partner with not just clinical but also operational excellence will help the PACE team focus on participant care, minimizing the need to manage pharmacy processes. Pharmacy partners should offer a package of tools including multi-dose adherence packaging that takes multi-drug interactions into consideration, culturally sensitive and language-specific translation, and digital tools for delivery tracking that optimize the participant's journey in PACE.

## Cloud-Based Technology Solutions

E-prescribing technology that integrates with an EHR is vital for PACE organizations, as it enables pharmacists to collaborate with PACE providers across the same platform, streamlining the process and benefiting patient care.

Beyond e-prescribing, technology that integrates with EHRs can support PACE startups and established programs in care planning for participants, including initiating assessments, identifying goals, reviewing care plans with participants or caregivers, implementing interventions and assessing outcomes. Having medication profiles reconciled between the EHR and the pharmacy platform also addresses a huge problem in health care and is an important factor in avoiding preventable adverse drug events.

In addition, PACE programs can use technology in tracking potential participants to foster census growth.

One consideration for PACE organizations is whether the technology is cloud based. Does it allow for remote access? Does it offer data backup and monitoring services? Is it certified for the Health Information Technology for Economic and Clinical Health Act? Other considerations include product performance, level of customer service, price and ease of use—all of which can impact the overall value of a solution.

## Pharmacy Benefit Manager

Pharmacy benefit managers (PBMs) come into play early in the PACE startup journey, since a PBM is necessary to complete the Medicare Part D application process. Essentially, the PACE organization is a health plan and Part D plan providing services through its own or contracted providers. As PACE programs develop and serve participants, PBMs provide vital support in areas like Medicare Part D processing, utilization and financial reports, and Medicare managed care operations.

PBMs experienced in Medicare Part D processing are important in helping PACE



# Washington Legislative Conference

**Sep  
21**

**Let Your Voice  
Be Heard**

## Time to Educate Congress on Homecare's Impact



Register Today:  
[aahomecare.org/wlc](http://aahomecare.org/wlc)

Face-to-face advocacy helps legislators understand the challenges you face, allowing you to work together for a solution. Don't miss this once a year opportunity to advocate for your business and patients with colleagues across the nation.

### Virtual Format

AAHomecare will schedule all meetings for you, provide the resources to help you articulate the issues, and connect you with colleagues who share a common elected official. This easy to use, convenient format for conference attendees allows you to have the greatest impact without leaving your office.

### Sponsors:



**Virtual Legislative Conference on September 21, 2022  
Issue Education Offered September 14, 2022**



---

programs submit filings to the Centers for Medicare & Medicaid Services (CMS). CMS has specific requirements for these submissions, so PACE market experience is helpful in getting them right. In addition, having a PACE-specific PBM also helps programs from a regulatory compliance standpoint. Ongoing testing and monitoring helps support successful audit results and plans. From a participant perspective, having a high level of customer service to resolve issues at the point of care is key to overall Part D plan success.

### Third-Party Administration & Risk Adjustment Services

It's important for PACE startups to set themselves up for success by providing necessary support for their team. One way to do so is through risk adjustment services. Risk adjustment includes coding

services, which ensure coding is accurate, complete and compliant; auditing services to address potential compliance issues; and training in Medicare risk adjustment and documentation. When selecting a partner that provides risk adjustment services, PACE programs should consider whether the partner will help them not only understand but improve coding and documentation.

Third-party administration (TPA) can also provide support for PACE programs, ensuring that the organizations receive timely and accurate reimbursement, while meeting regulatory requirements. TPA includes health plan management and back-office services such as claims adjudication, accounts receivable and coordination of benefits, to name a few. This support helps free up bandwidth for PACE staff, bolstering business operations and aiding organizational growth.

Whether PACE programs are looking to serve their first participants or add to enrollment, they could benefit from a partner that offers comprehensive, integrated solutions. The PACE environment is continuously changing, from new rules and requirements to potential legislation like the PACE Plus Act and the PACE Expanded Act. Choosing a partner with extensive expertise in PACE can help startups make sense of developments as they navigate the launch process and continuously fine-tune operations thereafter. This can help PACE programs better manage care for participants and improve business performance. **HC**

Orsula V. Knowlton, Pharm.D., MBA, is president and co-founder of Tabula Rasa HealthCare (TRHC), a health care technology company advancing the safe use of medications. Visit [tabularasahealthcare.com](http://tabularasahealthcare.com).

