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Dear HomeCare Readers,

What keeps you up at night? Is it worries about problems with your staff or with your clients and their families? Constantly shifting government regulations and an intensely competitive business environment? The legal aspects of your business, how best to protect yourself from risk or what you'll do in a natural disaster or emergency? Running a business or managing a team is never easy, and homecare companies face more obstacles than most. To help out, we've handed over much of this issue to experts who help map out solutions to some of your biggest sources of anxiety. As one set of authors writes on p. 19, with careful planning, "the worry of 'what if' can be changed to confidence." Hopefully, this issue helps get you there.

There's more inside, too, including some tips on retailing CBD for pain management and how you can boost your business by providing repair and maintenance service for mobility devices. We take a look at new opportunities for growth through partnering with Medicare Advantage plans and remote patient monitoring, plus peek at the mergers and acquisitions forecast in the early days of PDGM. And for a lighter touch, please check out my story on the Back Page about what happens when a TV comedy tackles toilet accessibility. That was a fun one to write!

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 Editor Hannah Wolfson at hwolfson@cahabamedia.com or Managing Editor Kristin Easterling at keasterling@cahabamedia.com. We'd love to hear from you!

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ResMed Resolves Kickback Allegations

The Department of Justice announced in January that ResMed Corp. agreed to pay more than $37.5 million to resolve alleged False Claims Act violations. The company was accused of paying kickbacks to durable medical equipment (DME) suppliers, sleep labs and other health care suppliers.

The settlement resolves allegations that ResMed provided DME companies free call center and other outreach services for patients with sleep apnea that helped the providers order resupplies; that the company gave sleep labs free and below-cost positive airway pressure masks and diagnostic machines and installation; that the company arranged for and guaranteed payments of interest-free loans used to buy ResMed equipment; and that it provided free home sleep testing devices called "ApneaLink" to non-sleep specialist physicians.

ResMed denied that it had violated the law and said the terms of the settlement were first announced in July 2019.

UPCOMING EVENTS

MAR 9-13 HIMSS 2020
Orlando, Florida
himssconference.org

MAR 23-27 NHPCO Leadership & Advocacy Conference
National Harbor, Maryland
nhpco.org

MAR 24-27 Aging in America
Atlanta, Georgia
asaging.org

APR 5-9 NHIA Annual Meeting
Denver, Colorado
nhia.org

ResMed has entered into a corporate integrity agreement with the Department of Health and Human Services Office of Inspector General that requires, among other things, that the company implement additional controls around its product pricing and sales and conduct internal and external monitoring of its arrangements with referral sources. *resmed.com*

Brightree Acquires SnapWorx

Brightree announced it has agreed to the acquire privately held SnapWorx, LLC, a software company providing patient contact management and workflow optimization for the continuous positive airway pressure (CPAP) resupply market.

Based in Brentwood, Tennessee, SnapWorx's SaaS solutions focus on patient engagement and workflow automation for collecting supporting documentation for dispensing and billing for CPAP supplies.

The combination of Brightree ReSupply's technology and live call services with SnapWorx software platform creates the largest CPAP resupply patient base in the industry, the company said. The transaction's financial terms were not disclosed since the transaction will not be material to the consolidated financial results of ResMed, Brightree's parent company.

SnapWorx and its approximately 40 full-time employees will join the Brightree team. SnapWorx President Emmet Seibels will continue to serve as the leader of the SnapWorx business. *brightree.com*

CareCentrix Taps Synzi

CareCentrix, a provider of in-home and post-acute care solutions, announced it has entered into a strategic alliance with Synzi, a technology enabler for post-acute care. The alliance creates virtual delivery of post-acute services to personalize the work CareCentrix already does caring for patients.

"Synzi's applications support multiple languages, which helps engage the 10 million Medicare and Medicaid recipients for whom English is not their first language," said CareCentrix CEO John Driscoll.

This partnership embeds Synzi's virtual care tools directly in CareCentrix's collaboration and coordination platform, HomeBridge, to engage and manage patient populations at-risk for rehospitalization. Synzi allows patients to connect with CareCentrix's provider network through HIPAA-compliant video, email and text and to access condition-specific notifications for better self-management.
synzi.com, carecentrix.com

MacDougall Joins 3B Medical Team

3B Medical announced the hiring of Dave MacDougall as 3B's chief operating officer. A graduate of Rensselaer Polytechnic Institute, MacDougall brings more than 30 years of experience in leadership, primarily in the health care industry, to the company.

MacDougall comes to 3B Medical from United Health Services (UHS), a provider of hospital and health care services with more than 350 acute care hospitals across the United States, Puerto Rico and the United Kingdom. Before his tenure at UHS, MacDougall was CFO at the 711-bed Winter Haven Hospital, where he guided the hospital through a rapidly changing regulatory landscape to profitability.
3bproducts.com

Aeroflow Healthcare Partners with Idaho Physicians Network

DME provider Aeroflow Healthcare recently announced a strategic partnership with the Idaho Physicians Network (IPN), a statewide network of local physicians across multiple practice areas.

