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JANUARY 2021

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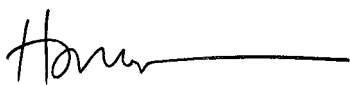
Normally, my family sends out New Year's cards with a joyous message looking ahead to a wonderful year. This year? Our cards will say "It's fine. We're fine. Everything is fine."

That sums up where a lot of us are as we step into 2021. Many people, of course, are not fine, especially the more than 300,000 Americans who lost their lives because of COVID-19, the 16 million positive cases to date and their families and friends and coworkers. Others are without work or see their businesses struggling to make payroll. And yet, still others are thriving, finding a new rush of business because of the pandemic and quite possibly experiencing mixed feelings about their success.

Almost every single expert we interviewed for our State of the Industry article sought to find a way to express their optimism about the future while also acknowledging the difficulties of the past months. No one wants to appear to be profiting from a pandemic, but COVID-19 did convince policymakers and the general public that the future of care is in the home. That is something you can all be proud of, even if it was a painful road to travel. Now it's time to find ways that the industry—and your business—can provide even better care and service in 2021.

To help, we've got a ton of helpful content inside, including our 2021 Washington forecasts and some goal-setting motivation. In the meantime, we're working on some fun projects to bring you in the next year to give you even more great information, possibly in new formats. As always, please let us know how we can help you do your job better.

Thank you 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!

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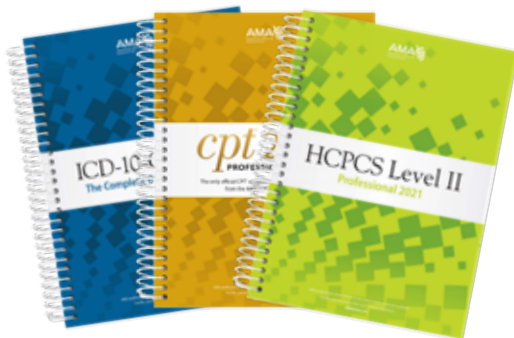
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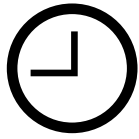
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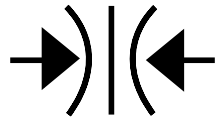
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NAHC Welcomes New Board Members

The Board of Directors for the National Association for Home Care & Hospice (NAHC) has welcomed newly appointed and elected members.

John Olajide, president and CEO of Axxess, and David Totaro, chief government affairs officer at Bayada, have been elected to three-year terms that begin in 2021. The two newly appointed members are Beth Slepian, president/CEO of Concord Regional VNA, and Susan Ponder-Stansel, president and CEO of Community Hospice & Palliative Care of Northeast Florida.

In addition, David Causby was re-elected to the board for a three-year term.

Officer elections have confirmed Mary Myers as chair of the board in 2021, her third year in that position. William Simone III

was elected treasurer and Brent Korte was elected secretary.

Outstanding Service awards were given to outgoing Treasurer Mark Sharp and Secretary Brittnei Salerno, as well as board members Melanie Keller and Craig Mandeville.

"The latest board appointments and elected officers for 2021 position NAHC extraordinarily well for the future," said NAHC President William A. Dombi. "We are blessed with so many highly talented members interested in serving. That is the true hallmark of a representative association."

nahc.org

PointClickCare to Acquire Collective Medical

PointClickCare Technologies, a provider of cloud-based software technology for the long-term and post-acute care market, announced its intent to acquire Collective Medical, the leading network-enabled platform for real-time cross-continuum care coordination. The acquisition is subject to regulatory approvals and was expected to be completed by the end of 2020.

PointClickCare supports a network of more than 21,000 skilled nursing facilities, senior living communities and home health agencies. Collective Medical's platform connects more than 1,300 hospitals, thousands of ambulatory practices and long-term post-acute care providers, and accountable care organizations and every national health plan in the country across a 39-state network. These providers come together via the Collective platform to support patients suffering from a variety of complex conditions, including substance use disorder, mental and behavioral health issues, and other care needs requiring multiple interventions and transitions across disparate care settings.

The acquisition will follow a partnership created between the companies in August 2019 that streamlined the integration of Collective Medical's solution for care transitions with PointClickCare's cloud-based software platform.

pointclickcare.com

AdaptHealth Buying AeroCare in \$2B Deal

AdaptHealth Corp., a provider of home medical equipment (HME) and related services, announced that it had entered into an agreement to acquire Orlando, Florida-based AeroCare Holdings, Inc., in a deal valued at about \$2 billion.

The transaction currently includes about \$1.1 billion in cash and 31 million shares of AdaptHealth common stock. The two companies have both focused heavily on technology and will have a combined presence in 47 states. A company presentation said the new firm will be the largest independent HME in the country.

AdaptHealth offers a full range of medical products and services, including CPAP supplies and services, diabetes devices and supplies, HME for post-acute care, home oxygen and related therapies and general HME for wound care, ostomy, urological and nutritional needs. It reaches about 1.8 million patients annually with a network of 269 locations in 41 states.

Founded in 2000, AeroCare is a national technology-enabled respiratory HME distribution platform with more than 300 locations across 20 states, offering a suite of direct-to-patient equipment and services, including CPAP and BiPAP machines, oxygen concentrators, home ventilators and other durable medical equipment products.

The combined company will operate under the name AdaptHealth, and AdaptHealth CEO Luke McGee and AeroCare CEO Steve Griggs will jointly lead the company as co-CEOs. Josh Parnes will continue to serve as president.

The announcement also included information about AdaptHealth's recent purchase of New England Home Medical, a direct-to-patient diabetes supplier that has more than 3,900 patients using continuous glucose monitoring.

adapthealth.com

HME Champions to Depart Congress in New Term

Forty-two legislators who co-sponsored home medical equipment industry

UPCOMING EVENTS

We want to make sure our readers know about upcoming virtual event opportunities. Here is what is coming up soon. Did we miss an event? Send info to keasterling@cahabamedia.com

JAN. 11-14
CES 2021
ces.tech

JAN. 12, 19, 26 & FEB. 2
American Telehealth Association EDGE Policy Conference
americantelemed.org

JAN. 25-28
FOCUS
focus.essentiallywomen.com

JAN. 26-FEB. 6
Assistive Technology Industry Association Conference
atia.org



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universalss.com

priority legislation or endorsed an industry supported sign-on letter in the 116th Congress will not be returning when the new session convenes this month. The departing legislators include three senators and 39 House members who did not win re-election in November or who retired or left Congress earlier in the term.

The numbers include 15 of the 83 House members co-sponsoring HR 2771 and 26 of the 180 House members who joined a sign-on letter that helped convince CMS to remove non-invasive ventilators from Round 2021 of the competitive bidding program.

In addition, Rep. Roger Marshall (R-Kansas), who supported multiple HME priorities in the last Congress, is moving over to represent Kansas in the Senate, while Sen. Kamala Harris (D-California), who supported the Senate NIV sign-on letter, is set to become Vice President.

aahomecare.org

Hospice Source Acquires Superior Healthcare

Hospice Source, a provider of durable medical equipment dedicated to the hospice market, acquired Superior Healthcare, Inc. of Martinez, California. The acquisition furthers Hospice Source's position as the largest provider of hospice-focused durable medical equipment in the state of California.

"Hospice Source is committed to providing exceptional patient care to all its hospice partners," said CEO Jeff West. "The acquisition of Superior Healthcare allows us to extend that passion for service to a greater number of northern California hospice patients and hospice partners. We welcome our new team members, hospice partners and patients to the Hospice Source family."

hospicesource.net

AccentCare to Merge With Seasons Hospice

Dallas, Texas-based AccentCare and Rosemont, Illinois-based Seasons Hospice & Palliative Care (Seasons), along with Advent International, owner of AccentCare, announced they have signed a definitive agreement to combine their

two organizations. AccentCare's expertise in home health, personal care services, and hospice is complemented by Seasons Hospice's leadership within the hospice and palliative care spaces. The new organization will provide the full span of skilled home-based services and simplify the process of navigating care, especially for those in the growing Medicare Advantage population.

Steve Rodgers will serve as CEO of the combined organization. AccentCare's hospice services will merge with Seasons, and the hospice operations will be led by Todd Stern, CEO of Seasons. Stern will also serve as executive vice chair of the combined organization, infusing hospice experience and culture throughout the new organization.

Together, the combined organization will operate over 225 sites of care across 26 states and employ nearly 30,000 qualified professionals. Once combined, AccentCare and Seasons will have more than 60 health system and physician practice joint ventures and strategic partnerships providing care to more than 175,000 patients and their families each year.

The regulatory approvals to complete the transaction were expected to be completed by the end of 2020.

The agreement includes Seasons, Health Resource Solutions a 2,500 census home health provider in Illinois, Nebraska, and Indiana, as well as Gareda, a personal care business in Illinois, serving over 4,500 clients annually. The headquarters of the combined organization will be in Dallas, Texas. The hospice division will be headquartered out of Rosemont, Illinois.

accentcare.com

Royster Joins 3B Medical Team

3B Medical welcomed Katherine Royster to the 3B Medical team as vice president of sales and marketing; she will execute marketing and sales strategy in the U.S. market and lead the company's independent sales representatives across the country.

Royster joins 3B with over two decades of experience in the sleep and respiratory industry. As a member of the SimplyGo Mini Product Launch Team, she served as

the senior marketing manager for oxygen therapy at Philips in North America. Working closely with the field sales organization, she was responsible for generating marketing materials, sales training programs and creating innovative customer programs.

Prior to Philips, Royster served in roles in sales, sales management, marketing and sales training for various national and regional durable medical equipment companies, including Apria and Air Products Healthcare. Royster has managed large inside and outside sales organizations and built sales training and customer service training programs from the ground up for both new and existing employees.

3bproducts.com

Prospero Health Announces Expansion Plans

Prospero Health, a team-based home health care company, announced that it is expanding into 16 states to reach more than 8,000 new patients in need of home health care in 2021. With its expanded footprint, Prospero will serve 25,000 patients in a total of 26 states, bringing its model of home-based care and 24/7 telemedicine support to a growing population of people living with serious health conditions.

Founded in 2019, Prospero Health serves over 7,000 patients in Connecticut, Georgia, Illinois, Missouri, New Jersey, New York, North Carolina, South Carolina, Pennsylvania and Alabama. The company has rapidly expanded its care teams, as well as its video and telephonic delivery capabilities, in states across the country to provide care for patients living in quarantine. As of Jan. 1, 2021, Prospero should be serving patients in markets across Florida, Texas, Arizona, Wisconsin, Oklahoma, Minnesota, Maine, New Hampshire and Delaware. The homecare provider will expand into additional markets later in 2021 and also plans to continue to grow its presence to reach more patients in rural areas across the country.

In 2020 Prospero announced a partnership with GrandPad, a purpose-built tablet for people over 75, to allow Prospero providers to continue to care for patients via live video

chats while following social distancing guidelines. The company has also made significant investments in expanding its Care Support Center in Memphis, Tennessee, to ensure 24/7 support for patients and care team members.

prospero-health.com

Empath Health to Merge with Stratum Health System

Empath Health and Stratum Health System announced that their boards of directors have approved the merger of the two organizations pending regulatory approval. The merger will create the country's largest not-for-profit health system delivering non-acute care and services through its skilled medical and holistic programs to individuals with chronic, advanced and terminal illnesses.

The combined organization will serve more than 6,000 patients a day, creating a bridge between chronic, advanced and terminal care and providing seamless integration based on patient needs. It will also provide a variety of community-based programs that reflect the companies' commitment to the preservation of their charitable missions.

Empath Health's integrated care network supports patients with chronic, advanced and terminal illness in the greater Tampa Bay, Florida, area. Its family of services includes Suncoast Hospice.

Stratum Health System is focused on managing the continuum of care through hospice and home-based care across Southwest Florida. Tidewell Hospice is Stratum's most recognized brand.

Key highlights of the merger include:

- Rafael Sciallo, president and CEO of Empath Health, and Jonathan Fleece, president and CEO of Stratum Health System, will come together and align under the newly formed entity. Sciallo will serve as CEO and Fleece will serve as president of the as-yet-unnamed new organization.
- Sciallo has announced his plans for retirement in January 2023. At that time, Fleece will become president and CEO of the new organization.
- Empath Health/Suncoast Hospice and Stratum Health System/Tidewell Hospice will continue to operate under those respective names.