**Good news  
to start  
your week**



**HEMOCAREMAG.COM/SUBSCRIBE**

# BEDS

In this directory, HomeCare delivers a monthly breakdown of crucial sections of our annual Buyer's Guide, providing the most up-to-date information on the products and services your business needs. This month, we're featuring hospital, homecare and adjustable beds. Here and on [homecaremag.com/buyers-guide](http://homecaremag.com/buyers-guide), you can find the essentials to help your business thrive. **HC**

ALCO Sales & Service Co.  
Burr Ridge, IL  
(800) 323-4282  
[alcosales.com](http://alcosales.com)

American National  
Manufacturing, Inc.  
Corona, CA  
(951) 273-7888  
[americannationalmfg.com](http://americannationalmfg.com)

Compass Health Brands  
Middleburg Heights, OH  
(800) 376-7263  
[compasshealthbrands.com](http://compasshealthbrands.com)

Drive DeVilbiss Healthcare  
Port Washington, NY  
(877) 224-0946  
[drivemedical.com](http://drivemedical.com)

KayserBetten US  
Allentown, PA  
(800) 574-7880  
[kayserbettenus.com](http://kayserbettenus.com)

Med-Mizer  
Batesville, IN  
(888) 522-2161  
[med-mizer.com](http://med-mizer.com)

Flex-A-Bed  
LaFayette, GA  
(800) 648-1256  
[flexabed.com](http://flexabed.com)

GF Health Products, Inc.  
Atlanta, GA  
(770) 368-4700  
[grahamfield.com](http://grahamfield.com)

Medline  
Mundelein, IL  
(800) 633-5463  
[medline.com](http://medline.com)

Great Life Healthcare  
Paige, TX  
(281) 300-2711  
[greatlifehealthcare.com](http://greatlifehealthcare.com)

Hill-Rom  
Chicago, IL  
(312) 819-7200  
[hillrom.com](http://hillrom.com)



**PARKS HEALTH PRODUCTS**  
Hickory, NC  
(828) 838-1775  
[parkshealth.com](http://parkshealth.com)

Invacare Corporation  
Elyria, OH  
(800) 333-6900  
[invacare.com](http://invacare.com)



**PROACTIVE MEDICAL PRODUCTS**  
Miami, FL  
(855) 237-7622  
[proactivemedical.com](http://proactivemedical.com)

Span America  
Greenville, SC  
(800) 888-6752  
[spanamerica.com](http://spanamerica.com)

Transfer Master Products, Inc.  
Postville, IA  
(877) 445-6233  
[transfermaster.com](http://transfermaster.com)



**ASSURED COMFORT BEDS**  
Bassett, VA  
(866) 852-2337  
[assuredcomfortbed.com](http://assuredcomfortbed.com)

Big Boyz Industries, Inc.  
Ivyland, PA  
(877) 574-3233  
[bariatricbeds.com](http://bariatricbeds.com)



**2022 BUYER'S GUIDE** FIND YOUR SUPPLY  
Products & Services Expand to Meet Evolving Needs

**2022 HEMOCARE BUYER'S GUIDE LISTINGS**

Our 2022 Buyer's Guide is filled with manufacturers' and service providers' contact information to help you find the right mix of products and services for your company. No matter which way you plan to steer your business in 2022, we know that products and services are at the heart of it all, and this comprehensive guide will help you grow and stay on track throughout the year. You can also easily reach these resources online at: [homecaremag.com/buyers-guide](http://homecaremag.com/buyers-guide).

# NEW ON THE MARKET

Hand-picked by the editors of HomeCare, these products are the newest frontrunners shaping the homecare marketplace. Stay tuned in every issue for more industry-leading solutions.

## 1 MotoMax

### HCI FITNESS

The MotoMax active and passive trainer provides either active resistance or motorized movement for simultaneous upper and lower body movement training. The flat support platform allows for unobstructed access for a manual wheelchair, power wheelchair or dining chair. Visit [hcifitness.co](http://hcifitness.co).

*Check 200 on index.*

## 2 Protekt Pilot Upright Walker

### PROACTIVE MEDICAL PRODUCTS

The Protekt Pilot Upright Walker enables users to walk erect and look forward for a safe, stable and comfortable mobility experience. The Pilot's design improves posture, mitigating pain in the lower back, hands and wrists, and enabling users to walk longer distances for a more active lifestyle. Features include: adjustable height armrests, lockable handbrakes, comfortable seat with backrest, stand assist handles, compact design and convenience package including beverage holder, safety LED light, personal item bag and cane holder. Visit [proactivemedical.com](http://proactivemedical.com).