Through the partnership, Aeroflow Healthcare will provide IPN patients with its full suite of durable medical equipment, often available through insurance, inlcuding breast pumps, pediatric sleep and respiratory products, nebulizers, home sleep testing and CPAP supplies.

Headquartered in Boise, Idaho, IPN supports more than 17,000 providers in delivering quality health care to more than 77,000 patients.

"We look forward to working with Aeroflow and advancing our mission of delivering top-notch care by increasing patients' access to

high-quality medical equipment covered by more than 30 insurers in our area," said Amy Campbell, provider contract specialist at IPN. *aeroflowinc.com*

CMS Updates Compare Tools

Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma announced in a blog post that the consumer-facing Compare tools for hospitals, nursing homes, home health, dialysis facilities, long-term care hospitals, inpatient rehabilitation facilities, physicians and hospice will be rolled into one new tool called Medicare Care Compare, housed on medicare.gov.

CMS is also creating a Provider Data Catalog for cms.gov. According to Verma, the catalog will help researchers and stakeholders easily search and download publicly reported data.

"Even though we're making these enhancements, it doesn't change our public reporting requirements, and we will continue to meet every reporting mandate," she said. "We're planning to launch both 'Medicare Care Compare' and the 'Provider Data Catalog' this spring, kicking off a transition period that allows the public to use them alongside the existing tools before we retire them."

The National Association for Home Care & Hospice said it supports the updates to the tools but expressed concerns about the star ratings because it's not consistent with consumers' usual interaction with ratings systems, which may make it more difficult to choose a provider. *cms.gov*

National Seating & Mobility Appoints Frist to Board

National Seating & Mobility (NSM), a provider of complex rehabilitation, mobility and accessibility solutions in North America, and the company's international private equity owner, Cinven, announced the appointment of former U.S. Senate Majority Leader William H. Frist, M.D., as a special advisor to the NSM board of directors. In this role, Frist will provide insight, counsel and strategic guidance on national and state policy affecting the complex rehab technology and home access industries.

Frist is a heart and lung transplant surgeon who served as a U.S. senator from Tennessee from 1995 to 2007 and as U.S. Senate majority leader from 2003 to 2007. As the first practicing physician elected to the Senate since 1928, he actively shaped national policy for individuals with disabilities as chairman of the U.S. Senate Subcommittee on Disability Policy.

Frist currently serves as an adjunct professor of cardiac surgery at Vanderbilt University. *nsm-seating.com*

Always Best Care Introduces Fall Risk Assessment

Always Best Care Senior Services, a senior care franchise system, announced it is launching its Balance Tracking & Fall Risk Assessment Program to help keep clients safe. The system will provide an objective, accurate and reliable measure of a client's postural sway, a key indicator of balance ability commonly used in fall risk assessment. Always Best Care is currently rolling out the program to its franchisees in the United States.

The program will categorize a person's fall risk across a spectrum ranging from low to high. The assessment can be calculated for each individual regardless of age, but will be especially useful to individuals over 60, in whom the consequences of a fall are amplified. *alwaysbestcare.com*

OnShift Acquires Avesta Systems

OnShift, the human capital management platform, announced it has acquired Avesta Systems, Inc., a provider of comprehensive talent acquisition software and services. Together, OnShift and Avesta provide a suite of solutions to address some of the most critical workforce challenges in the health care industry.

Avesta's software, now called OnShift Employ, manages the entire talent acquisition process from end to end, including candidate sourcing, recruitment, screening, hiring and onboarding.

With the Avesta acquisition, OnShift further expands its footprint in the health care marketplace by now also serving organizations in the emergency medical services (EMS) segment. Avesta's established brand, expansive customer base and recognition as a thought leader in the EMS market complement OnShift's exclusive focus on the health care industry.

"OnShift continues to expand our software platform and our business both organically and through acquisition," stated Steve Haynes, executive vice president of corporate development of OnShift. "We are focused on leveraging technology innovation to create further value for our customers as part of OnShift's aggressive growth strategy." *onshift.com*

The Return of the HomeCare Podcast

Cahaba Media Group, the parent company of HomeCare, announced the relaunch of the popular HomeCare Podcast, now hosted by Managing Editor Kristin Easterling.

The first guest of 2020 is David Baiada, CEO of BAYADA Home Health Care. In the newest episode, Baiada shares his thoughts on the Patient Driven Groupings Model, home health business strategy and more. Other guests on the docket for the first half of the year include Medtrade's Mark Lind, the National Association for Home Care & Hospice's William A. Dombi, and updates from AAHomecare.