The two health systems will continue to work closely together to obtain final regulatory approvals, which are expected to be granted in the next few months.

empathhealth.org



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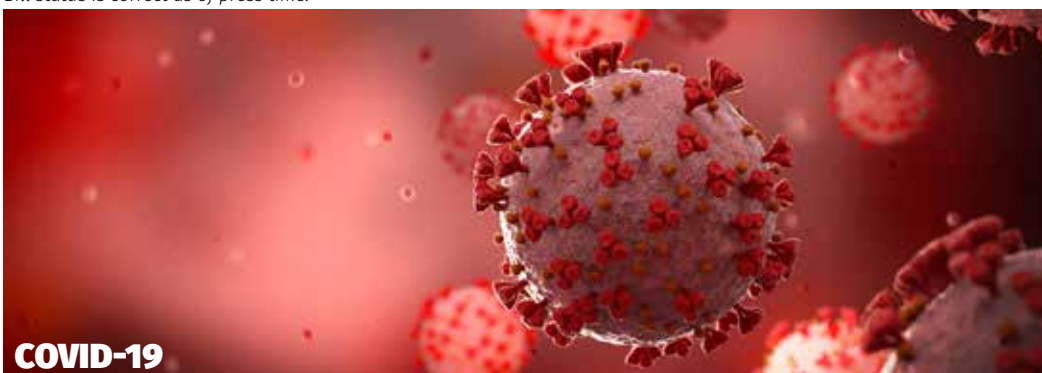
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The Year in Review

Legislation & regulation that made 2021

By Kristin Easterling

Bill status is correct as of press time.



COVID-19

CARES ACT

SUMMARY

The CARES Act provided a \$2 trillion stimulus for the American economy, sending people checks to help with bills, groceries and other items. American small businesses received payments to help keep employees on payroll.

STATUS

President Trump signed the act into law on March 18, 2020; it is Public Law No. 116-136.

WHAT NEXT?

A second stimulus package has been proposed but has not been approved.

FAMILIES FIRST CORONAVIRUS RESPONSE ACT

SUMMARY

Provides paid sick leave, tax credits and free COVID-19 testing; expands food assistance and unemployment benefits; and increases Medicaid funding.

STATUS

President Trump signed the act into law on March 18, 2020. It is Public Law No. 116-127.

WHAT NEXT?

Certain health care providers were excluded from the provisions. A September rule from the Department of Labor clarified what a health care provider is, clarifying that home health providers are exempt.

PPP FLEXIBILITY ACT

SUMMARY

Created as part of the CARES Act, the Paycheck Protection Program (PPP) served as the driver for the stimulus package. The PPP Flexibility Act modified provisions related to loan forgiveness.

STATUS

Signed into law June 5, 2020. It is Public Law 116-142.

WHAT NEXT?

Small businesses will be better able to carry out the PPP as it was intended, without worrying about loan forgiveness.

COVID-19 HOSPICE RESPITE CARE RELIEF ACT OF 2020

SUMMARY

S. 4423 gives the secretary of the Department of Health and Human Services authority during a public health emergency to waive some restrictions on hospice providers to ensure families and patients receive needed respite care.

STATUS

Died in committee.

WHAT NEXT?

This bill enjoyed wide industry support; advocacy is ongoing.



OXYGEN

H.R. 8158

SUMMARY

CMS applied a budget neutrality “offset” to the 2017 rural fee schedules for stationary oxygen equipment. This hampered reimbursement. HR 8158 waives the budget neutrality provision on stationary oxygen products.

STATUS

The full bill was sent to the House for consideration in September but has not progressed further.

WHAT NEXT?

The American Association for Homecare plans to continue pushing for this change.

2020 was a year of change. The coronavirus pandemic fundamentally changed how people do business. Legislation based on the crisis helped people stay at work and make ends meet. With more virtual options than ever in health care, Congress stepped in to protect consumer access—and help providers. As 2021 begins, a new Congress steps up to tackle these and other issues. With many industry champions losing or leaving their seats, the new year promises to be a busy one. **Find in-depth looks at each piece of legislation at homecaremag.com/legislation-regulation.**



TELEHEALTH

PROTECTING ACCESS TO POST-COVID-19 TELEHEALTH ACT

SUMMARY

The pandemic led to a relaxing of many rules and regulations surrounding telehealth. The Protecting Access to Post-COVID-19 Telehealth Act would expand access to telehealth after the end of the crisis.

STATUS

Died in committee.

WHAT NEXT?

Advocacy is ongoing.

HEAT ACT

SUMMARY

The Medicare home health benefit does not currently reimburse for telehealth services. Temporary measures opened reimbursement. The HEAT Act would allow for telehealth reimbursement during times of crisis.

STATUS

S 4854 and its companion, HR 8677, died in committee.

WHAT NEXT?

These acts enjoy wide industry support. Advocacy is ongoing.



HOSPICE

HOSPICE CARE IMPROVEMENT ACT OF 2019

SUMMARY

After federal reports expressing concerns about hospice quality and safety, this bill was introduced to change reporting requirements and surveys.

STATUS

S 2807 was introduced in the Senate in late 2019; it died in committee.

WHAT NEXT?

Advocacy is ongoing. The bill has support from NAHC.

BENES ACT

SUMMARY

The act not only improves Medicare enrollment education, but also addresses concerns from the Office of Inspector General on hospice quality and safety.

STATUS

HR 2477/S 1280 passed the House on Dec. 8, 2020.

WHAT NEXT?

The National Association for Home Care & Hospice (NAHC) is seeking changes as the bill heads to the Senate.



HEALTH SAVINGS ACCOUNTS

HOMECARE FOR SENIORS ACT

SUMMARY

Individuals age 55 and over would be able to add up to \$3,550 a year to be used for qualified homecare services.

STATUS

HR 2878 died in committee.

WHAT NEXT?

NAHC and other industry groups support these changes. Advocacy is ongoing.



AGING IN PLACE

GRANNY PODS STUDY ACT OF 2019

SUMMARY

HR 7493 opens the possibility for seniors to age in “granny pods” near their family.

STATUS

Died in committee.

WHAT NEXT?

The act doesn’t have much industry support; however, the Building Age-Friendly Communities Act of 2019 is supported by VGM Live at Home and others.

HME: 2021 LEGISLATIVE OUTLOOK



By Tom Ryan

Looking Back With Pride & Ahead With Optimism

HME stepped up in a difficult year

The beginning of 2021 finds almost every aspect of American life in a very different place than this time last year, and the home medical equipment (HME) community is no exception. Like you, I can't wait to see the COVID-19 pandemic under control and then eradicated. But even as the pandemic has taxed us all both personally and professionally, the HME industry can look back at the last year with pride and look ahead to 2021 with optimism.

HME suppliers have taken on a new role during this pandemic by directly treating patients with COVID-19 and other acute respiratory issues, demonstrating how the commitment and expertise found in our industry can be harnessed to meet new challenges. And the traditional strength of HME—providing a broad range essential care in home-based settings—has never been more important as hospitals, nursing facilities and long-term care institutions are strained or nearly overwhelmed by the pandemic.

Reimbursement Issues Remain at the Forefront

In October, the Centers for Medicare & Medicaid Services (CMS) announced it was scrapping Round 2021 of the bidding program for all products except back and knee braces, which were being bid for the first time. I believe this is a positive development for suppliers, Medicare beneficiaries, caregivers and clinicians alike. Maintaining access to the Medicare market for all suppliers benefits our entire industry and also means that patients in metro areas will have a choice of providers. Hospital



discharge planners should also breathe a sigh of relief at this development, especially given the extra pressures they are facing as a result of COVID-19.

At the same time, the bidding program pause does not come with any significant positive rate adjustment beyond a slim 0.6% Consumer Price Index increase for 2021. Maintaining rates essentially where they are is not connected to the economic reality suppliers face. Even as vaccines begin to get broad distribution, HME suppliers and the rest of the health care continuum will be dealing with increased costs and new operational requirements brought on by the

pandemic well into 2021. Some of these new burdens may even last beyond the course of this crisis.

When CMS decided to cancel Round 2021 for most products, it acknowledged concerns about maintaining patient access during the pandemic but said that the driving force behind the decision was that bid-derived “payment amounts did not achieve expected savings.” AAHomecare has formally requested that CMS release price data based on Round 2021 bids. Those bid results, if significantly higher than current prices, will underpin the industry's advocacy for economically realistic reimbursement rates.

With the bidding program on hold, we have an opportunity to work with policymakers, patient groups and clinicians to develop a better path forward. For the first time in a decade, the HME industry has an opening to move away from a rate-setting mechanism focused on determining the lowest possible reimbursement rates that a segment of HME suppliers will accept. It will be a serious undertaking, but I believe we need to explore this opportunity to get out from under a competitive bidding methodology that has been a disaster for the industry.

Other priorities at the federal level will include working to keep the regulatory flexibilities that CMS has granted during the COVID-19 Public Health Emergency, including expanded use of telehealth for HME. We will also continue to advocate for an additional measure of Medicare relief for suppliers from nonbid areas and for putting an end to the application of outdated budget neutrality requirements that are causing additional cuts to oxygen in rural areas.

We've made great strides protecting complex rehab wheelchairs and accessories in recent years, but still have work to do to keep manual wheelchair accessories from being subject to bidding-derived pricing on a permanent basis.

Finally, we hope to move forward on a consensus for e-prescribing that the HME community, clinical professionals and payers will support.

Scope of Payer Relations Work Continues to Grow

Our expanding engagement in payer relations continues to be a success story for the association and those efforts will continue to grow in importance in 2021. We've worked with legislatures in several states to establish Medicaid rate floors—Virginia being the most recent example in November 2020—and we are laying the groundwork to advocate for rate stability and strong patient access protections in several others. In one of the states on that list, Texas, AAHomecare has been working

with HME stakeholders ahead of the state's every-other-year legislative session, set for January-May of 2021. With just a 140-day window for action before the legislature will conclude work until 2023, advance work to develop legislative strategy, enlist experienced local lobbying support and prepare to mobilize HME advocates is critical for success.

The industry is working to establish baseline levels of oversight for managed care organizations (MCOs) and third-party administrators (TPAs) as more states adopt this approach. We are working with HME leaders in Florida to make sure a transition to a TPA model for HME and home health covering nearly half of the state in 2021 includes protections against deep rate cuts, prohibits self-referrals and maintains broad provider access to serve beneficiaries.

MCOs and TPAs have taken over a significant share of the Medicaid market and we need to make sure that these entities and their subcontractors are subject to oversight structures that protect patient access and provide a level playing field for HME suppliers.

We'll also continue to engage major payers to ensure appropriate coverage policies for specific product categories. One example of this work is our ongoing engagement with Anthem, Blue Cross/Blue Shield Louisiana and Humana on issues including coverage guidelines, authorization policies and documentation/compliance requirements for noninvasive ventilators that will impact patient access to these essential products.

In addition to sharing best practices, sample legislative language and other resources to help HME leaders in their work with state legislators, Medicaid officials and private payers, AAHomecare's Payer Relations Council is focused on developing data-driven approaches to help protect rates and move other policy priorities. The group is currently working to analyze Medicare patient outcome data to demonstrate the efficacy and cost-benefits for selected HME products. Credible data in this area could be

a game-changer for engaging policymakers at all levels.

As budgets are stressed by lower tax revenues thanks to the economic impacts of COVID-19, states could be looking at Medicaid programs for opportunities to cut costs. Without our investment in payer relations and the experience we've gained over the last four years in this area, our industry would be less equipped to protect rates in this challenging environment.

Wanted: HME Advocates

HME leaders from across the country, including suppliers and manufacturers in every segment of our industry, have remained actively engaged in public policy work even while facing the tremendous challenges brought on by the pandemic. Thanks to that commitment, we've secured important relief for HME in 2020 and we're positioned to fight for sustainable reimbursement rates and sensible regulatory requirements at every level in 2021.

But we still need more HME advocates to be a part of this movement. If you and your company aren't actively working to establish relationships with federal and state policymakers and make the case for your business and your patients, we need you to take up the cause.

If your company isn't a part of AAHomecare, visit the organization website at aahomecare.org/become-a-member to learn more about how you can take part and join the fight for a better business environment for you and stronger access to care for the patients you serve. You can become actively involved in one or more of our councils or work groups to help guide industry priorities; you'll receive guidance and analysis on regulatory changes; and your dues dollars will go toward delivering more wins for HME in 2021 and beyond.

If you've been standing on the sidelines, it's time to get in the game! **HC**

Tom Ryan is president and CEO of the American Association for Homecare.

IN-HOME CARE: 2021 LEGISLATIVE OUTLOOK



By Calvin McDaniel

Change Coming in Washington

Priorities for homecare & hospice advocacy in the year ahead

With the 2020 elections behind us and the seating of the new Congress and the inauguration of the 46th president fast approaching, our nation's capital is gearing up for what is increasingly looking like an active 2021. Traditionally, a new administration views the first 100 days of taking office as the time to achieve top priorities. The National Association for Home Care & Hospice (NAHC) expects the Biden administration and the new Congress to continue that tradition and has developed a full agenda of priorities that will enable homecare and hospice providers to meet today's demands, while simultaneously positioning for future success and growth.

The 117th Congress will likely be more sharply divided—in ideology and partisan composition—than any in recent memory. In the House of Representatives, Democrats will maintain their majority from the 116th Congress, though it will be a narrower margin, with Republicans gaining 10 seats. With two races still uncalled as of press time (New York's 22nd district and Iowa's second), Democrats hold a 222-211 majority.