*Check 201 on index.*

## 3 Quickie Access

### SUNRISE MEDICAL

The QUICKIE ACCESS is a knee-pivot manual wheelchair for independent propelling with the benefits of tilt and recline. The ACCESS solves multiple seating challenges while allowing clients to hand or foot propel, offering independence. The low knee rise during tilt enables easy foot propulsion and clearance under tables for easier social engagement. Even if a thick cushion is needed for pressure relief or if larger casters are preferred, a low seat-to-floor height can be maintained, facilitating a stepping activity to propel the wheelchair. The QUICKIE ACCESS features negative five degrees anterior tilt for easy standing and transferring. Visit [sunrisemedical.com](http://sunrisemedical.com).

*Check 202 on index.*

## 4 Laveo Dry-Flush Toilet

### WATERLESS TOILETS

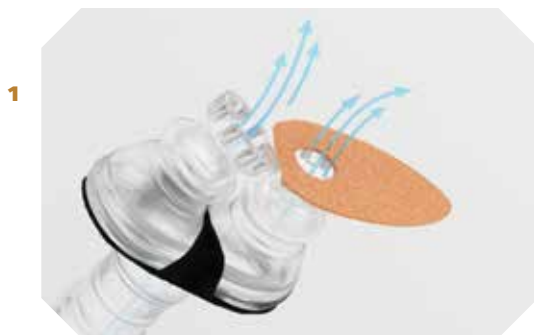
The Laveo Dry-Flush is a portable, odorless, waterless, no-cleaning-needed toilet. Waste is vacuum-sealed in mylar, which can be safely disposed of in home trash. The toilet is run on a rechargeable battery and can be installed anywhere. The vacuum-sealing cartridges are good for up to 17 flushes. There is an optional lift kit and comfort package. The Laveo Dry-Flush was recently licensed for use on the International Space Station and is making its debut on the homecare market to aid with toileting tasks. Visit [dry-flush.com](http://dry-flush.com).

*Check 203 on index.*





# CPAP MACHINES & SUPPLIES



## 1 Eclipse

### BLEEP LLC

The Eclipse is a clinically proven, no-leak CPAP mask. It does not require headgear and is small and lightweight, which means significant reduction in claustrophobia, pain, dry eye, face marks, hair matting and wake-ups to adjust. Forced replenishment reduces the need for nasal pillow cleaning. The Eclipse patented solution uses gentle, medical grade adhesive strips to comfortably attach to the patient's nose. A flexible tube mask attaches to the disposable nasal pillows using MagSeal magnetic port technology to rapidly click on and off. Fits all machines and covered by all major insurance. Visit [bleepsleep.com](http://bleepsleep.com).

*Check 204 on index.*



## 2 Optipillows EPAP Mask

### CPAPNEA MEDICAL SUPPLY

The Optipillows EPAP mask is used like a nasal pillow CPAP mask but without tubing or a machine. The Optipillows EPAP Mask has an adjustable expiratory resistance. The mask is Food & Drug Administration cleared for snoring but provides expiratory pressures equal to other EPAP masks used for obstructive sleep apnea. No prescription needed. Visit [optipillows.com](http://optipillows.com).

*Check 205 on index.*



## 3 Evora Full-Face Mask

### FISHER & PAYKEL HEALTHCARE

The F&P Evora Full is a compact full-face mask for the delivery of CPAP therapy to treat obstructive sleep apnea. Evora Full delivers full performance with minimal contact. Evora Full features the next generation of Dynamic Support Technology, where the floating seal is supported by stability wings. These technologies work together to allow freedom of movement while keeping the mask comfortably in place. Evora Full sits under the nose for a clear line of sight. There are three seal sizes available: extra small, small to medium, and large; and two headgear sizes: standard and extra large. Visit [fphcare.com](http://fphcare.com).

*Check 206 on index.*



## 4 Luna G3 PAP Devices

### REACT HEALTH

The Luna G3 family of PAP devices from React Health, formerly 3B Medical, includes the CPAP (LG3500), APAP (LG3600) BiLevel 25A (LG3700) and BiLevel ST (LG3800). Luna G3 devices offer connectivity through SD card, QR code, iCode, Wi-Fi module and cellular modem. All Luna G3 devices connect to iCodeConnect, React Health's cloud-based compliance reporting system. Luna G3 devices offer easy-to-read-and-navigate full-color LED screens as well as standard heated tubing and integrated heated humidification. Luna G3 is a win-win for your patients and your business. Visit [reacthealth.com](http://reacthealth.com).