The HomeCare podcast is available on Soundcloud, Stitcher and Apple Podcasts, or listen at homecaremag.com/podcasts. *homecaremag.com*

ATF Medical Hires Director of Rehab Technology

ATF Medical, which provides comprehensive medical equipment and adaptive housing solutions to the workers' compensation industry, has hired Edwina Murphy, OTR, ATP, as director of rehab technology. Based in Houston, Texas, Murphy develops relationships with payers and works with injured workers who have complex seating and mobility needs, providing services throughout the southwestern United States.

During the past three decades, Murphy has held occupational therapist (OT) and rehabilitation technology specialist positions with organizations in the United States, United Kingdom and Ireland. Most recently, she was a rehabilitation technology specialist with Great American Mobility. Previous employers include National Seating and Mobility, where she managed the TIRR Memorial Hermann account.

"Edwina has immense experience and is especially knowledgeable about seating and positioning," said ATF Medical's executive director of rehab technology, Erin Zablocki. "As an OT, she brings the clinical perspective and oversight, delivering additional value to our complex rehab offering."

She is a graduate of St. Joseph's College of Occupational Therapy in Dublin, Ireland. A registered occupational therapist and certified assistive technology practitioner, Murphy is licensed in Texas for occupational therapy. *atfmedical.com*

Colorado Hospice Provider Offers Remote Monitoring

Vivify Health, the developer of a connected care platform for holistic patient care and engagement, announced that TRU Community Care, a Colorado-licensed, Medicare- and Medicaid-certified nonprofit health care organization providing a continuum of care for individuals living with advanced illness and loss, has agreed to implement Vivify's remote patient monitoring (RPM) and telehealth solutions as the foundational technology of its new TRU Telecare program.

The goal of TRU Telecare is to enable more real-time data exchange between TRU Community Care and the patients and families it serves. Officials said the program will enhance TRU Community Care's ability to proactively manage a patient's disease progression over time. It will also make it easier for patients and families living with complex and chronic illness to communicate with the organization.

TRU Community Care entered the test phase for the solution in December 2019, using tablets supplied by Vivify Health. Once the test phase is successfully completed, TRU Community Care plans to expand TRU Telecare to include daily data uploads of vital signs such as blood pressure, pulse rate, weight and hemoglobin A1C. The data will be captured with Bluetooth-connected devices supplied by TRU Community Care through Vivify Health.

Patients or their caregivers can then use supplied tablets or their own mobile devices to upload the data to a call center, where it will be monitored on the Vivify Pathways platform. If potential issues emerge, such as a significant overnight weight gain (which could be an indicator of water retention leading to heart issues), the call center will automatically notify a care manager.

The care manager can then immediately contact the patient or caregiver to get additional details about the state of the patient's health or to take appropriate actions to address the issue before it becomes more serious. This approach can help avoid an unplanned hospital stay, minimizing disruption in the lives of patients and their families. *vivifyhealth.com*

Paralympic Gold Medalist Partners with Numotion

Numotion, a provider of complex rehab technology (CRT), announced a three-year partnership with three-time U.S. Paralympic gold medalist swimmer and world champion, McKenzie Coan. A Numotion customer herself, Coan will serve as a spokesperson for the company, sharing her motivational message to empower others.

"McKenzie's high profile, especially over the next year, will help bring more attention to CRT and the customers we serve, spreading the word about the work we do at Numotion and in the disability community at large," said Numotion Chief Marketing Officer Bret Barczak.

Diagnosed at a young age with osteogenesis imperfecta, or brittle bone disease, Coan has met her share of challenges and turns each one into an opportunity for growth. She began swimming as part of an aquatic therapy program, and it quickly became her passion. As a Paralympian, she has been able to share her story of resilience and determination with aspiring swimmers across the world.

"I have a philosophy I try to live my life by –the only disability in life is a bad attitude," said Coan, who won five medals at the 2019 World Championships. "I look forward to sharing my experience and my story with Numotion's customers, employees and anyone faced with challenges, in hopes of inspiring them to go after their dreams."

Coan will share her personal experience of overcoming the odds to achieve her dreams through social content. She will also share insights and stories surrounding the upcoming 2020 Paralympics in Tokyo.

McKenzie's stories and insights will be shared via Numotion's social media channels (Facebook, Twitter and Instagram). *numotion.com*

Casamba Adds Curative to Network

Casamba, a provider of electronic medical record (EMR) solutions for post-acute care providers, announced that Curative has signed on as a preferred partner for point of sales and inventory control software.

Curative offers point-of-sale solutions to help outpatient clinics efficiently recommend therapy products to patients and handle the transaction within one EMR. Curative also serves as an inventory management system with integrated reporting and analytics features—giving customers a way to get a full picture of their sales process.