In the Senate, the margin is even closer. Democrats gained a net of one seat, narrowing the Republican majority to 50-48. Two seats remain undecided at this point, both in Georgia. Georgia state law requires a candidate to receive at least 50% of the vote to be declared the winner. In the event that threshold is not met, a runoff race is held between the top two vote recipients. That scenario happened with both Georgia seats this cycle, one a regular election and the other a special election to fulfill the remaining two years of retired Sen. Johnny Isakson's term. Should just one of the Republican candidates win their election, Republicans will maintain their majority.



If both seats are won by the Democratic candidates, the chamber will be a 50-50 Democratic majority, with Vice President-elect Kamala Harris providing the tie-breaking vote when necessary.

NAHC was happy to see many longtime homecare and hospice champions win their races and return for another term in both the Senate and House. Key among these in the Senate is Susan Collins of Maine, who was engaged in a tight race but was ultimately re-elected with a sizable margin. Other longtime champions winning reelection include Sens. Bill Cassidy of Louisiana and Shelly Moore Capito of West Virginia. Rep. Roger Marshall of Kansas—a newer friend to homecare through his leadership on the

HEAT Act—will become a member of the Senate following two terms in the House.

On the House side, many of NAHC's biggest supporters will return for the 117th Congress, including Reps. Terri Sewell, Jodey Arrington, Mike Thompson, Vern Buchanan, Jimmy Panetta, Tom Reed and Ron Kind.

With limited retirements and election losses of members on the committees of jurisdiction that oversee issue areas of importance to NAHC—that is, Senate Finance, House Ways and Means, House Energy and Commerce—we do not anticipate much turnover of these committees' composition. One notable exception is Sen. Chuck Grassley, currently chairman of the Senate Finance Committee.

Grassley has exhausted his term limitation atop the committee and will be relinquishing the gavel. Sen. Mike Crapo is expected to assume leadership of the committee; Sen. Ron Wyden will remain the Democratic lead. Rep. Richard Neal will chair the House Ways and Means Committee, joined by Rep. Kevin McCarthy as the ranking member. The House Energy and Commerce Committee will be chaired by Rep. Frank Pallone. Rep. Cathy McMorris Rodgers will serve as the newly elected Republican ranking member, replacing retiring Rep. Greg Walden.

Advocacy Priorities—Home Health

As always, NAHC will be a regular presence in the halls of Capitol Hill, advocating on all things homecare and hospice. Here are three home health priorities:

The HEAT Act

NAHC has long held that telehealth and corresponding reimbursement should be integrated into the Medicare home health benefit. In October, that belief took a big step toward realization with the introduction of the Home Health Emergency Access to Telehealth (HEAT) Act. If enacted, the HEAT Act would grant the Centers for Medicare & Medicaid Services (CMS) the authority to issue waivers allowing for the reimbursement of telehealth services under the home health benefit. CMS would determine which services could be conducted via telehealth, as well as what the equivalency would be between an in-person visit and a telehealth visit for payment purposes.

The Choose Home proposal

While not necessarily a new concept, the idea has been refreshed and tailored to meet the challenges presented by the COVID-19 pandemic. In essence, Choose Home would provide expanded services and supports as part of the home health benefit for a patient population that is otherwise eligible for the skilled nursing benefit upon hospital discharge, but could be served by home health with added services and supports in

the home. These could include: personal care services, meal delivery and non-emergency transportation, among many others. An assessment tool would be used by hospital discharge planners and home health representation to identify eligibility and appropriateness.

Expansion of the rural add-on

Starting in January, home health delivered in rural areas will see a percentage decrease in the rural add-on. Services provided in a frontier county (defined as a maximum of six individuals per square mile) will receive a 2% add-on, while all other rural areas will receive a 1% add-on. This decrease is part of Congress's targeted phase-out policy for the rural add-on as included in the Bipartisan Budget Act of 2018. NAHC has and will continue to advocate for a 3% add-on for all rural services.

Advocacy Priorities—Hospice

NAHC expects the most legislative action around the following hospice-related items:

Hospice survey legislation

Following the release of two Office of the Inspector General reports in July 2019, NAHC worked with Senate and House members on legislation that would strengthen and standardize the hospice survey process with the goal of increasing transparency and accountability for all involved parties, as well as remediation tools CMS can employ for deficient providers when needed. Momentum behind this work stalled with the onset of the pandemic in March, but has picked up again in recent weeks as the Congress returns its attention to non-coronavirus related matters.

MedPAC recommendations

In recent months the Medicare Payment Advisory Commission (MedPAC) has begun to focus on what it believes to be high financial profit margins, as well as long lengths of stay and live discharge rates. To counter these trends, the commission has begun exploration into recommendations

that would address these and other issues through a site-neutral payment model and questionable outlier utilization patterns among some hospices with the development of compliance thresholds. Differences on these topics proved strong at a recent MedPAC meeting, suggesting agreement on policy recommendations to Congress would not develop seamlessly. If and when formal policy recommendations are approved by MedPAC, Congress would still need to act on it for it to be realized as law.

Technology-based flexibilities

In the early days of the COVID-19 pandemic, CMS took action to provide waiver-based temporary regulatory relief that provided health care professionals with time and resources to optimize their care delivery, allowed them spend more time with their patients and less on paperwork, and provided caregivers with additional tools for care delivery. Those relaxations proved effective and were well-received by patients and caregivers alike. In the months since, momentum has developed behind transitioning select regulatory flexibilities to permanent fixtures of the Medicare program. One such policy is the use of telehealth in performing the face-to-face recertification for hospice eligibility. This has long been a NAHC position. Application of the concept during the pandemic has demonstrated effectiveness and has been well received by hospice patients.

The past few years have proven to be disruptive to the homecare and hospice community as providers have seen payment reforms to both Medicare home health and hospice payment models, significant challenges brought on by the COVID-19 pandemic, updates in quality reporting, new modernizations granted, and further developments on future payment reforms. NAHC does not anticipate a slowing in the rate of these changes and stands ready to meet these challenges head on. **HC**

Calvin McDaniel is the director of government affairs for the National Association for Home Care & Hospice.



By Mike Sperduti

Change Your Attitude to Change Your Latitude

Success is in reach if you take a tough look at your 2021 goals

I know you want it. You think about it all the time. Is it just fantasy or do you have the courage to take it and make it yours? Can you really handle it?

"It" is of course success and the business and financial goals you say you want to accomplish this year.

Of course you want to be successful in 2021 and you have goals you want to accomplish. Perhaps you want to double your business, expand your geographic footprint, go national or acquire a new product line. Maybe—with all the crazy that happened last year—you want to provide a better work/life balance for your family or start a new career. No matter what your goals are, 2021 will be a challenging year and very few will be successful; many will fail and be financially devastated.

The real question is: Will you be a casualty or a success? How do we avoid failure? What do we have to do to have a great year, to survive, to prosper, to live life on our terms and to achieve our financial goals and independence?

Know How to Respond

It's up to your energy and your brain. Your thinking and psychology will play the biggest part in determining your success or failure this year. If you believe that external factors like COVID-19, new health care legislation or other people are responsible for what happens in your life, then you are handing that power over to them. If these factors are responsible, then you can't make it right; only a change in situation can. The first step to having the best year

of your life is to take responsibility for everything—what you have, what is going on and who can fix it. You aren't always to blame for what happens, but you are always responsible for your response.

The life and business you have now has far less to do with external experiences than with the way you responded to them. It is easy to say that you are where you are because of the economic climate or another person. The results you're currently getting—good or bad—are due to the thoughts you have and the decisions and actions they lead to.

If you haven't already noticed, there are people who blame the whole world for what befalls them. They always have an excuse and a story. They have a terrible job due to their difficult teenage years, they can't get promoted because the boss is a moron. What their subconscious mind is saying is that they are scared to create success in their endeavors.

Who brought the anger, resentment or boredom to the situation? It wasn't there when they started. If they would admit that they are responsible for where they are and where they are going, they would then be in a position to change their life. They could start to make choices about the kind of life, career and business they want. Giving up the reasons, blame and excuses would result in achieving the success they have been searching for.

A Blueprint for Success

Here are three things you can do this year to have a successful year and kick some butt:



Destiny is not a matter of chance; it is a matter of choice. It is not a thing to be waited for, it is a thing to be achieved.

– William Jennings Bryan

1 Get rid of all the negative & incompetent people in your life & business.

These folks are anchors bringing you and your performance down. Hire and hang around people who make you better.

2 Create a predictable, repeatable & profitable business model.

It is vital to know how to generate consistent outcomes in every area of your business. If you don't know how—get help. There are really talented people out there who have the passion and expertise to make your biggest issues go away.

3 Invest in training, education & technology.

Good is not even close to being good enough. Either you're the best at what you do, or you'll find yourself out of business. Know that there is competition for everything. This

thought should drive you to get better and smarter.

Finally, here is the blueprint I use to accomplish my business goals. I call it the Neuro-Linguistic Programming Ultimate Success Formula.

- Specify what you want to happen: For example, set a goal like "Grow the business by 30%."
- Specify your present situation: Outline where are you now.
- Specify your outcome: What is the result you want to achieve?
- Specify evidence procedure: How will you know when you achieve your outcome?
- Contextualize appropriately: Create specific milestones and timelines for each step and a completion date for your goal.
- Check your resources.
- Check on the fit with your business and your life.

- Monitor results and make appropriate changes based on data and feedback.

If you take the time to thoroughly follow these steps, you are on your way to achieving your goals! If you end up missing your goal or temporarily failing (remember, you only truly fail when you give up), you will be proud of yourself for going for it and giving everything you got. You can make the proper adjustments to your plan. You will know it just wasn't meant to be right now—but everything will work out as you navigate forward with your new plan.

So I'll ask you again: How badly do you want success? Are you willing to think, act and do what is necessary?

Remember, it's all up to you. **HC**

Mike Sperduti is an internationally recognized inventor, business growth expert and turnaround artist. He is CEO of The Mike Sperduti Companies; his entities sell health care products, services and technology in 47 countries through retail, online and clinical facilities.

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Emerging From the Fog

After a year like no other, HME & home health providers see brightness in their future

By Hannah Wolfson

Each year, we reach out to experts in the field to get their take on the year behind us and the year to come.

But 2020 was unlike any other year. As we head to press, the number of cases of COVID-19 in the United States has topped 16 million, with close to 300,000 deaths. Earlier in the year, schools and businesses closed—some temporarily, others for good. Unemployment hit 14.7% at its peak, the highest rate since WWII.

The health care system reeled as hospitals were overwhelmed by cases and office-based medical practices saw business disappear. The stories from nursing homes were dire, with an estimated 40% of all U.S. deaths from coronavirus happening in congregant care in late summer. During just the week of Nov. 29, nearly 4,000 long-term care facility residents died of COVID-19-related causes.

As we print this issue, vaccine deliveries are beginning to roll out, and despite the despair of the past months, it seems the homecare industry is entering 2021 with a sense of cautious optimism. It's been a roller coaster, one person said; another compared it to a foggy day that could burst into sunshine at any moment.

No one knows when the gloom will burn off—or exactly where we'll find ourselves when it does. But the general sense is that the worst is likely behind us, and that the home medical equipment (HME) and home health providers that have survived the pandemic will emerge stronger and better equipped to serve the patients of the future.

Competitive Bidding & HME

Many of the issues HME providers faced in 2020 mirrored those of other retailers: shuttered stores, scarce customers, anxious employees and interrupted supply chains.

A midyear survey of more than 500 providers by the American Association of Homecare (AAHomecare) found that about 70% were delayed in getting supplies related to caring for COVID-19 and other respiratory illnesses. More than 80% struggled to find oxygen equipment and ventilators, and close to or more than half also reported issues getting hospital beds, CPAPs, nebulizers and other medical supplies as hospitals stocked up. Providers also had to navigate sanitizing delivery trucks, providing personal protective equipment (PPE) for employees, increasing technology for remote work and virtual visits, extending shipping times and managing staff exposure.

"Suppliers are being financially harmed due to circumstances well beyond their control," the survey report summarized. "They are no longer able to project either their costs, or the level and stability of revenue streams associated with delivering product to patients."

And all this came just as many stores had to close based on state pandemic regulations; those that remained open saw visits decline.

"The pandemic affected virtually every business that relies, at least to varying degrees, on foot traffic. We heard about small regional (durable medical equipment providers) laying off workers, particularly

shops that had a lot of retail items that relied on in-person purchases," said York Schwab, show director for Medtrade, which took its annual fall conference virtual.

On the upside, however, many owners received federal assistance that kept paychecks going or found a new revenue stream in the sale of PPE and cleaning materials to a new customer base. Relief also came when the Centers for Medicare & Medicaid (CMS) temporarily removed some regulatory burdens.

And then, in an unexpected move just before Halloween, CMS released bid rates for off-the-shelf back and knee braces—and announced that the other 13 categories of products in the program would be halted for three years.