*Check 207 on index.*

## 5 AirSense 11

### RESMED

In addition to ResMed's proprietary therapy algorithms and remote and self-monitoring capabilities, AirSense 11's new features include: Personal Therapy Assistant's interactive step-by-step tutorials via the myAir app for patients to set up their device and acclimate to therapy pressure; Care Check-In's tailored guidance through key milestones in their treatment journey, available in the myAir app and on the device screen itself; a sleek design, touch screen and intuitive menu mimic a smartphone; and the ability to make over-the-air upgrades directly to a user's device. Visit [resmed.com](https://resmed.com).

*Check 208 on index.*

5



## 6 iBreeze CPAP

### RESVENT USA

At a time when CPAP devices are in short supply, Resvent USA has them in stock. While new in the United States, Resvent has been serving Europe and Asia for the last five years. The iBreeze series of CPAPs have a broad range of capabilities designed to help patient compliance to therapy. The ResAssist cloud-based compliance platform allows for access to reports from anywhere. Wi-Fi-enabled devices allow for easy and quick access to compliance data. Visit [resventusa.com](https://resventusa.com).

*Check 209 on index.*

6



## 7 3D AI Mask Fitter

### SLEEPGLAD

Boost referrals with Physician Referral Network (PRN), a conduit for home medical equipment providers to receive electronic scripts and supporting documents, as well as message with referrals and patients. This includes sharing results of the 3D mask-fitting solution that can scan patients remotely or in the clinic with patented technology that includes masks from six manufacturers. SleepGlad provides you with analytics to make better business decisions, including subjective compliance data from patients contributing to early-intervention tools. Scans are backed by a money-back guarantee. Visit [sleepglad.com](https://sleepglad.com).

*Check 210 on index.*

7



3D AI MaskFitter  
Physician Referral Network

## 8 iQ2 Nasal Mask

### SLEEPNET CORPORATION

The iQ2 Nasal Mask is a lightweight, moldable CPAP mask that can accommodate most facial structures. Patented custom-fit technology allows for a better fit and all-night comfort. With maximum comfort and minimal headgear tension, AIRgel minimizes pressure points and skin irritation. The iQ2 frame and headgear are interchangeable with the Phantom2 frame and headgear. If patients need to change mask styles, the cushions are interchangeable without affecting mask frame and headgear. Cushions may also be removed and replaced without purchasing a new mask. Visit [sleepnetmasks.com](https://sleepnetmasks.com)

*Check 211 on index.*

8





9

## 9 V-Com

### SLEEPRES

V-Com is an inexpensive accessory for the PAP circuit that provides inspiratory comfort for new and struggling patients on CPAP and bi-level PAP for noninvasive ventilation. V-Com is like training wheels for CPAP, helping patients adjust more easily to their therapy. Visit [sleepres.com](http://sleepres.com).

*Check 212 on index.*



10

## 10 Sol Full-Face Mask

### SUNSET HEALTHCARE SOLUTIONS

Sunset Healthcare Solutions' new Sol full-face CPAP mask offers premium features without the premium price tag. Sol's lightweight headgear is crafted using soft and skin-friendly fabric, and its secure fit helps patients comfortably adapt to treatment. A convenient quick-release connector gives patients more freedom, easily separating when needed and reconnecting to join the mask and tube. Sol's smart vent features a honeycomb design that reduces airflow erosion intensity, creating a gentle and quiet flow for better sleep. Maximize reimbursement without sacrificing quality or compliance. Visit [sunsethcs.com](http://sunsethcs.com).

*Check 213 on index.*

11



## 11 Explore 5500

### ZOPEC MEDICAL

This backup uninterruptible power supply (UPS) battery is a lightweight solution for CPAP users who use a heated humidifier and want to be prepared for power outages. The UPS feature bypasses the battery when there is no power outage and then switches instantly to battery power when an outage occurs. This battery features the lightest, highest quality lithium-ion cells that are used in Tesla car batteries. This battery can run a CPAP at pressure 10 and a heated humidifier at mid-setting can run for eight hours. Simply plug the battery into a wall outlet, the CPAP into the battery and be ready for a power outage 24/7. Visit [zopec.com](http://zopec.com).

*Check 214 on index.*

# SCOOTERS

1



## 1 Secaego SC-S2454

### DALTON MEDICAL

The Secaego SC-S2454 is a four-wheel compact scooter with 300-pound weight capacity and overall dimensions of 42.5 inches by 18.5 inches by 35.5 inches. It can be disassembled into five pieces, with the heaviest section weighing just 34.7 pounds. Visit [daltonmedical.com](http://daltonmedical.com).