Casamba has nearly 100 companies in its partner network, with services ranging from analytics to interoperability to telemedicine and more. *casamba.net.*

HR 2477/S 1280

Beneficiary Enrollment Notification and Eligibility Simplification Act of 2019 (BENES Act)

By Kristin Easterling

Many newly eligible Medicare beneficiaries are not automatically enrolled in Part B. If an individual misses the initial enrollment deadline, they could be subject to a permanent late enrollment penalty of as much as a 10% per month premium increase for each 12-month period they did not enroll in Part B. In 2018, approximately 760,000 Medicare enrollees paid the late enrollment penalty.

The House Health Subcommittee of the Energy and Commerce Committee debated the act in late January. During the hearing, Medicare Rights Center President Frederic Riccardi testified that confusing rules surrounding the enrollment process and the decoupling of Social Security and Medicare necessitate the enrollment outreach and assistance provided by the BENES Act.

Legislation

The BENES Act would improve enrollment education outreach to beneficiaries, reduce gaps in coverage and ease the enrollment process.

The act creates a notice for individuals between the ages of 60 and 64 that outlines their Medicare Part B eligibility and explains the possibility of late enrollment penalties. The notice is to be posted on the websites of Social Security, the Centers for Medicare & Medicaid Services, and the Department of Health and Human Services. It is also mailed to individuals at least twice in the three months prior to their enrollment period at age 65.

WHAT HAPPENS NEXT? »

Further legislative action is still necessary for the bill to become law. The full Energy and Commerce Committee will need to take additional steps through a committee mark-up, followed by consideration by the full House of Representatives. A similar process will need to take place in the Senate, with the Senate Finance Committee holding jurisdiction over the legislation. The National Association for Home Care & Hospice has endorsed the bill.

LEARN MORE Track this bill at congress.gov.

CRAFTING THE NOTICE

According to the bill, the secretary of the Department Health and Human Services and the commissioner of Social Security should consult with individuals in the following groups to craft the notice:

- Individuals over 60
- Veterans
- People with disabilities
- Individuals with end-stage renal disease
- Low-income individuals and families
- Employers
- States (including representatives of state-run health insurance exchanges, Medicaid offices, and state insurance departments)
- State health insurance assistance programs
- Health insurers
- Health insurance agents and brokers
- Such other groups as specified by the secretary

DID YOU KNOW?

The Part B penalty is 10% of the monthly premium for each 12 months a beneficiary fails to enroll after the Initial Enrollment Period ends. This penalty must be paid every month, unless certain conditions are met that allow a beneficiary to sign up under a special enrollment period.

By Laura Williard

Meeting the Challenge in Payer Relations

Moving the HME industry forward

The importance of payers outside of traditional Medicare continues to grow for home medical equipment (HME) suppliers, and the American Association for Homecare (AAHomecare) is playing a growing role in coordinating efforts to ensure sustainable reimbursements and patient access across a wide range of payers. Since I joined the AAHomecare team in May 2016 to develop a comprehensive payer relations program, the opportunities to protect HME interests in this area have increased.

The Medicaid beneficiary population has grown by 26% since the 2010 Affordable Care Act broadened eligibility for states expanding Medicaid programs and funded efforts to raise awareness of the program. However, as the number of enrollees has grown to 72 million Americans, states have looked for ways to keep program costs down, and HME is among the areas that budget officials have looked to for savings.

The 2016 Cures Act, which limited aggregate federal Medicaid reimbursement for HME to what Medicare would have allowed for those items, raised the stakes further—especially as the Centers for Medicare & Medicaid Services (CMS) suggested that states could simply cut rates on a wide range of HME HCPCS codes to match Medicare reimbursement. Working with HME stakeholders nationwide, AAHomecare educated state Medicaid officials, legislators and other government officials on their options to meet Cures Act requirements without reflexively matching Medicare rates. These efforts were extraordinarily successful: Advocates prevented or limited rate cuts in 30 states in 2018 and were able to largely hold the line for 2019.

In addition to protecting Medicaid reimbursements across a wide swath of the country, this campaign allowed the association to develop relationships with state officials and leaders of state and regional associations; we also worked to develop messaging about how sustainable

The 2020 AAHomecare Payer Relations Council

home medical equipment rates can improve patient outcomes and limit the need for costly clinical interventions.

Today, we're building on those successes by proactively working to establish rate floors for HME Medicaid to keep prices stable in the future. We're partnering with HME stakeholders in Florida, Indiana, New Hampshire, North Carolina, Texas and Virginia to advocate for rate floor legislation. In California, where leaders of the California Association of Medical Products Suppliers limited proposed cuts that could have reduced rates by nearly 60% in some cases, we are supporting efforts to repeal a 2011 state law that established an additional 10% Medicaid cut.