"That's just not what we were expecting," said Cara Bachenheimer, chair of the government affairs practice at Brown & Fortunato. While advocates had requested a delay, and meeting bids proposed pre-pandemic might have been impossible, the abrupt halt raises new questions, especially with new administration headed to Washington. Bachenheimer said that if the three-year cycle holds to previous patterns, the bidding process would begin in 2022, but the latest proposed rule from the CMS indicates there may be other changes coming first.

"We're going to have to find out what they have in mind," she said.

She and others said that the focus on care at home—along with the dire news out of congregant senior care—did help many

in government appreciate how important HME providers are in protecting seniors and the chronically ill. That's after they had to initially fight to be included in the definition of health care workers as the public health emergency (PHE) began.

"Through the PHE, I believe that the payers actually started to see the value in the services HME providers deliver," said Sarah Hanna, CEO of ECS North. That included relaxing some authorization requirements and loosening rules on certificates of medical necessity, face-to-face visit documentation and delivery ticket signatures, in addition to the changes to competitive bidding. "These were moves which exemplify that payers may finally be seeing the importance of what our industry does," she continued. "I certainly don't have the hubris to say that I know the future, but I'm encouraged by what I saw the payers do regarding durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) during the pandemic."

PDGM & Home Health

In the home health sphere, the Patient Driven Groupings Model (PDGM) was expected to be the story of the year. The new payment model kicked in January 1 after months of planning—and everyone was still facing a 4+% behavioral adjustment—but less than 90 days later there was a new reality to face. Patients fearful of the spread of the virus stopped letting caregivers

visit and post-acute care hit a wall when hospitals shut down elective procedures in order to keep beds free for an influx of COVID-19 cases.

"It's been sort of a bit of a roller coaster for folks in the home health care space," said Aaron Tripp, vice president for reimbursement and finance policy for LeadingAge. "At the beginning of things, the floor went out and referrals really dropped precipitously. But then, as people started to realize that receiving care in their own home might be an alternative to going to the hospital, things started to pick back up."

In fact, the current volume of services may be higher than expected for 2019. But providers have been slammed with extra expenses connected to the need for additional PPE. A June survey from the

National Association for Home Care & Hospice (NAHC) found that pandemic-related cost increases were expected to lead to an annual service cost increase of 9.69% for home health agencies (HHAs)—well beyond the provider relief offered by Washington.

And staffing, always a top source of anxiety, became even more complex given fears about the virus, schools being closed and boosted federal unemployment relief. In June, 42.6% of HHAs reported reductions in clinical staff; administrative staff took an even bigger hit. While some agencies re-hired in the intervening months, finding employees, especially caregivers, was as tricky as ever. In a survey of HHAs conducted by Axxess, 55% of respondents said they had experienced staffing challenges due to coronavirus.

154%

increase in telehealth visits in the last week of March 2020 vs. the same week in 2019.

WILL TRADE SHOWS RETURN?

Medtrade's March meeting in Las Vegas was held just as the country entered the pandemic. It was the last time many in the industry came together to share news and ideas.

"When we refer to the homecare and HME industry, we at Medtrade are a part of that. Serving as the focal point of the industry for decades; we have not failed to put

on an annual show during that time. We did stage Medtrade Spring, but if we look through the overall trade show prism, it was a brutal year compared to 2019," said York Schwab, who took over the role of show director in November after time working with Pride Mobility and VGM.

Medtrade, like countless other trade shows hosted by its parent company, Emerald, and others, moved to virtual; many more were cancelled. Schwab said

they are planning for 2021 and hoping that everyone can come together again.

"Coming out of COVID-19, face-to-face trade shows have never been more important," he said. "You don't know what you've got 'til it's gone, and showing is always more powerful than telling. Ultimately, it's difficult to compare 2020 to any year in my lifetime. Like everyone else in so many industries, we are hopeful for better times in 2021."

HOME ACCESS SEES NEW DEMAND

The home accessibility market saw about a 3% to 5% bump in 2020—nothing to sneeze at during a pandemic, even if less than originally hoped, said Jim Greateorex, vice president for VGM Live at Home.

In fact, the pandemic may lead to more home modifications as the general public turns away from institutional options and toward aging in place.

“It did bring a bigger spotlight to the industry and a lot of awareness happened through the year from that,” Greateorex said.

“It’s been good,” Greateorex said. “I think things have slowed down in November and December because the upticks (in COVID-19 counts) are higher than ever and people are distracted with the holidays. But we expect that going through the Christmas holidays, even though people may not get together with their loved ones, they may be talking about, ‘Gee, grandma’s falling and we need to make sure she’s safe at home.’”

There were hurdles. With incomes uncertain, home access didn’t get the big boost it was looking for. State funding dried up, and in some areas workman’s compensation or Veterans Affairs projects were hit or miss.

“But the private pay market kind of rebounded and people plugged into that did very well, as long as they had their protocols in place,” Greateorex said. “It’s going to be an interesting 2021. There’s all kinds of opportunity.”

55%

of caregivers reported staffing challenges due to coronavirus

In an effort to keep patients and staff safe, telehealth boomed. There was a 154% increase in visits noted in the last week of March 2020 vs. the same week in 2019, according to the Centers for Disease Control and Prevention.

“Telehealth should be here to stay,” said Axxess President and CEO John Olajide. “It’s convenient, it works and it’s going to be hard to argue that outcomes were not as good as all of the in-person care that was previously required. It is going to open up all kinds of new opportunities.”

But while telehealth was in some ways a bright spot—and certainly boosted business for software makers and platforms specializing in health care connectivity—in-home care providers couldn’t be reimbursed by Medicare for virtual visits under PDGM (legislation to change that is pending). And those visits led to additional low utilization payment adjustments (LUPA), digging the cashflow hole even deeper; LUPAs drop reimbursement 75% on average over a 30-day payment period.

According to the NAHC study from June, close to half (47%) of HHAs responding reported that their LUPAS at least doubled—and that was an improvement from the two-thirds who reported that in an April survey.

“The high volume of LUPAs continues to contribute greatly to the reduced revenue outcome for HHAs,” the survey reported. “The June survey found that 57.5% of all HHAs had LUPA volume in excess of a pre-COVID

national total of 8% of patient episodes as LUPAs.”

“It’s certainly been a difficult year financially,” Tripp said.

Consolidation Coming

One of the near-term results could be a continuation of the market consolidation already occurring on both sides of the industry.

In in-home care, mergers & acquisitions were active; we reported in these pages that purchases of lower- and middle-market home health and hospice companies, along with behavioral health and pharmacy, were as strong as ever.

“This real world test indicates that home care can and will survive through the worst of times,” said Andre Ulloa, principal at American Health Care Capital. “After the initial shutdown, homecare quickly gained back its momentum and has not stopped since. I would say that COVID-19 applied pressure that has made homecare stronger and positioned for exponential growth.”

In HME, more than a third of providers have already left the field or merged with or been acquired by others since competitive bidding took effect in 2011. And that continues: At the end of 2020, AdaptHealth announced it had bought Aerocare in the largest deal in HME history; the same company has also bought dozens of others.

But while many companies may be contemplating opening themselves up to a

THE FORGOTTEN FRONT LINE

A study published online in JAMA Internal Medicine in August looked home health caregivers in hard-hit New York City and found that they were often on the front lines of the pandemic and, despite their own vulnerability, worked hard to keep their patients from contracting COVID-19.

"However, despite these efforts to keep their patients healthy and safe, many described feeling invisible to the health care community and society," the report found. It quoted one respondent as saying: "We're definitely a forgotten field. ... You hear people clapping, thanking doctors and nurses, even the hospital cleaning staff. ... I'm not doing this because I want praise; I love what I do. But it would be nice for people to show us gratitude."

sale, there are still plenty of opportunities for small- to mid-sized businesses to thrive, said Miriam Lieber, president of Lieber Consulting.

"Stay on your toes if you're the smaller guy out there and recognize that there is merit to being the last standing local company," Lieber said. "The local companies who get some contracts are gaining in stride. They're making it, they're expanding and I'm so proud of their tenacity."

The businesses succeeding are the ones who have embraced automation and technology and also been ready to adapt to the current situation, she added. Those are the companies who will be able to reap the benefits of a quickly aging population that is more convinced than ever that they want to stay at home for as long as possible.

"The need for our services is only growing, and that continues to be a positive," Schwab said. "Home medical equipment, along with the home modification/aging-in-place movement, can certainly help in that endeavor."

One thing is certain: the pandemic shone a spotlight on the critical role HME and home health plays, especially when it comes to protecting seniors, the disabled and those with chronic illness and to lightening the load on hospitals.

"You hate to say there's a glass half full aspect to the pandemic, that's not a fair characterization, but it gave the providers a chance to shine. And the government recognized that," Bachenheimer said. "What this industry has been able to do in terms of keeping people out of the hospital has been huge." **HC**

Hannah Wolfson is editor of HomeCare magazine.

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Check 109 on index.

Seismic Shifts Occurring in Care Delivery

The groundwork was laid before COVID-19 & the numbers indicate more care will move to the home

By Laizer Kornwasser

The COVID-19 pandemic abruptly shifted our ideas about what is possible at home. Many people continue to work from home, others switched to virtual school, and the video chats with friends and family that became common last March remain a regular part of life.

The way we think about the delivery of health care has changed, too. In 2020, people took a fresh look at the home as the most appropriate setting for health care. But even before the pandemic, the care delivery pendulum was swinging toward more health care at home.

The pandemic accelerated interest in care options outside facilities, and when other factors are considered, including the ongoing shift toward more value-based care arrangements, increasing consumer demand for convenience and technology innovation, it is no surprise health care is moving home.

What 2020 Taught Us

The past year demonstrated to many more people, including physicians, that delivering high-quality health care beyond the four walls of a clinic, hospital or skilled nursing facility is not just possible, but in many cases actually safer and more convenient for providers and consumers.

The unfortunate realities of the pandemic required many to reexamine whether facility-based care is always the best option. COVID-19 exposed the struggle for resources and bed space many hospitals face, and there was a rapid spread of the virus in

far too many nursing homes. It became evident that space in these facilities must be reserved for those in immediate need who require intensive care, such as patients with severe cases of COVID-19.

Meanwhile, other health care needs can be met outside hospitals and skilled nursing facilities. Overall, people do like their doctors, and these relationships are vital to build trust. But as we saw more than ever in 2020, a visit with a physician does not always need to involve traveling to an office and sitting in a waiting room with others who may be sick.

For example, in 2020, the use of telehealth services increased exponentially. In February 2020, just 0.1% of Medicare primary care visits were conducted via telehealth. By April 2020, 43% of these visits were completed virtually, according to a report from the U.S. Department of Health and Human Services.



of telehealth users said they would do virtual visits again

A Popular Option

Not only was telehealth used more in 2020, satisfaction with these virtual visits was high. CareCentrix set out to quantify the growing demand for more health care services outside of traditional, facility-based settings. A recent report examining the attitudes of consumers and payers provides a guide for what we can expect in the future. Of the 46% who reported that they had a telehealth visit in the past year, the vast majority of this group—82%—said they would use telehealth again. In another promising component, two out of three people who had never used telehealth said they were interested in this virtual option for a future health care need.

Those of us who work in this industry are quick to point out that, while telehealth was not widely used before the pandemic, we cannot ignore the fact that other services were already being regularly provided in the

This desire among consumers for comfortable and convenient health care options will remain in place and drive demand for care at home long after the pandemic is in the rearview mirror.

home before 2020. Think about the home sleep services, home infusion and home medical equipment services that have long supported patients in their post-acute care journey. Health care at home is about more than just telehealth.

Health care at home is also about more than simply staying away from public places during the pandemic. At a rate of 73%, consumers say they would prefer to recover at home versus at a medical facility following a major medical event. A similar number of people—69%—are interested in regular, at-home check-ins with doctors.

The reasons for this interest vary, but avoiding COVID-19 is not at the top of the list. Instead, “comfort” is the reason 62% of people say they want to receive health care at home, the most common response among consumers. Another 48% note convenience as a primary reason they want more at-home services. This desire among consumers for comfortable and convenient health care options will remain in place and drive demand for care at home long after the pandemic is in the rearview mirror.

What We Should Expect in 2021

Unfortunately, as 2021 begins, the challenges of the pandemic remain. However, we are reaching a tipping point in health care delivery, and people are ready to open their doors to health care at home. Consumers are demanding more at-home options, and payers understand the need to

address this interest among their members. Providers are also more comfortable with nontraditional care delivery methods and consultations using telehealth and remote monitoring capabilities. In its 2020 “State of Telemedicine Report,” the medical network Doximity found that the number of physicians reporting “telemedicine” as a skill increased by 38% between 2019 and 2020.

The exponential growth of telehealth use—buoyed by the removal of restrictive and inconsistent regulatory barriers—is just one example of this tipping point. Policymakers must seize this moment and provide a permanent regulatory structure that supports more health care at home and gives providers fair reimbursement, regardless of the setting of care.