*Check 215 on index.*

2



## 2 GB120 Buzzaround CarryOn Scooter

### GOLDEN TECHNOLOGIES

The Buzzaround CarryOn is a portable and sporty scooter. It features an infinitely adjustable tiller, full front and rear lighting, and 300-pound weight capacity. The heaviest piece is 47.5 pounds. The CarryOn offers long-range coverage up to 18 miles with a lithium-ion battery pack. An optional airline-friendly battery is sold separately. It disassembles into two pieces and is extremely easy to load into a car or SUV. Designed to take up minimal space, it's just 12 inches high when folded without the seat. Visit [goldentech.com](http://goldentech.com).

*Check 216 on index.*

3



## 3 FR1 City

### FREERIDER USA

The FR1 City is an all-new mobility scooter from FreeRider USA. It can be a travel scooter and supports up to 400 pounds. It features a dynamic LED headlight and daytime running light and taillight, and is equipped with a full suspension system. The dynamic delta tiller features a universal joint for easy steering. The seat may be upgraded to a captain seat if desired. Visit [freeriderusa.com](http://freeriderusa.com).

*Check 217 on index.*

4



## 4 Roadster S4 Scooter

### MERITS HEALTH PRODUCTS

The Roadster S4 is one of Merits Health Products' most portable scooters. The five-piece design allows for easy assembly and disassembly with no tools required. The weight of the heaviest piece is 36 pounds and this scooter easily fits into a car trunk. The height-adjustable seat allows comfortable positioning and swivels for easy transfers on and off. Customers can choose from blue and cherry red. Visit [meritsusa.com](http://meritsusa.com).

*Check 218 on index.*

5



## 5 Go-Go Endurance Li

### PRIDE MOBILITY PRODUCTS

The Go-Go Endurance Li is a four-wheel scooter that comes standard with an eight amp hour airline-safe lithium-ion battery pack, making it perfect for air travel. A lithium-ion battery is lighter weight, offering a faster charging time and more useable energy. The Go-Go Endurance Li features a compact, foldable seat, feather-touch disassembly and an LED headlight. Comfort-Trac suspension ensures a smooth and comfortable ride. Visit [pridemobility.com](http://pridemobility.com).

*Check 219 on index.*



# FOOTWEAR & FOOT CARE



1



2



3



4

## 1 Sport Double-Depth Stretch

### ANODYNE

Meet the No. 84 (for men) and No. 85 (for women) Sport Double-Depth Stretch. With the combination of stretchable fabric and bilateral adjustable closures, these styles provide customization and accommodation for even the most difficult feet. The luxe, stretchable fabric forms to the contours of the foot, offering an exceptionally versatile and comfortable fit, and the bilateral straps make them extremely easy to put on and take off. The Sport Double-Depth Stretch styles are the perfect option when needing to accommodate edema and braces, as they offer an additional 3/16 inches of depth when compared to Anodyne's standard styles. Visit [anodyneshoes.com](http://anodyneshoes.com).

*Check 220 on index.*

## 2 Soft Stride Flexible Foot Orthotics

### BROWNMED

Soft Stride is a comprehensive line of flexible foot orthotics that addresses many specific ailments and injuries to feet, heels, ankles, arches and legs. Backed by an exclusive million step guarantee, these products help patients avoid or delay surgery, attenuate shock and provide pain relief. Athletes receive comfort during strenuous training and people who stand for long periods benefit from decreased fatigue and pain. The viscoelastic polymer mimics the qualities of soft body tissue and redistributes pressure and reduces the force of impact. Visit [brownmed.com](http://brownmed.com).

*Check 221 on index.*

## 3 Foot Defender

### DEFENDER OPERATIONS, LLC

Foot Defender was designed as a stylish, protective, easy-to-use and easy-to-dispense protective solution that patients with diabetic foot ulcers (DFUs) are willing to wear. Even with proper vascular management, infection control and regular debridement, healing DFUs is unlikely without adequate offloading. Foot Defender was engineered from the ground up to reduce the forces on DFUs and is clinically proven to offload 50% more plantar pressure than other protective boots. Whether someone is standing or walking, Foot Defender outperforms alternatives through innovative design, resulting in a first-rate healing environment for the foot. Visit [footdefender.com](http://footdefender.com).