Budget pressures and a sizable Medicaid population mean the HME community will need to stay vigilant for years to come. Fortunately, our success in forestalling cuts the past two years has given providers and advocates a blueprint to work from.

MCO Outreach & Oversight Remain Priorities

While protecting Medicaid reimbursement rates is a linchpin of our work, we are actively engaged with other payers. As states increasingly rely on managed care organizations (MCOs) to administer their Medicaid programs, AAHomecare has established relationships with leaders at several of these organizations. A fall 2019 face-to-face meeting with CareCentrix executives, for example, allowed us to share feedback from the provider community on several claims processing issues that were subsequently addressed by the company. More recently, we were able to convince CareCentrix to reconsider plans to withhold payments to providers on positive airway pressure devices for patients with copay balances of more than 180 days. By building relationships with multiple individuals at these MCOs and staying in regular communication, we've earned a level of credibility as representatives of the provider community, which has helped resolve issues in a timely fashion.

We are also looking to strengthen state level oversight and establish quality standards for Medicaid MCOs, and to access data from state Medicaid authorities and MCOs to gain understanding of the broad fiscal and patient-outcome impacts of reimbursement cuts.

This effort, led by AAHomecare's newly formed Payer Relations Council, will include further developing our Freedom of Information Act request process to get claims data from states and MCOs. This data will help us demonstrate how HME supports better patient outcomes and helps keeps health care costs down. These efforts will also supplement and improve our capabilities in obtaining data from CMS and could have wide-ranging impacts on how we make the case for HME at the federal and state level.

In addition, we've worked with TRICARE to smooth consolidation and transition of regional administrators and to make sure that suppliers serving TRICARE patients received the same relief afforded to Medicare suppliers under the Cures bill. We've also helped prevent sole source arrangements in North Carolina and South Carolina, and we continue to educate officials in California, Ohio, Michigan and Florida about the benefits of keeping open network access for HME. In Tennessee, we worked with mobility stakeholders to secure a separate Medicaid benefit for complex rehab technology wheelchairs and accessories—and we are looking for opportunities to replicate that success in other states.

Sharing Best Practices & Expanding the Playing Field

AAHomecare's State Legislative and Regulatory Workgroup has developed a comprehensive toolkit bringing together insights, best practices and sample legislative language as a resource for leaders at state and regional HME associations to use in their engagements with legislators, regulators, MCOs and other payers. This toolkit will continue to evolve as we learn what works in our payer relations advocacy across the nation.

In addition to developing strategies to engage MCOs and other payers on a broad range of issues, the Payer Relations Council is working on developing stronger messaging on the value of HME and home-based care to help ensure payers and state officials understand HME's role in the care continuum. The council is also exploring value-based care models for homecare and ways to position our industry to utilize that approach with a range of payers.

Formally bringing together more than two dozen highly experienced HME leaders allows us to expand the playing field, impacting more states and adding outreach and oversight for Medicare Advantage plans to our agenda for 2020 and beyond. We have an incredible opportunity to unite our industry's advocacy work across a broad and important spectrum of payers over the next few years, and we can't afford to waste it. I'm confident we're moving in the right direction, and I'm excited about what we will accomplish together. HC

Laura Williard is the vice president of payer relations for the American Association for Homecare. Follow her on Twitter @WilliardLaura.

IN HOME CARE: ELECTRONIC VISIT VERIFICATION

By Lisa Ferden

A New Must-Do

What agencies need to know about EVV for state Medicaid

Goodbye preprinted government-issued forms and manual data entry into state Medicaid portals. Hello more efficient digitized interfaces to state aggregators. The 21st Century Cures Act, signed into law in December 2016, has revolutionized the way the homecare industry limits opportunities for fraud and seeks to improve quality of life for care recipients. States are now in the process of meeting the rules and regulations set forth in the act—and electronic visit verification (EVV) is at the center.

What Is EVV?

EVV is the timekeeping system used to verify when, where, by whom and for whom service was provided. This data is also used to document visit notes and ensure care plan compliance. EVV was once only telephone-based, using a patented model of matching incoming and outgoing phone calls from the homes of care recipients. Today, it has evolved to include global positioning systems (GPS) and biometric visit data. Digitized records of care via EVV have become the most accurate way for states—and agency providers—to track the delivery of publicly funded services.

Some states have chosen exclusive technology partnerships, such as with managed care organizations (MCOs), while others are working with an open model that allows interfacing with outside software providers that can meet established requirements. The states working with MCOs or with third-party technology partners are seeing progress towards EVV compliance, while some states have yet to announce their plans.

The rollout of EVV requirements for private duty and home health care providers varies greatly from state to state and it appears that many are well into the planning stage of defining technical specifications for third parties. As I noted in the July 2019 issue of HomeCare, "Real-time verification of service is no longer considered 'nice to have;' it is a must for agencies that provide services covered by Medicaid waiver programs and commercial long-term care insurers."