Value-based Care, MA on the Rise

In 2020, the industry-wide push toward more value-based care arrangements continued, and we should expect more growth 2021. Seniors increasingly favor Medicare Advantage for the value of supplemental benefits that health plans can offer through the program, and commercial plans recognize the need to increase the availability of at-home health care options to adapt to new value-based care models. Among payers, 49% have already increased the availability of health care at home options for members, and another 36% are in the process of increasing these options.

This shift is not surprising. Payers benefit

when their members are able to receive care in their preferred setting. These payers also have a financial interest in reducing emergency room visits and hospital readmissions, and the majority of executives at these health plans say they are looking for partners that provide a smooth transition from the hospital to home.

We need to also keep our eyes on technology improvements in the coming year. Telehealth and remote monitoring capabilities will continue to develop in 2021, and many payers are encouraged about this innovation. In fact, recent developments have already prompted 91% of payers to move more care to the home. Device manufacturers should recognize this trend toward more health care at home and make sure remote monitoring capabilities are integrated as a central component within all future products.

Whether it is for our own health care needs or for the care of a loved one, we deserve options that check the boxes of comfort, convenience and safety. Payers, providers and policymakers are stepping up to meet growing consumer demand, and in 2021, as more people realize what is possible outside traditional facilities, we should expect more health care to be delivered at home. **HC**

Laizer Kornwasser is the president and chief operating officer of CareCentrix, a leader in health-at-home solutions that manages care for 26 million members through a network of more than 8,000 provider locations.

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A New Role for Personal Care

How companies' response to the COVID-19 pandemic can shape their futures

By Ryan Iwamoto

COVID-19 has changed the business of care forever. Certainly, the pandemic has been devastating to many industries, companies and the thousands of individuals who lost jobs due to layoffs. Many of the businesses around me have shuttered their doors for good due to the lockdown and corresponding economic impact. We have learned a lot about business through this pandemic, and these lessons will carry on long after the crisis has passed.

In-home care has a unique ability to provide real value to patients, loved ones and the broader health care continuum. Companies that demonstrated bold thinking and quick action during the pandemic have created positive changes to the health care system that alleviated stress on hospitals and frontline workers, creating a lasting impact for our industry's top priority—customer comfort and satisfaction.

Clarity Over Certainty

When the pandemic hit, a critical challenge presented itself on how to care for one of the most vulnerable populations—seniors. Skilled nursing facilities that became superspreader sites were making headlines and people were scared to let caregivers into their homes. Some homecare businesses lost as much as 20% of their business in the first month of the pandemic. Hospitals were canceling elective surgeries, which further impacted bottom lines as the post-surgery patient population was no longer in need of services.

The entire industry was deeply concerned because caregiving was at a crossroads regarding how to help patients in desperate need of care; revenue dips left many struggling to keep their doors open and be a part of the conversation. For those whose entire mission was to care for the vulnerable, the pandemic's many unknowns and the search for operational clarity were crushing. Clients, caregivers and staff were fearful of contracting the disease, and business executives were very concerned about their teams' safety and business liability.

It would have been easy to take the path of least resistance and risk and say "There is no way we are taking on any COVID-19 patients!"

But as cases started surging and hospitals and skilled nursing facilities struggled to provide care, the industry just couldn't stand by knowing that we could make a difference in caring for COVID-19-positive patients that did not need an acute level of care. At times like this, it is important to remember that clarity can be more important than certainty.

Especially in the early days of the pandemic, there were new guidelines and regulations on best practices for COVID-19 patients. The industry didn't have all the answers, but needed to make a decision about providing care. Homecare businesses that offer personal caregivers were uniquely suited to make a positive difference in people's lives at a time when the whole nation—and the world—was suffering.

People, Preparation & Partnerships

Many homecare businesses have showcased innovation and developed additional services to support those in need. For instance, in the first six months of the pandemic (between March 9 and September 9), more than 2,600 of our caregivers at 24 Hour Home Care provided 817,698 hours of in-home care. Of those hours, more than 21,600 were in the service of COVID-19-positive (or symptomatic) clients.

And yet, among these employees and clients, there was almost no cross-contamination between caregiver and patient. Less than 0.1% of caregivers reported a COVID-19 diagnosis from patient care and less than 0.06% of clients reported COVID-19 exposure due to their caregiving experience in the home setting. And 100% of the patients the company worked with recovered from COVID-19. This is because in-home care reduces the number of touchpoints (e.g., nurses, cleaning staff, food preparers, therapists, etc.), creating a safer environment for all.

Obviously, these statistics aren't possible without exceptional caregivers. And the numbers don't reflect many crucial intangibles: the feelings of safety, comfort and reassurance provided to patients who felt so much better being cared for at home.

This success is a testament to people, but also to preparation. Companies need to take every possible step to protect their communities. In the beginning, there was a tremendous amount of work needed to keep

A crisis of any kind allows leaders to make bold moves. Indecisiveness breeds panic and unrest, and a strong team is essential to work through a crisis.



up with information from the many health authorities. Company safety programs needed to be put in place that addressed safety equipment, safety training and safety protocols to focus on living with this disease for the foreseeable future. 24 Hour Home Care invested over half a million dollars in personal protective equipment (PPE) to give clients and caregivers complimentary PPE for added protection and peace of mind both now and moving forward in this new normal.

COVID-19 also created unique opportunities to collaborate with companies that could help care for our community in ways beyond homecare. From food delivery to COVID-19 testing, there is a spirit of cooperation and collaboration that has resulted from this crisis and made us all stronger together. Caregiver companies have been able to extend their services and offerings through a partnership with experts,

resources and services beyond the normal core services.

The Way Forward

Obviously, not every company can respond so literally to a pandemic or other crisis. But a crisis of any kind allows leaders to make bold moves. Indecisiveness breeds panic and unrest, and a strong team is essential to work through a crisis. Businesses that pivoted to remote operations within days have also improved their operational efficiencies and flexibility.

This was a very challenging year for the industry, but there are exciting tailwinds for homecare. Home is the safest place to be—now more than ever.

This realization has led to conversations with hospitals and insurance companies who are looking to partner with homecare companies to provide programs and benefits

that will allow even more patients to recover safely at home.

In 2019, for the first time, Medicare Advantage plans were allowed to include homecare as a supplemental benefit. The pandemic has increased homecare's value. The industry has realized the dramatic impact it can make by allowing seniors to age in the safest environment possible—their homes.

I hope other in-home care business owners can make decisive action plans and tap into insights from their peers to overcome this crisis. With every challenge faced in life and business, there is an opportunity. You just have to find it. **HC**

Ryan Iwamoto is president and co-founder of 24 Hour Home Care, a privately owned non-medical homecare companies in the country. Iwamoto is responsible for the company's senior care operations, strategy, business development and innovation.

What Is the Future of Post-Acute Care?

5 themes to watch in the year to come

By Hannah Wolfson

“Never let a good crisis go to waste,” Dr. Rasu Shrestha, Atrium Health executive vice president and chief strategy and transformation officer, said at Forcura’s CONNECT Summit.

In some ways, the COVID-19 pandemic—while it struck a financial and operational blow to many individual homecare providers—has shown the industry as a whole where it needs to focus its energy. What’s coming in the next 12 months?

Forcura, a communication technology company for home health and hospice, compiled the results of its summit in a report

titled “What Happened and What’s Next in Post-Acute Care.” We’ve summarized some of the ideas presented here, with a focus on what’s coming next.

“It took a global pandemic to get us to take a step back and figure out how to optimize this industry,” Forcura CEO Craig Mandeville said in the report. “We’re reimagining how we can do more, especially in providing care at home.”

Here are the five themes that will emerge for homecare in 2021, according to the report’s findings.

1 Interoperability is critical.

As care becomes even more complex and requires more coordination—especially as patients move back and forth on the continuum of care—the need for information to transition smoothly between systems will become more and more important. Participants outlined the PACIO Project, where government and industry volunteers are collaborating to increase interoperability between post-

acute and other care providers, patients and stakeholders. The goal is to help develop a new standard for exchanging health care information called Fast Healthcare Interoperability Resources, built on a platform approved by the Centers for Medicare & Medicaid Services (CMS).

“As patients move from one setting to another, there are plenty of opportunities for information to get dropped along the way,” said David Hill, principal engineer at the nonprofit research firm MITRE.

Also on the horizon next year, the CMS Interoperability and Patient Access final rule is an effort to give patients access to their health care data when and where they need it. The rule sets out new policies geared towards increased interoperability, some of which will be applicable in 2021.

2 Consumers will drive health care.

People are starting to make the same demands of their health care as they are of other services. Whether it’s remotely monitoring blood sugar or doing physical therapy on Zoom, technology is a tool that enables or enhances care delivery. At the same time, great care is the priority, especially when it comes to care at home.

What’s empowering consumers to demand care that they can better control? The accessibility of the right data, both their own health care information and analyses of trends, is educating patients about what to ask and how to partner with their health care providers. They’ve also witnessed family members or friends struggling with care in a setting that may not have been appropriate. Patients want each step of their health

Patients want each step of their health care journey to make the most sense for them and fit into their lifestyles as much as possible.



care journey to make the most sense for them and fit into their lifestyles as much as possible.

Of course, post-acute care has not yet benefited from the reforms enjoyed by other parts of the health care continuum. The silver lining (if you can call it that) of the pandemic: homecare gained major awareness from consumers, government and the financial sector. Patients saw what is possible when they are treated outside a hospital and now want to have that choice going forward.

“2020 (showed) us that we can do so much more to put the patient in charge of their health,” Mandeville said. “That means caring for each patient at the right level of acuity in their location of choice.”

3 Reimbursement plans & payment models remain in play.

The post-acute care industry will continue to be shaped by regulatory and financial forces. From these perspectives, what should your business do now to be at your competitive best in 2021? Watch for the extension of CMS waivers and temporary rules set forth in response to the pandemic.

The COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers are in place through the end of the public health emergency declaration. This includes waiving the 30-day OASIS submission requirement for home health agencies. Home health agencies (HHAs) may also continue to perform Medicare-covered initial assessments and determine patients' homebound status remotely or by record review. It appears the majority of the changes put in place this year will become permanent in 2021.

The proliferation of Medicare Advantage (MA) plans will be top-of-mind in 2021. MA market penetration has grown from 19% to 2010 to 39% now, and is expected to hit 50% in 10 years, according to Corridor Vice President of Revenue Management Services Beth Prince.

MA plans are increasing the number of supplemental benefits not offered in original

Medicare. According to Fierce Healthcare, an analysis by consulting firm Avalere found that one-third of MA plans will offer new pandemic-related supplemental benefits next year, and 94% of them will provide telehealth benefits for Medicare Part B covered services.

4 New business models are coming.

Post-acute care is being asked to deliver better patient outcomes and greater value—and it's time to respond. There's an explosion of home-based health care services from legacy players and new entrants.

Bill Dombi, president of the National Association for Home Care and Hospice, urged post-acute care providers to expand the breadth and depth of their services. He called for “better integration between health systems and home care” and believes that it's up to the home health community in particular to grab this opportunity.

“As an industry, it has fast-tracked an amazing transformation,” Dombi said. “It's leaner and more productive, has better communications and a greater tolerance for the unknown, is more technologically astute, and is looking at a population beyond the elderly.”

Homecare Homebase President Scott Decker said a quarter of skilled nursing residents could be treated at home and he sees a growing effort to switch the view of homecare away from solely short-term post-acute care.

“We need to build a model that starts with care from home and expands from that,” he said.

5 Health care for all remains elusive.

The novel coronavirus has revealed some harsh realities about the ongoing effects of structural inequity.

“By the end of August, half of those who had died from COVID-19 were people of color: Blacks, Hispanics, Native Americans and Asian Americans. It has become our ‘Katrina moment,’” said CulturalLink Founder Yolanda Robles. “The pandemic has shown a bright light on much of what we know about

health disparities in the U.S. but have failed to consistently address. Now it's time to talk about reducing the disproportionate burden of COVID-19 as well as improving the health of all people in our country.”

And racism isn't the only driver of healthcare inequity; discrimination due to gender, disability, education, income, sexual orientation and even geographic location also factor into this epidemic.

Robles suggested that in 2021, providers pledge to:

- Increase collection and use of race, ethnicity, language preference and other socio-demographic data
- Increase cultural competency and diversity training
- Increase diversity in leadership and governance, providing a seat at the table
- Improve and strengthen community partnerships

When looking ahead from 2020, providers are hoping for more positive than negative lessons in the year ahead. Mandeville anticipates that the desire to be treated at home will drive a massive amount of innovation, with new entrepreneurs, investors and technology.

“Get ready to be inspired, challenged and to think bigger,” he said. **HC**

GET MORE INFO

This article was drawn from the larger Forcura report. It is available for download at <https://www.forcura.com/what-happened-and-whats-next-in-post-acute-care>



Hannah Wolfson is editor of HomeCare magazine.