*Check 222 on index.*

## 4 Insoles, Orthotics & Displays

### PEDIFIX

The PediFix Footcare Company introduces unique new shoe inserts that enable durable medical equipment retailers to help more customers relieve foot problems and distinguish their stores from chains. The new retail-ready displays feature a variety of PediFix products, including DiabeticDefense, Lateral Sole Wedge, PressureOFF Customizable Offloading Insoles, Active, Action and Advantage Orthotics. Additional planograms are easy to add. Visit [pedifix.com](http://pedifix.com).

*Check 223 on index.*

# GET FREE INFORMATION

# HomeCare

## READER SERVICE

Check the box(es) below to receive free information from companies listed in this issue.

Expires  
90 days  
from  
0922

### ONLINE

For fastest service,  
visit [hcfreeinfo.com](http://hcfreeinfo.com)  
(U.S. only)

### FAX

Complete, tear out and  
fax to 416-620-9790

### MAIL

Complete, tear out, place in  
an envelope and mail to:  
HomeCare,  
c/o IMS  
PO Box 1663  
Buffalo, NY 14205



## ADVERTISERS

Advertiser Name	RS#	Page
AHomecare		37
AssuredComfort	<input type="checkbox"/> 108	32
CAIRE	<input type="checkbox"/> 103	1
Citus Health	<input type="checkbox"/> 102	IFC
Dignity Lifts	<input type="checkbox"/> 111	47
HME Billing & Consulting	<input type="checkbox"/> 107	31
Medtrade		27
National Association for Home Care & Hospice		3
OptiPillows EPAP Mask	<input type="checkbox"/> 109	35
Parks Health Products/Kalmia	<input type="checkbox"/> 110	35
Proactive Medical Products	<input type="checkbox"/> 112	24-25
Tactical Back Office	<input type="checkbox"/> 105	BC
The Compliance Team	<input type="checkbox"/> 106	5

\*This ad index is furnished as a courtesy, and no responsibility is assumed for incorrect information.

## PRODUCTS

Company Name	RS#	Page
Anodyne	<input type="checkbox"/> 220	45
Bleep LLC	<input type="checkbox"/> 204	41
Brownmed	<input type="checkbox"/> 221	45
CPAPNEA Medical Supply	<input type="checkbox"/> 205	41
Dalton Medical	<input type="checkbox"/> 215	44
Defender Operations, LLC	<input type="checkbox"/> 222	45
Fisher & Paykel Healthcare	<input type="checkbox"/> 206	41
Freerider USA	<input type="checkbox"/> 217	44
Golden Technologies	<input type="checkbox"/> 216	44
HCI Fitness	<input type="checkbox"/> 200	40
Merits Health Products	<input type="checkbox"/> 218	44
Pedifix	<input type="checkbox"/> 223	45
Pride Mobility Products	<input type="checkbox"/> 219	44
Proactive Medical Products	<input type="checkbox"/> 201	40
React Health	<input type="checkbox"/> 207	41
ResMed	<input type="checkbox"/> 208	42
Resvent USA	<input type="checkbox"/> 209	42
SleepGlad	<input type="checkbox"/> 210	42
Sleepnet Corporation	<input type="checkbox"/> 211	42
SleepRes	<input type="checkbox"/> 212	43
Sunrise Medical	<input type="checkbox"/> 202	40
Sunset Healthcare Solutions	<input type="checkbox"/> 213	43
Waterless Toilets	<input type="checkbox"/> 203	40
Zopec Medical	<input type="checkbox"/> 214	43

### REQUIRED for both SUBSCRIPTIONS and READER SERVICE

Name	Address
Title	City/State/Country/Zip/Post
Company	*Phone
	*Email

RS2209

## FREE SUBSCRIPTION

- YES! I wish to receive a FREE subscription to HomeCare.
- No, cancel my FREE subscription.

# HomeCare



\*Signature

Required for Subscription

Date

### YOU MUST SIGN AND ANSWER ALL QUESTIONS TO QUALIFY FOR A FREE SUBSCRIPTION

Qualified subscriptions begin at the publisher's discretion. Incomplete forms cannot be processed or acknowledged. We will use your email address to send your annual renewal notice and other related products and services.

Check here to opt out of email messages from our marketing partners.