How the Right EVV Benefits Agencies

Electronic records can make for a faster turnaround of claim review and reimbursement. Ideally, an agency's software will automatically transmit claim data to the payer once shifts are confirmed. Additionally, the software will simultaneously ensure that the services rendered are within the scope of authorized care. After the payer receives visit data, it is verified at the payer level and then agencies receive reimbursement for services.

In addition to meeting billing requirements, EVV is essential for ensuring the delivery of proper care. Features such as missed visit alerts, task management and HIPAA-compliant messaging are key to successful homecare.

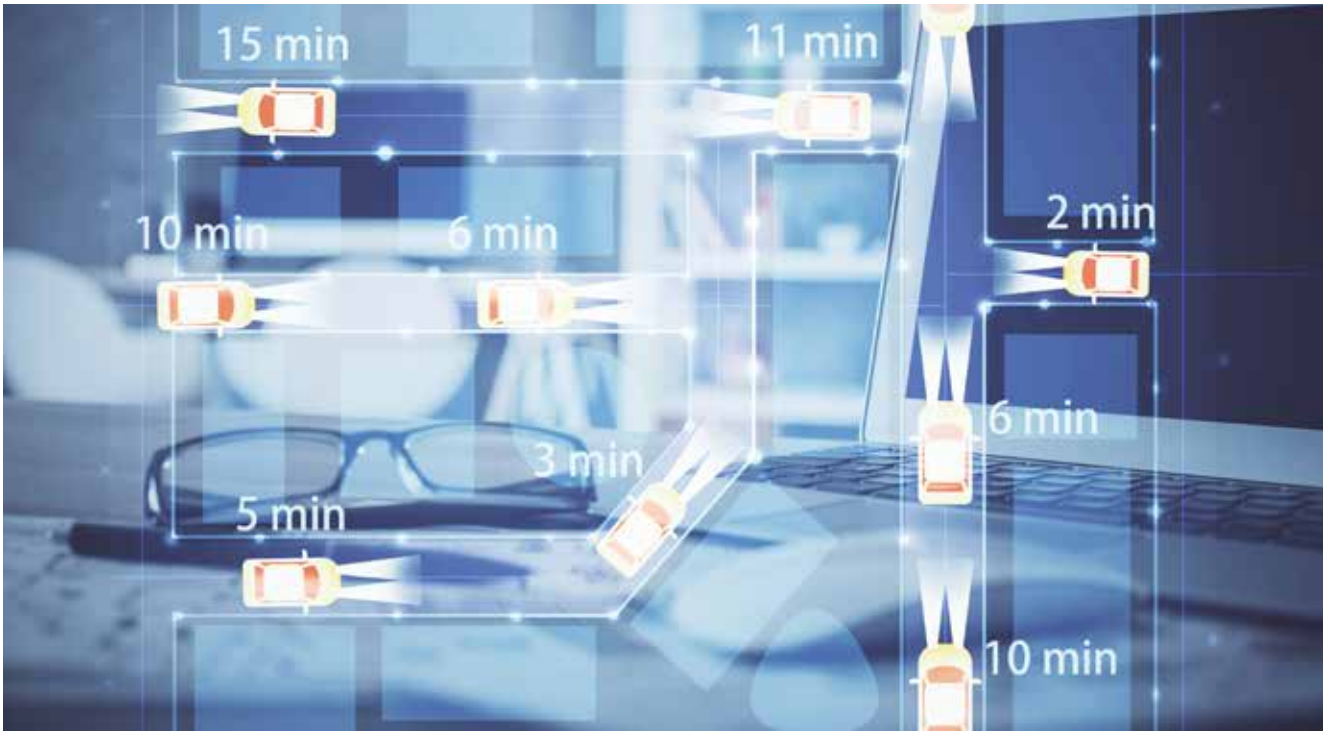
Due Diligence

In many states, EVV specifications have yet to be published. Since states are building their own aggregators and processors, and often those systems must speak to older legacy systems owned by the state, specifications that seem final may suddenly change with the addition of newly required functionality. Therefore, deadlines have become a moving target. This means

SELECTING A TECHNOLOGY PARTNER

Ask these questions when selecting a technology partner to ensure you're prepared for EVV requirements:

1. Does your software feature fully integrated EVV?
2. If yes, which methods of visit verification are built into your EVV solution?
3. Are you currently interfacing with or do you have plans to interface with the aggregator(s) in my state?
4. Do you have a team or process in place for ensuring you are up to date with requirements from each state?
5. Does your software integrate with GPS software to ensure location accuracy?
6. Do you offer the standard electronic billing forms that are required for the payers with which I work?
7. What is the onboarding process? How long will it take for me to schedule and bill out of your system?
8. Do you offer unlimited remote training so my team can learn the system and help overcome any roadblocks during implementation?



homecare providers are faced with the challenge of anticipating and properly preparing for their state's EVV requirements. The best way to mitigate risk and properly prepare for looming deadlines is by choosing a software partner with demonstrated success in other states and with multiple payers—one with a commitment to EVV readiness. Established technology providers are capable of quickly adapting to ever-changing requirements and can serve as a reassuring and agile business partner for the duration of the transition period.