A Code by Any Other Name

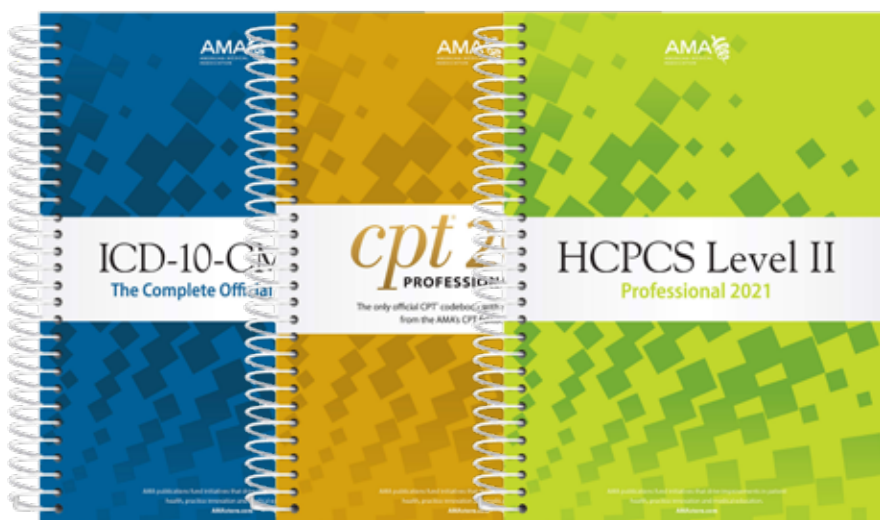
What you need to know about PDAC code verification & HCPCS code application processes

By Jeffery Baird & Cara Bachenheimer

There is often confusion between the national HCPCS coding process and the Pricing, Data Analysis and Coding (PDAC) code verification process from the Centers for Medicare & Medicaid Services (CMS). In this article, we'll explain the different roles and responsibilities of each of these processes and how they relate to each other.

If a manufacturer wants to sell a product to durable medical equipment (DME) suppliers who will then sell or rent the product to Medicare patients, the manufacturer will want the item to either fit within an established HCPCS code or be awarded a new HCPCS code. If neither of these happen, it will be difficult for the DME supplier to sell or rent the product to Medicare patients because Medicare will likely not pay for the product, which means that the Medicare patient will have to pay for the product out of pocket. If it will be hard for the DME supplier to sell or rent the product to Medicare patients, then the supplier won't be inclined to buy it from the manufacturer or carry it.

In order for Medicare to cover and pay for equipment, the product must fit within an established Medicare billing code, known as a HCPCS code, or it may be billed using the miscellaneous DME HCPCS code (E1399). If the miscellaneous code option is used, the Medicare Administrative Contractors that process the claims will individually review the claim and determine whether Medicare will cover and pay for the item; this can be a time consuming and predictable process.



CMS's recent DMEPOS proposed rule proposes to codify many of the long-standing Level II HCPCS code application processes.

If there is no existing HCPCS code that describes the product, the manufacturer (or another entity) can apply for a new or revised HCPCS code through CMS's Level II HCPCS code process. CMS's recent DME, prosthetics, orthotics and supplies (DMEPOS) proposed rule proposes to codify many of the long-standing Level II HCPCS code application processes, including evaluation criteria, re-application and other processes.

With the above in mind, we will now address how a manufacturer can either

obtain verification that a product fits within an existing HCPCS code or apply for a new HCPCS code.

PDAC Code Verification

Code verification is handled by the PDAC, a Medicare contractor (Palmetto GBA holds the contract). The PDAC can be accessed through dmedpac.com, which lists all of the products that have been code verified. The PDAC can only verify that a product meets the definition of an existing HCPCS code.

The PDAC does not have the authority to create a HCPCS code or amend an existing HCPCS code description. Code verification is mandatory for some products, but not for others. The PDAC maintains a list of which DMEPOS items are subject to mandatory code verification.

When code verification is not mandatory, the manufacturer may nevertheless seek it in order to get certainty regarding the correct HCPCS code to be used when billing Medicare. The manufacturer can then inform customers of the correct HCPCS code that can be used to bill for the product, and that code will drive the coverage and payment rules for the product.

Code verification takes about 65 days. The application form and accompanying instructions are on the PDAC website. As a matter of practice, all payers generally follow the PDAC's code verification decisions, not just Medicare.

Application for a New HCPCS Code

If a manufacturer (or another entity) wishes to seek a new or revised HCPCS code for an item that does not fit into an existing HCPCS code, there is a process called the HCPCS Level II Process. CMS's recent DMEPOS proposed rule includes a number of proposed regulations that would codify the HCPCS code application process, including application requirements and evaluation criteria. That rule is expected to be finalized early in 2021.

The application and its process are on CMS's website at: cms.gov/medicare/coding/medhcpcsgeninfo.

The application process for DMEPOS items occurs twice a year. Applications are generally due around January 1 and July 1 every year. Once CMS makes a preliminary decision, it holds a public meeting in which applicants can present more information. CMS then makes a final decision to either

grant a new HCPCS code or not. The HCPCS code application process occurs when the manufacturer requests a new HCPCS code, requests an amendment to an existing HCPCS code description or requests that a HCPCS code be deleted.

It is extremely difficult to obtain a new HCPCS code, because CMS grants very few requests for new codes. In recent years, CMS has instead made many existing HCPCS codes more generic. All payers, not just Medicare, generally follow CMS's HCPCS code decisions. **HC**

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MEDICATION MANAGEMENT

Managing Medications at a Distance

A survey of tech options to help seniors stay on top of their meds post-pandemic

By Léa Bourgade & Erin Knitis

The market for medication management technology solutions has never been greater. The COVID-19 pandemic turned lives upside down, and the social distancing guidelines in place have exacerbated the difficulty of the task for many. Meanwhile, technology is rapidly developing through the use of data analytics, machine learning and artificial intelligence, and the potential applications of those advancements for improving medication adherence and tracking are nothing short of exciting.

The Importance of Managing Meds

As people age, taking medicines as prescribed becomes vital in warding off the cumulative effects of disease and maintaining overall health. In fact, according to a 2012 report by the surgeon general, proper adherence to prescriptions may prevent up to 25% of hospitalizations and 125,000 deaths per year.

Seniors receiving in-home care may rely on their aides' reminders to take medications. However, homecare aides are not permitted to administer medications, including pills and injections. Without skilled home health care by a nurse, occupational or physical therapist or medical social worker who can give them medications the way they're prescribed, seniors living at home are responsible for getting the correct dosages at the correct times themselves.

The lockdowns and health risks brought on by COVID-19 have presented new challenges to medication management. Fears of infections from nursing homes or outside help have led to many families taking on new caregiving responsibilities. Today, about 1 in 10 family caregivers say they have taken on new roles since the pandemic began. COVID-19 has also forced many families to opt for digital, socially-distanced solutions to health care and medication management.

The Rise of Telehealth & Other Tech

Telehealth appointments and consultations skyrocketed in 2020. While the trend can primarily be traced back to the pandemic, it can also be attributed to the wider adoption of and comfort with technology. Moreover, the temporary expansion of Medicare coverage for these services has resulted in millions of seniors using telehealth services for the first time.

While telehealth does not ensure that seniors will take their medications as prescribed, this technology does allow seniors to stay in touch with their health care providers, receive a variety of treatments and get prescriptions as needed.

Video calls allow seniors and their loved ones to regularly see each other, and home assistants like Facebook's Portal, Amazon's Echo Show and Google Nest Home

allow for entertainment and additional companionship. Smart security systems can give remote caregivers a window into their loved one's homes to check on their safety through continuous video feeds.

While these tech products help seniors feel connected, none of them address medication management directly. If someone is not present to ensure the senior is taking the right dosages at the right time, medication management technology will help ensure they do.

Tech for Medication Management

For those simply needing assistance with proper dosing, PillPack by Amazon Pharmacy is a fully remote service that coordinates with doctors and health insurance to deliver prescriptions and supplements—prepackaged by the dose, day and time—to the senior's door. PillPack coordinates payments with most major insurance companies, including Medicare Part D and several Medicaid plans nationwide. Moreover, automatic refills help ensure the senior doesn't run out of needed medications.

For those in the market for medication reminders, smart pill dispensers are a superb option. They connect to the internet to assist with medication sorting, maintaining complex pill schedules, tracking pill supplies for timely refills and—most importantly—giving prompt reminders via automated alarms, phone calls, texts, emails or alerts through a companion app. Those with companion apps also allow loved ones—and in some cases doctors and other caregivers—to stay connected with seniors and make sure they're staying on track with their medications.

Current options on the market present a wide range of interactivity, helpful features and caregiver connection options.

MedMinder is a pill dispenser with a display screen that can be personalized with family photos, weather updates and custom greetings from loved ones. Users can even record a loved one's voice for friendlier medication reminders. When help is needed, it offers a two-way voice channel

with medical alert professionals. Beyond these features, it is a fairly low-tech device that holds and dispenses multiple weeks of medications.

Pria stores and dispenses up to 28 doses of medication, and might be the cutest medication manager on the market, with a sweet robot face in its interactive screen. The display can also show weather updates, ask daily check-in questions and offer healthy recipe suggestions. At pill time, a chime chirps from both the device and the companion app. Moreover, the app offers a “care circle” to help keep the senior on track, share reports on adherence and chat directly with customer service. Pria also has the added security of facial recognition or a PIN required to dispense meds.

MedaCube holds, auto-sorts and dispenses up to a 90-day supply of up to 16 different medications. Pill reminders can come in the form of a chime or a recorded message from a loved one. While it doesn’t have a companion app, MedaCube offers an online portal with reports on adherence, pill inventory and more. It is currently the only dispenser clinically proven to improve medication adherence—from 49% to 97%.

Hero is a full medication management system with an app that provides connection with a loved one, compiles reports on medication adherence that can be shared with doctors and monitors for drug interactions to help keep patients safe. The Hero device holds up to a 90-day supply of up to 10 different medications that are auto-sorted and dispensed on even the most complex schedule. It reminds the senior to take medications with a chime, visual cues and app notifications. Loved ones also receive notifications if doses are missed. The app provides alerts when the device is running low on meds, and the optional Hero Fill service can auto-fill and ship prescriptions to the senior. This attention to the full spectrum of personal health care needs is a welcome relief during COVID-19.

What’s Next?

While companies have announced vaccine successes, the pandemic is far from over. The industry will need to continue adapting to new health care solutions for seniors and those with chronic illness. Remote care and social distancing measures, together with technology like telemedicine, video calling and smart pill dispensers, will help maintain seniors’ physical and mental health.

We can also expect further evolutions in caregiving technology, as more companies focus on solutions. Until new products arrive, it is vital to work with doctors, health insurance providers and our communities to ensure seniors receive the safest care they can. **HC**

Léa Bourgade is the content and community manager at Hero Health Inc. Erin Knitis is a copywriter and creative director based in Brooklyn, New York.

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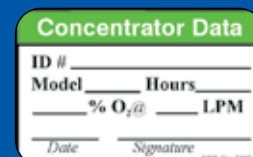
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ELECTRONIC VISIT VERIFICATION

Is Your Mileage Tracking Software Disclosing Too Much?

Understanding the HIPAA implications of electronic visit verification

By Youssuf ElKalay & Markus Cicka

Home health agencies (HHAs) face unique challenges because they have a large number of employees who do not necessarily remain in an office environment on a daily basis. Agency managers and aides are constantly on the move: taking care of patients, coming back to the office, and then returning to patients' homes.

Many HHAs use mileage tracking software or other geolocation software to keep track of where personnel are at any given time and for mileage reimbursement purposes. The 21st Century Cures Act set new requirements for states to establish electronic visit verification (EVV) of home health care reimbursable by Medicaid, and this software may be used for that as well. Typically, EVV determines the time a home health aide began and ended a visit and the date and location of the service provided. But are you sure that your software is not disclosing protected health information?

What is Geolocation Telemetry?

Geolocation is how software, in tandem with GPS, identifies current location in real time. It lets consumers determine where their favorite ice cream store or nearest gas station is located. Geolocation is used as a data point by large companies such as Amazon, Google and Facebook to provide a better consumer experience. However, geolocation was not designed with HIPAA or private health information in mind.

An interesting aspect of geolocation-generated telemetry is that while it can

The HIPAA Privacy Rule protects most “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or medium, whether electronically, on paper or orally.

very easily provide who is using the software, what they're doing and when and where they are doing it, determining the “why” is incredibly challenging. Context is important when looking at telemetry. For example, telemetry can tell you that Mary Smith, a home health aide, is visiting 1313 Disneyland Drive at 9:45 a.m. on a Wednesday, but it can't tell you why she is there. The “why” is largely inferred from things like frequency of visits, length of stay and proximity to places of interest or other individuals.