#### 1. What is your job title? (Check only one)

- 15 Owner, CEO, CFO, COO, Pres, VP, GM, Dir
- 21 Manager, Supervisor, Controller, Accountant, Purchasing Agent
- 22 RT, Nurse, Doctor, OT, PT, Pharmacist, ATP, SMS, Rehab Specialist, Other Licensed Medical Professionals
- 19 Sales/Marketing Rep, Mgr, Dir
- 20 Other (Please Specify) \_\_\_\_\_

#### 2. What is your primary type of business? (Check only one)

- 01 Home Medical Equipment Provider
- 13 Hospital with HME
- 03 Independent Pharmacy/Chain Drugstore
- 15 Hospital with Home Health Agency
- 05 Home Health Agency/Nursing (Medical)
- 16 Hospice Agency
- 12 Personal Care/Home Care Services (Non-Medical)
- 14 Long Term Care Facilities (SKNF, Assisted Living)
- 08 Physical Therapy/Occupational Therapy
- 07 Manufacturer/Manufacturer's Rep Firm/Distributor
- 10 Other (Please Specify) \_\_\_\_\_

#### 3. What other areas of business is your company involved in? (Check all that apply)

- 41 Home Medical Equipment Provider
- 42 Hospital with HME
- 43 Independent Pharmacy/Chain Drugstore
- 44 Specialty Pharmacy (Compounding/Infusion)
- 45 Hospital with Home Health Agency
- 46 Home Health Agency/Nursing (Medical)
- 47 Hospice Agency
- 48 Personal Care/Home Care Services (Non-Medical)
- 49 Long Term Care Facilities (SKNF, Assisted Living)
- 50 Physical/Occupational Therapy
- 98 None
- 99 Other (Please Specify) \_\_\_\_\_

### ONLINE

For fastest service,  
complete this form online  
[homecaremag.com/subscribe](http://homecaremag.com/subscribe)

### FAX

Complete, tear out and  
fax to 205-314-8272

### MAIL

Complete, tear out, place in an envelope and mail to:  
HomeCare Magazine,  
PO Box 530067, Birmingham, AL 35253-0067

# MOBILE CONNECTIONS ON THE GO



Facebook: @homecaremag  
Twitter: @homecaremag  
LinkedIn: HomeCare Magazine  
Instagram: @homecaremag

## HomeCare

The Leading Business Resource for HME & Home Health Professionals



*Deluxe Toilet Lift - DL1*  
**\$1799.00**  
[www.DignityLifts.com](http://www.DignityLifts.com)

Check 111 on index.

# NEW PODCAST



NEWEST EPISODE

## The Evolution of PACE

With IntusCare

HomeCare



PODCAST

Look for this and other podcasts at [homecaremag.com/podcasts](http://homecaremag.com/podcasts)

# MAKING THE LIST

## And the Winners Are...

Industry growth shines in this year's Inc. 5000 list

By Hannah Wolfson

The homecare industry isn't just surviving—it's thriving, even in an environment of incredible change and pressure. One proof point? The Inc. 5000 List, which highlights the fastest-growing independent companies in the United States, and which this year honored a slew of industry successes.

"The accomplishment of building one of the fastest-growing companies in the U.S., in light of recent economic roadblocks, cannot be overstated," said Inc. Editor-in-Chief Scott Omelianuk.

The list includes a wide range of rapidly rising companies in health care products and services, including biomedical equipment, telehealth software, clinical matching organizations and support for family caregivers—in addition to those right in the middle of the homecare industry. For example, Inc. features Joshua and Caleb Floumoy, identical twins who started home health company Primecare and then Joshua

split off to form BarbraKares, a Georgia-based home health agency that reports 958% revenue growth over three years and landed at No. 658 on this year's list.

"The homecare industry can definitely do with more business like ours," Joshua Floumoy said in the article.

Below, we've highlighted some of the home health and home medical equipment-related organizations that made this year's list. They're ranked according to percentage of revenue growth from 2018 to 2021; to qualify, they must have been founded and generated revenue by March 31, 2018 with a minimum revenue in 2018 of \$100,000 and a minimum for 2021 of \$2 million. They also must be U.S.-based, privately held, for-profit and not subsidiaries or divisions of other companies as of Dec. 31, 2021.

This is not a full list of honored companies. Visit [inc.com/inc5000](https://inc.com/inc5000) for the full list. **HC**

**631, All States Medical Equipment Distribution**  
*Years on list: 1*

**646, Cariloop**  
*Years on list: 1*

**654, Entrusted Pediatric Home Care**  
*Years on list: 1*

**658, BarbraKares In-Home Care Services**  
*Years on list: 1*

**968, Electronic Caregiver**  
*Years on list: 1*

**1247, Bridge Home Health & Hospice**  
*Years on list: 3*

**1608, Trella Health**  
*Years on list: 1*

**1939, Relias Healthcare**  
*Years on list: 1*

**2342, US Med-Equip**  
*Years on list: 10*

**2408, Forcura**  
*Years on list: 6*

**2580, Quality Biomedical**  
*Years on list: 1*

**2808, Dina**  
*Years on list: 1*

**2830, HHAeXchange**  
*Years on list: 8*

**3561, Medical Guardian**  
*Years on list: 10*

**3715, Freeus**  
*Years on list: 1*

**4403, Aeroflow Healthcare**  
*Years on list: 7*

**4647, Prochant**  
*Years on list: 1*

Hannah Wolfson is editor of HomeCare.