Preparing for Implementation

For optimal success with EVV, homecare providers should consider adhering to the following practices:

- Develop documented best practices around the access to and use of personally identifiable patient data.
- Move towards 100% compliance with the use of EVV, including task documentation.
- Maintain a standard for the collection of electronic signatures and train staff on alternative methods.
- Invest in ongoing technology education. It is essential that care teams have multiple people trained by the selected software vendor to ensure optimal use of the software.

Finally, agencies should implement the most stringent payer requirements across the board so that caregivers and clinicians alike have a consistent way to document care. It is important for owners and administrators to check in with billing partners to ensure the right functionality is in place.

After Implementation

Once agencies are up and running with their selected EVV system, the following features can ensure that individuals receive quality care and that agencies receive reimbursements in a timely manner:

- Missed visit alerts provide real-time notifications, allowing office staff to quickly arrange for replacement caregivers.
- Thorough reports of visit verification exceptions and resolutions contribute to streamlined reimbursements.
- Flexible visit verification technology means that if an internet connection is not available at an individual's home, a dedicated 800 number is an option.
- Direct interfaces to state aggregators and to billing and payroll systems assist in timely and accurate reimbursements.

Looking Forward

At the center of this move toward EVV requirements is a focus on client health outcomes and caregiver safety. It is imperative that states, technology providers and homecare providers continue to work together and stay focused on this mission of maintaining the high standards of care in the industry. The personal care sphere is making great strides in developing these essential partnerships and integrations. It is the hope that the work currently being done will pave a clear path for additional sectors of homecare to follow, as home health must be in compliance with the new rules by 2023. HC

Generations Homecare System Co-Founder and Vice President Lisa Ferden has been a leader in the homecare industry for over 25 years. To learn more about private duty homecare and electronic visit verification, visit homecaresoftware.com/evv.

By Mark Pew

Understanding Employee Stress

Measures for better monitoring & managing mental anguish

The concept of fight-flight-freeze is ingrained in human physiology as a protective response to external stressors. From an elevated heartbeat to increased oxygen and blood flow to dilated pupils to tensed muscles to perspiration—it's all an autonomic response to real or perceived danger. Stress can help someone mature after learning a difficult lesson. ("I'm not going to make that mistake again.") It can motivate necessary growth and enhance performance, forcing adaptation and creativity and encouraging new and improved coping skills. A positive response to stress can mend relationships, be the impetus for better lifestyle choices and create new opportunities.

In home health, for example, a fear of infection can be positive, as it can create an abundance of caution and encourage the proper use of safety techniques and tools when working with patients. When a person is properly equipped and trained, their stress is reduced because they have faith in people, processes and policies. However, if they are uncertain about corporate or personal dedication to safety, their stress may be heightened.

When Stress Goes Wrong

However, never-ending stress is a problem. According to Science Daily, stress puts the body on constant alert with physical, psychological and emotional repercussions. From a physical perspective, "chronic psychological stress is associated with the body losing its ability to regulate the inflammatory response." Stress can also "suppress the immune system," trigger "severe broncho-constriction in asthmatics," increase the risk of diabetes, lead to "peptic ulcers, stress ulcers or ulcerative colitis," create issues for the heart with "plaque buildup in the arteries" and possibly even increase the likelihood of cancer, according to the Malaysian Journal of Medical Sciences.

From a psychological perspective, chronic stress can create neuroses that can have "a formative role in the onset of neurotic depression (mixed depressive illness) and a precipitating role in schizophrenic episodes" while creating anxiety that impacts performance. From an emotional perspective, chronic stress can ruin a life.

So how does stress impact a workplace? How does it impact workers? Not surprisingly, they intersect. Although absenteeism is usually characterized by a willful negligence to attend, workplace stress can certainly create valid reasons for it. Whether the cause is unreasonable expectations (long hours, aggressive metrics, shift-work sleep disorder), dangerous or difficult circumstances, disharmonious relationships, frustrating bureaucracy or perceived incompetence, workers might need a periodic mental health day to manage the stress of being at work.

The issue of presenteeism—a worker being present but not functioning optimally—can be much more insidious. If the stress level at the workplace, or brought by the employee from home, is so high as to be unmanageable, it can have a significant negative impact on productivity through lowered attention to detail and reduced quality of work—and it can hurt the entire team. Stress, when left alone, can turn what seems to be a strong working relationship into a house of cards.