Telemetry is largely unfiltered and collected at a rapid and prodigious rate. Telemetry is difficult and sometimes impossible to “opt out” of on mobile devices.

Protected Health Information

The HIPAA Privacy Rule protects most “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or medium, whether electronically, on paper or orally.

The rule calls this information protected health information (PHI). Protected health information is information, including demographic information, that relates to:

- an individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present or future payment for the provision of health care to the individual,
- and that identifies them or for which there is a reasonable basis to believe can be used to identify the individual.

Protected health information includes many common identifiers (e.g., name, address, birth date, Social Security number) when they can be associated with the health information listed above.

De-identification of PHI

The process of de-identification, by which identifiers are removed from the health



information, mitigates privacy risks to individuals. The HIPAA Privacy Rule allows a covered entity or its business associate to create information that is not individually identifiable by following the de-identification standard and implementation specifications in §164.514(a)-(b).

In other words, these provisions allow a business to use and disclose information that neither identifies nor provides a reasonable basis to identify an individual. The Privacy Rule provides two de-identification methods: 1) a formal determination by a qualified expert; or 2) the removal of specified individual identifiers as well as the absence of actual knowledge by the covered entity that the remaining information could be used alone or in combination with other information to identify the individual (also called the Safe Harbor Method).

One of the specified individual identifiers required for de-identification under the Safe Harbor Method is all geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census:

1) The geographic unit formed by

combining all ZIP codes with the same three initial digits contains more than 20,000 people; and

2) the initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000.

HIPAA is very clear about the definition of a patient identifier—it even considers a ZIP code to be a patient identifier.

A Case Study

Geolocation telemetry can very easily be used to determine, for example, which individuals from which ZIP codes are frequenting which hospitals and how long they're staying there. Consider the following hypothetical scenario:

A family has recently gone through an intake process with a home health agency (HHA) and the HHA employs staff using mobile devices with software that tracks geolocation. The assigned staff member regularly uses mobile apps like Facebook or Instagram. Neighbors of the family begin receiving social network/friend notifications on their devices indicating that the agency staff member is part of the family's social network. This may be an unauthorized disclosure that the family is now receiving home health services due to their link to an HHA on the social platform.

Solutions

If your agency is using mileage tracking software or other geolocation software, particularly for keeping track of where personnel are at any given time and for mileage reimbursement purposes, we recommend doing the following:

- Use truly “offline” maps.
- Do not permit employees to use their own devices for EVV purposes; instead, supply locked-down and managed mobile devices that restrict the type of apps that can be installed.
- Make your employees aware of the issue; education is key.
- Use software providers that do not use mapping systems like Google Maps or MapQuest. **HC**

Youssef ElKalay is the CEO and founder of ABALogix. He has over 15 years experience as a systems and software engineer developing turnkey systems across a variety of vertical markets. ABALogix's product, Milelogix, is a HIPAA-compliant calendar-based mileage tracker. Visit abalogix.com.

Markus P. Cicka, J.D., LL.M. (Health Law), is the owner of the Law Office of Markus P. Cicka, LLC, a law firm based in Saint Louis, Missouri. He represents home health agencies, pharmacies, home medical equipment companies, clinical laboratories and other health care providers throughout the United States. Visit cicka-law.com.

REFERRALS

Technology Strategies That Will Make You a Preferred Referral Partner

4 ways to position your agency for success

By Mark Tomzak

The home health care market is positioned to grow at a faster pace than any other care setting. In fact, according to the U.S. Census Bureau, the 65-and-older population grew by 34.2% during the last decade. Additionally, the demand for home health care, as well as the likelihood of a patient's home becoming the center of care delivery, has been steadily increasing in recent years.

And that was before the onset of the COVID-19 pandemic. Now, with more seniors cautious about entering traditional care settings, the demand for home health care is likely to grow even more.

To help meet that challenge as a home health care agency (HHA), you need to become—and remain—one of the preferred providers within your network. But you first need to ensure that your business is positioned to manage more referrals from a staffing and process point of view, as well as to receive referrals that will positively impact your reimbursement. Implementing the right solutions and technologies is key to making that happen.

Here's a look at four strategies HHAs can employ to expand and manage their referral networks, and ultimately, become preferred providers within their networks.

1 Make data-sharing easy within your network.

Acute care providers are continuously narrowing their network of referral partners



Agencies looking to earn referrals are expected to have data-driven conversations with hospitals.

and choosing partners based on more scrutinized criteria. With COVID-19 and increased reporting requirements, data has become even more essential to these decisions. By leveraging cross-continuum tech solutions, HHAs can enable seamless and robust data sharing with their partners.

Additionally, the same type of technology can enable a degree of

standardization and automation and allow care teams to streamline clinical processes in a valuable way. For instance, there are home health care solutions that can enable clinicians to import the patient's Continuity of Care Document (CCD), which auto-populates their record and provides a more comprehensive view into the patient's history and their current needs. This includes

medications, diagnoses, demographics and any allergies.

This type of technology can also allow clinicians to capture evaluations in real time, eliminating the burden of “paper pushing,” and reducing the chances of inaccuracies. This automation can set home health agencies up for preferred provider status because there is confidence in the credibility of the data.

By integrating workflows and making data sharing easy, agencies can ensure that relationships are strengthened between their intake coordinators and discharge planners within their network. This will not only secure more referrals to the HHA, but positively impact the care transition process as well.

2 Streamline your referral management processes.

When the Patient-Driven Groupings Model (PDGM) was implemented, the home health care billing cycle was cut from 60 days to 30. For prompt reimbursement, agencies want to get started as soon as possible on any given episode.

With a streamlined referral management process, a home health care agency can get an immediate, comprehensive view of a patient’s characteristics from the referral source. The sooner an agency can complete the start-of-care visit and meet all the clinical requirements, the faster it can receive reimbursements.

Agencies should be focused on expediting the start of care so that the highest level of care is achieved. To ensure maximum reimbursement, Low Utilization Payment Adjustment (LUPA) thresholds need to be met within the first 30 days and monitored during the second 30 days.

Additionally, by streamlining referral management, patients are more likely to receive care sooner, which can be a significant factor in lowering rehospitalization. This can also positively contribute to an agency’s Centers for Medicare & Medicaid Services’ (CMS) Five-Star Quality Rating, and in turn, affect reimbursement levels.

3 Improve outcomes & reduce hospital readmission rates.

To encourage greater transparency within the sector and to help inform consumers, CMS began publicly reporting hospital readmission rates in 2009. The Hospital Readmissions Reduction Program (HRRP) was also established as part of the Affordable Care Act. Through this program, CMS has reduced Medicare payments to hospitals with readmissions within 30 days of discharge for certain conditions.

Ever since, to help curb readmissions and to ensure that patients are placed in settings that are best suited to their recovery, hospitals have been increasingly scrutinizing senior care providers within their networks. As a result, HHAs looking to earn referrals are expected to have data-driven conversations with hospitals, including demonstrating their ability to reduce hospital readmissions and promote better clinical outcomes.

With 39% of seniors taking five or more prescriptions each day, a lack of medication management is often cited as one of the key drivers behind hospital readmissions. To change that, HHAs are increasingly making in-home medication management a core component of their operations and are turning to technology to help.

Home health care platforms with comprehensive clinical documentation can enable agencies to monitor readmission risk status. The right solution can allow all caregivers involved in a patient’s care to view every detail of a care plan so that everyone is on the same page, working towards the same goals from the onset of care delivery.

4 Leverage mobile & telehealth options.

While telehealth is still relatively new within the broader long-term sector, HHAs have long balanced face-to-face and connected care and have consistently sought to innovate and push the envelope on providing virtual care.

More and more, home health customers are becoming increasingly interested in using mobile apps, as well as integrating telehealth solutions into their existing

technology stacks. In fact, it’s commonplace that, as part of the patient intake process, agencies determine whether patients have an appropriate device and a Wi-Fi connection and are comfortable with a virtual visit.

Assessments aren’t the only way that home health care agencies are applying telehealth technology. For existing patients who aren’t comfortable with in-person visits at this time, or for agencies short on personal protective equipment, remote monitoring devices in patients’ homes are tracking vitals such as weight, blood pressure and pulse.

Preferred Status in Your Network

For most home health providers, the intake process can directly impact the ability to grow, provide care and bill. Having the right technology in place and giving care teams tools that make their jobs—and lives—easier will keep them happy and engaged.

For instance, with this type of solution, caregivers have immediate access to updated health history and care plans associated with their patients. Additionally, assessments and visit notes are designed with simple controls and selection lists to allow quick and easy data entry. As a result, caregivers are able to quickly develop care plans for patients, and have more time to focus on their relationships with patients and referral sources.

To secure a steady flow of new business in the most efficient way possible, providers should invest in the right technology. With the proper solution, providers can remain compliant while maintaining workflows that drive high-quality care and build credibility with referral partners by demonstrating those outcomes. **HC**

Mark Tomzak is executive vice president and general manager of PointClickCare’s Home Health Care division. He and his team are focused on helping home health care agencies improve clinical outcomes, maintain compliance, recruit and retain staff, and improve financial health.

ONBOARDING

Starting off on the Right Foot

4 key factors in creating an onboarding process

By Brian Evans

Homecare operators are all too aware that attracting and retaining employees can be difficult. And as the population continues to age, the demand for caregivers will only increase. These challenges become even more problematic in a world with COVID-19, where families may be less likely to entrust their loved ones to facility-based care.

While owners and operators are familiar with the hiring and retention challenges that the industry presents, keeping good staff doesn't have to be difficult. The first opportunity for improving retention is the employee onboarding process. In fact, one study found that effective onboarding increases employee engagement by more than 20% and an engaged employee is 87% less likely to leave the company within the first 12 months. The onboarding process isn't just another item to check off your to-do list. With the right process, proper onboarding is your first opportunity to develop good employees, improve retention and ultimately improve patient care.

Homecare operators should consider these four key factors when developing a meaningful onboarding process.

1 Cultural Buy-In

Many homecare employees rarely visit your office. Their work is mainly done in patients' homes, and, in most cases, they are working alone. This can make it difficult for employees to feel like they are truly immersed in the company culture. That's why it's important to get cultural buy-in right from the start.

"Employees must understand and buy into the culture and vision of their company in order to act in a way that's promoting such a vision," said Brandon Roland, director



When managers communicate the “big picture,” new employees can understand how their roles support the organization’s goals.

of human resources at Adams Keegan, a provider of HR services. “Onboarding is the best opportunity to show what your organization is about, what you value, and why.”

Getting new employees comfortable, connected and productive should be

operators' top priority. When managers communicate the “big picture,” new employees can understand how their roles support the organization's goals. And when you take the time to build a relationship with an employee, they are more likely to feel they are a valued member of the team.

2 Loyalty & Pride

Employees are more likely to perform well and stay at a job longer when they have a sense of purpose. In an industry like homecare, in which the well-being of a vulnerable segment of the population is at stake, employees have an enormous opportunity to positively impact the lives of both the individuals under their care and their families.

Consider bringing in family members of loved ones you've helped to describe how you've improved their lives. Reinforcing why you got into this business and how you and your team help people can help employees better understand their role and get them started off on the right foot.

3 Networking

While most homecare employees spend their days working independently with patients, they should know that they're not alone. At times, caregivers will be collaborating with others in your organization to deliver the best care. When this happens, your employees must know how to function as a team. Some of the best onboarding programs make sure that new employees are acquainted with and get along with others who they will be working with, which promotes communication, collaboration and camaraderie.

Operators might consider assigning a mentor for each new employee so they have a go-to resource in the early stages of employment. This person can help with the main responsibilities of the job while also providing basic guidance on how to navigate your organization.

4 Proper Training & Compliance

A proper onboarding program will introduce employees to the policies and procedures that govern both your company and the homecare industry in general; HIPAA is an obvious example. Employees will also need to understand your requirements clearly so they can perform at a high level early in their tenure. Explaining the process for reporting employee concerns, including things they observe from others, will help identify issues that need to be investigated and resolved before they become major problems, limiting liability for the organization.

The cost of employee turnover is high and dealing with turnover requires a great deal of time and effort that operators could otherwise be spending on other important activities. Managing your people right from the beginning is the first step in employee retention.

Focusing on these four areas should make sense for any homecare operator, but don't hesitate to reach out to a human resources expert for guidance on processes that make the most sense for your organization. **HC**

Brian Evans is senior care practice leader at Adams Keegan. He has served clients in senior care and home health for more than 20 years. Visit adamskeegan.com.

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BILLING/RCM SOFTWARE/EHR/EMR

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 covering billing software providers for home medical equipment and in-home care providers. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. **HC**

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NEW ON THE MARKET

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

1 Ramp Builder

AMERICAN ACCESS

The American Access Ramp Builder was created to help dealers maximize their time, provide same-day quotes to their customers and elevate their ramp business. The Ramp Builder contains an online portal for dealers to create their own project layouts quickly and efficiently. The user-friendly portal allows dealers to effortlessly enter in project details and design their own ramp layout. When the ramp design is completed and the dealer clicks “send,” the portal will immediately send the layout and quote to the dealer’s email. Visit aaramps.com.