# HomeCare HEROES

2022

## SEEKING NOMINATIONS



### IT'S YOUR TURN

HomeCare will be dedicating our November issue to showing appreciation for the workers in our industry who have gone above and beyond to help their communities.

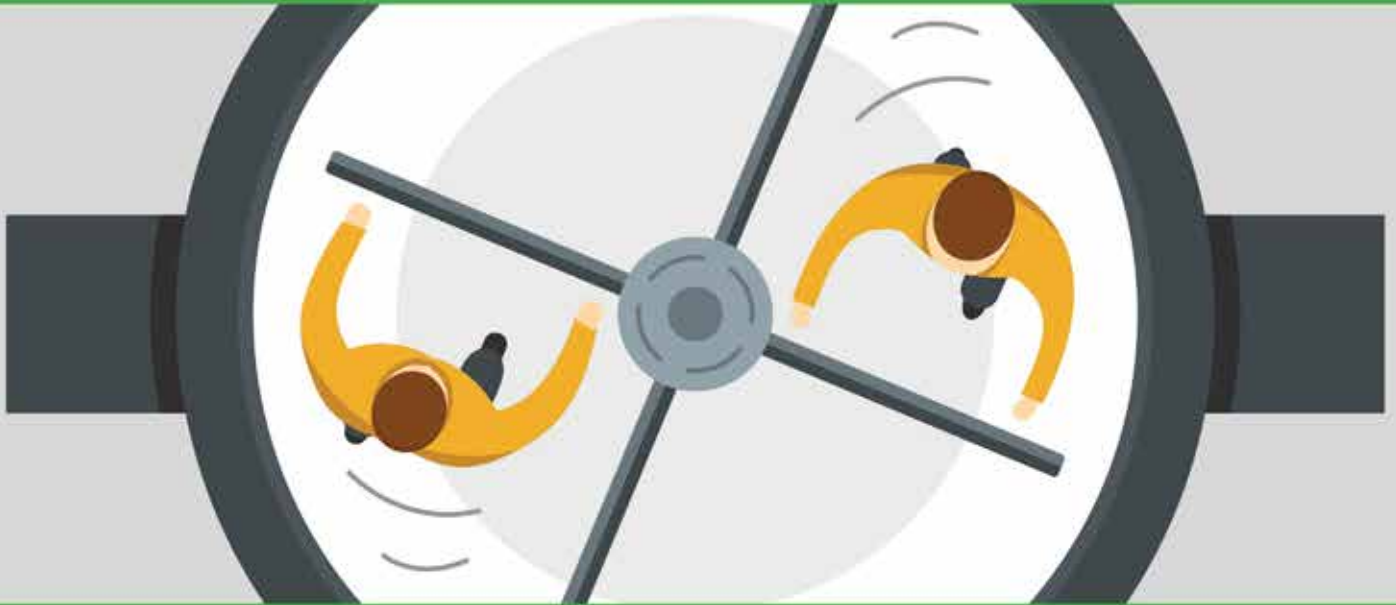
### Nominate someone today!

We need stories of special people who work in home medical equipment, in-home care or elsewhere in the industry and who have done more than expected to keep patients and clients safe and healthy at home.

**NOMINATION DEADLINE:**  
**September 23, 2022**

**TO SUBMIT YOUR NOMINATION, VISIT:**  
**[HOMECAREMAG.COM/HEROES2022](https://homecaremag.com/heroes2022)**

# HIGH TURNOVER?



## Deploy the TBO Team to control your revolving door.

Our clients are saving money on labor every year by hiring TBO!  
Gone are the days of high turnover, high labor costs, under-experienced recruits, and lengthy onboarding. Our teams are ready to work, committed to your success, and experienced. Expect to save money not just on labor costs but also on training & onboarding, ancillary support, and employee overhead!



**TACTICAL**  
BACK OFFICE PERSONNEL

Learn more by calling **(800) 588-7501**  
or visiting our website at **TACTICALBACKOFFICE.COM**