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2 Theora Connect

CLAIRVOYANT NETWORKS, LLC

The stylish Theora Connect wearable is a purpose-built and affordable smartwatch for older adults. The Theora Link smartphone app keeps caregivers connected to remotely monitor loved ones living in their home of choice, including assisted living and residential care. The solution tracks activity and behavior patterns and GPS location and enables caregivers to set up Safe Zone geofences with automatic wandering notifications. It has multiple methods of communication, including auto-answering on the wearable. Visit theoracare.com.

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3 LUCI

LUCI

LUCI is a first-of-its-kind hardware and software platform that uses sensor-fusion technologies to allow a power wheelchair to “see” its environment and help users avoid collisions and dangerous drop-offs while maintaining personalized driving control. LUCI mounts onto a power wheelchair between the power base and the seat, giving riders unprecedented stability, security and connectivity. Through cloud-based capabilities, LUCI can also monitor and alert users and caregivers of low battery, possible tipping scenarios and other important updates. Visit luci.com.

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4 DreamWear Silicone Pillows

PHILIPS

Royal Philips has introduced DreamWear Silicone Pillows to the DreamWear system of masks in North America. The all-silicone pillow was designed using data from thousands of 3D facial scans to anatomically conform to fit and seal various nostril shapes and sizes across populations. The new silicone pillows are designed to simplify setup by offering multiple cushion options on one mask frame. This modularity allows for the easy and efficient exchange of cushions during titrations with minimal disruptions during the setup process. Visit philips.com.

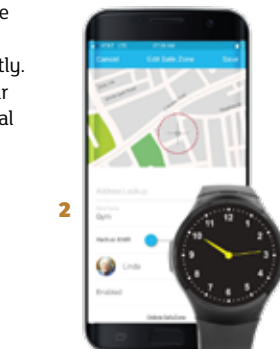
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5 QUICKIE Nitrum

SUNRISE MEDICAL

The QUICKIE Nitrum is Sunrise Medical’s newest rigid wheelchair. The patented ovalized frame tubing is made of premium aerospace-graded 7020 aluminum. Nitrum is available in an everyday configuration from a weight starting at 18.3 pounds. Nitrum also includes integrated LEDs; the newly patented Twist-to-Lock bar, which allows the users to fold, lift and load the chair into a car with just one hand; and the block-and-tackle seat upholstery, which requires only minimal effort for tensioning and individual adjustment. Visit sunrisemedical.com.

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INCONTINENCE



1 Homecare Essentials

ABENA

ABENA is known for its disposable incontinence products. The company also offers three different sizes in washable bed pads and a washable chair pad. The Homecare Essentials line is rated for at least 300 washes, dryer-friendly up to 203 degrees and priced to work in Medicaid and private pay markets. The knitted polyester backing creates a fully moisture-proof protection barrier to protect linens and furniture. Visit abenausa.com.

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2 LayDry Bed Pads

McAIRLAID'S, INC.

There's nothing better than a good night's sleep. LayDry bed pads provide comfort, security and the reassurance of dryness throughout the night. Thanks to SuperCore technology, LayDry quickly wicks then locks fluid away from the patient's skin, ensuring a dry surface all day and night. LayDry is made without recycled material or latex, so patients, caregivers and health care providers can be assured they are using a safe, sanitary and hypoallergenic pad. Visit mcairlaids.com.

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3 Incontinence Care Proucts

SENI

Seni is a premium line of incontinence products that are fully breathable, super absorbent and made of soft materials. Seni's double absorbent core provides a feeling of dryness. Side leak guards provide peace of mind and minimize the need to change soiled clothing or bed linens. The breathable outer layer provides a skin-friendly microclimate for healthier skin. Seni products are designed to significantly improve the lives of people who live with incontinence and the lives of their caregivers. Visit seni-usa.com.

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RAMPS

1 XM Ramp System

AMERICAN ACCESS

American Access' signature XM Ramp System was created from listening to customers who live in parts of the country where snowy and icy conditions prevail through the winter. The XM Ramp System comes with a nonskid, open weave, two-way traction surface. The XM Ramp is made from high-grade premium aluminum, making it extremely durable for everyday use and in all weather conditions. The XM is the perfect solution to help make your customers' lives more accessible for the things they treasure most. Visit aaramps.com.

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2 PATHWAY HD Code Compliant Modular Access System

EZ-ACCESS

When you encounter a site with requirements that extend beyond the scope of a residential ramp, whether a church, restaurant or small business, the PATHWAY HD Code Compliant Modular Access System can help get the job done. The all-aluminum, commercial-grade ramp system can be configured to create an ideal ingress/egress solution for all kinds of public establishments. The feature-rich system has been designed with both the end user and installer in mind, making it a versatile solution that can be used to meet the needs of a variety of locations and requirements that are prevalent in the commercial ramp market. Visit ezaccess.com.

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3 Liberty Series

NATIONAL RAMP

The Liberty series is a maintenance-free aluminum ramp with a nonslip solid deck surface. National Ramp's solid-surface aluminum modular ramps aid those with mobility impairments to get in and out of their homes safely. Whether your customer uses a wheelchair or scooter or simply needs some added assistance, this Americans With Disabilities Act-compliant, nonslip, solid-surface aluminum deck ramping is the perfect solution for any home. It has a continuous handrail from the ground to the front door. Regaining freedom is only a phone call away. Visit nationalramp.com.

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4 Singlefold Ramps

PRAIRIE VIEW INDUSTRIES (PVI)

PVI's Singlefold portable ramps are lightweight, easy to handle and a snap to set up. The Singlefold ramp folds in half, making it easy to transport. With durable welded construction, this platform offers excellent stability. Other features include an anti-slip traction surface and steel security pins; it fits in the trunk of most cars. The Singlefold ramp accommodates wheelchairs and scooters with various wheel configurations. The Singlefold ramp has a weight capacity of 800 pounds and lengths from 2 feet to 6 feet and is 30 inches wide. Visit pviramps.com.

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5 Modular Access Ramp

RAMPIT USA

Rampit USA modular access ramps are built with high-strength aluminum components for maximum safety and durability throughout a lifetime of continuous use. The lightweight, maintenance-free ramps will never rust or corrode and can be customized, moved or reconfigured for an endless variety of residential or commercial applications. All Rampit USA aluminum ramps feature a self-adjusting transition plate, extruded anti-slip tread, raised wheel guards and continuous handrails, providing a smooth transition on or off the ramp, and safe, continuous travel from start to finish. Visit rampitusa.com.

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PORTABLE OXYGEN CONCENTRATORS

1



1 FreeStyle Comfort

CAIRE

Manufactured by CAIRE Inc., the FreeStyle Comfort portable oxygen concentrator (POC) is a five pound, five-setting pulse flow portable oxygen concentrator with proprietary smart O2 delivery features that delivers a maximum output of up to 1050 mL. Designed with patient comfort in mind, it has an ergonomic, curved shell, LCD display screen, glow-in-the-dark keypad and battery pack options offering up to 16 hours of charge. This device offers a comprehensive warranty and can wirelessly connect to CAIRE's telehealth app, which allows you to track usage, location and troubleshoot alarms remotely. Visit caireinc.com.

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2 Inogen One G5

INOGEN

Inogen introduces the Inogen One G5 portable oxygen concentrator. This latest innovation offers oxygen patients increased freedom and mobility with up to 13 hours of battery life (with a double battery) and flow settings up to six. The Inogen One G5 meets Federal Aviation Administration requirements for airline travel and offers more oxygen per pound than any POC on the market. The standard system includes a three-year warranty and Inogen Connect Bluetooth technology. Inogen technology is specifically designed for use 24/7. Visit inogen.com.

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3 OxyGo NEXT

OXYGO

Reduce COVID-19 contamination risks for patients, caregivers and your employees with OxyGo portable oxygen concentrators. Just ship the OxyGo to the patient's home or have OxyGo ship it for free instead. Every unit comes with an easy-to-read quick setup guide that easily explains how to set up the OxyGo. Each guide is designed for patients or caregivers to set up the unit themselves—without help or contact with the provider. Visit oxgo.life.

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4 SimplyGo Mini

PHILIPS RESPIRONICS

The SimplyGo Mini is a portable oxygen concentrator built for today's patients with an attractive and sleek design, five pulse dose settings, an external battery and an easy-to-read screen. SimplyGo Mini is small and light with a strong, comfortable carrying case, making it easy for patients to take wherever they go. It has undergone the same rigorous performance and reliability testing as traditional POC products. SimplyGo Mini conforms to all applicable Federal Aviation Administration requirements for POC carriage and in-flight use on board aircrafts. Visit philips.com.

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2



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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
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☐ 43 Independent Pharmacy/Chain Drugstore
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☐ 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) _____

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IN MEMORY

Remembering Mal Mixon

Invacare founder & CEO leaves legacy of philanthropy

By Kristin Easterling



A Vietnam veteran and Harvard Business School graduate, A. Malachi (Mal) Mixon leveraged a buyout of wheelchair manufacturer Invacare and subsequently grew the company's sales from \$19 million to nearly \$2 billion, developing a global presence that served suppliers in 80 countries. During that growth, he was deeply involved in the legislative and regulatory issues impacting the home medical equipment (HME) industry.

Mixon passed away Nov. 30, 2020, at the age of 80.

"Mal was a pioneer in our industry who helped so many people," Invacare Chairman Matt Monaghan said in a Facebook post. "He led in growth and innovation. He was a tireless advocate of the industry and supporter of providers everywhere. He was an especially strong ally of all those who rely on our products to 'make life's experiences possible.'"

He was a tireless advocate of the industry and supporter of providers everywhere.

Mixon is remembered by residents of Elyria, Ohio, where Invacare is headquartered, as being generous in his investment in the community. He loved the arts and was chairman of the Cleveland Institute of Music for a time. The institute's renovated Mixon Recital Hall was named for him after he made a \$3 million gift toward the \$40 million makeover. Invacare and Mixon also donated to a new performing arts center at Elyria High School.

Mixon also spearheaded the development of the Minorities with Vision Pinnacle Capital Fund, one of the largest private-equity funds in Ohio that makes debt and equity investments in promising businesses owned, controlled or managed by minorities. He raised \$24 million among private investors, and personally invested the first \$1 million in the fund.

"My focus has been to create more capital for African American businesses, which eventually will create more African American wealth to give back to the community," Mixon said at the time.

His work on behalf of the HME industry led to the American Association for Homecare renaming the association's Legislative Advocate Award in his honor in 2015.

"Mal Mixon had an incredible impact on this industry," Tom Ryan, AAHomecare president and CEO, said in a press release. "He channeled his passion and business

to build Invacare into an industry leader and yet still had energy to spare to take on leadership roles to the benefit of the entire HME sector."

"Of all the manufacturers we worked with over the years, both here in Ohio at OAMES and also with AAHomecare, Mal had the most fire and passion," said Tim Pontius, chief compliance officer of Maumee, Ohio-based 1 Natural Way. "He believed in the value of the service that HME providers delivered and how that truly made our industry so valuable to home-based patients. ... He once told me he was proud to see so many of us take leadership roles at the national level. My best memories will be having some good wine and a cigar out in his back yard after those fundraisers."

In 2013, Mixon published an autobiography, *An American Journey: The Mal Mixon Story*. In it, he published 18 life lessons, including know yourself, make your mistakes on someone else's money, be tolerant of everyone you meet, and have fun. In the forward, former Ohio Governor John Kasich cited it as proof of "the keys to Mal's success—hard work, strong values, deep friendships and real courage."

Mixon is survived by his wife of 58 years, along with two children and nine grandchildren. **HC**

Kristin Easterling is managing editor of HomeCare magazine.

Senior Engagement Technology Can Improve Your Bottom Line

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There's an epidemic of isolation among seniors—and a pandemic has made the problem worse. Fighting loneliness helps with patients' quality of life and keeping them connected can improve outcomes. But introducing new technology can have hurdles. In this webinar, you will learn about how bringing simple, affordable senior engagement options to your clients can make your team's job easier and help you capture more market share.

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Since Ben Unkle became CEO in 2009, WCCB has grown to serve over 8,500 people through its expanded home and community-based services. The organization is a leader in exploring digital engagement tools as a way to raise the standard of care nationally. Under its award-winning Birdsong Initiative, WCCB formed a partnership with Eastern Virginia Medical School and Virginia Wesleyan College to conduct a series of rigorous academic studies on the impact of increased engagement via technology upon the mood and mind of people suffering with dementia.

Before joining WCCB, Unkle was senior vice president of operations for the western region of Erickson Living, including eight Erickson Life Plan Communities in Texas, Kansas, Colorado, Illinois and Michigan. He started out practicing law before joining the senior living industry through Erickson Living's Executive Development Program.

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