Obviously, the risks of not properly managing or addressing stress are high. From momentary productivity to sustained performance, the impact on the employee (losing their job) and employer (losing business) due to decreased individual and team capabilities can be incredibly negative. Adding to this is the natural contagion of stress; although it may be specifically related to one person, relationship or scenario, stress almost always affects others. What appears to be an isolated situation might actually be just the first of many ripple effects.

What's an Employer to Do?

An employer should work to minimize workplace stress with proactive measures. Granted, where more than one human being is gathered, there is an opportunity for stress to enter the equation. But just like some employers have a zero-wound target, employers can likewise target a zero-stress environment. "Zero" might not be achievable in either situation, but constantly reinforcing the goal heightens awareness.

While it may not be explicitly part of your business plan, it is in your best interest to reduce the stress in your workplace and in your employees. Awareness is certainly one tactic, but it can also be accomplished by practical policies such as:

- Creating an open communication channel

between management and employees to highlight issues in the workplace that cause undue stress, and, even more importantly, creating an action plan that shows responsiveness
- Organizing education on personal stress-management techniques (e.g., a lunch-and-learn on mindfulness or personal finance skills) and wellness programs on topics such as weight loss, smoking cessation, healthy nutrition, etc.
- Establishing an employee assistance program that offers anonymity but is widely publicized
- Showcasing a management team that exhibits proper stress management in the office, especially in crisis situations.
- Encouraging workload balance (on the job) and work/life balance (at home) by promoting flexible schedules
- Training management on prompt, proactive conflict resolution techniques, and on how to eradicate gossip.
- Forming a committee focused on eradicating stress

What's an Employee to Do?

How can the employee better manage stress? It goes well beyond the obvious. "Among the factors that influence the susceptibility to stress," according to the Malaysian Journal of Medical Sciences, "are genetic vulnerability, coping style, type of personality and social support." A person cannot change their genetic vulnerability or type of personality. However, the other two factors—coping style and social support—are constantly influenced by the individual.

Being better equipped to cope with stress in a productive rather than a destructive manner is something that can be learned through experience, mentorship and repetition. Sometimes, psychotherapies like cognitive behavioral therapy, acceptance and commitment therapy and motivation interviewing can be helpful to enhancing coping skills. Choosing a quality social support system is often within an individual's purview to manage (e.g., choosing friends wisely). While disconnecting from toxic relationships and environments can be a painful process, once complete, it can be liberating and a propellant to better outcomes.

The lesson for employers is to foster a stress-free workplace through safety, support, transparency and compassion. The lesson for employees is to differentiate between what is and isn't controllable and to search for ways to establish resilience (fight, rather than flight or freeze). The lesson for all is to not let stress become chronic or continual, because science (and common sense) prove its negative effects. HC

Mark Pew, senior vice president of product development and marketing for Preferred Medical, is a passionate educator and agitator. He serves as technical advisor to regulators and legislators in over 20 jurisdictions on subjects such as drug formularies, treatment guidelines, opioid task force initiatives, encouraging support of nonpharmaceutical treatment options and the medicinal use of cannabis. In July 2019, he was added as the only nonclinician to the Advisory Board for SimpleTherapy. Visit thepreferredmedical.com.

What's the Worst That Could Happen?

Preparing for disasters & emergencies before they happen

By Sharon Fredrichs & Stephanie Phillips

When emergencies and disasters happen, home health agencies need to be able to care for patients and employees in the direst circumstances. An emergency preparedness program is a comprehensive approach to meeting the health, safety and security needs of your agency and community in the event of a disaster or emergency.

Emergency preparedness is an essential part of home health operations. A comprehensive emergency plan acts as a framework to ensure that agency operations continue in an urgent or evolving situation and allows management to seamlessly transition from routine operations to incident command processes.

An emergency plan should include four basic components:

- an all-hazards vulnerability analysis
- policies and procedures
- a communication plan
- training and testing

Building a Plan

Risks are identified in the all-hazards vulnerability analysis and contingency plans are developed to mitigate these risks. For example, in 2019, the Centers for Medicare & Medicaid Services (CMS) encouraged providers to assess the risk of emerging infectious diseases such as Ebola and the Zika virus and to update core program components in response.

Policies and procedures guide managers and clinicians during an emergency. Include local/state/federal and accreditation requirements when developing policies. Update policies as needed when regulatory requirements change and utilize policies and procedures when creating the plan.

Contingency plans must address all areas of agency operations including clinical, financial and administrative components. Questions to answer as you create your contingency plan include:

- Who is responsible for activating the emergency plan?
- What is the succession plan if the primary and/or secondary person is unavailable?
- Is there immediate access to an active patient list and a list of employees?
- How will staff and patients be tracked during an emergency?
- Are plans in place for a smooth transition to a new space with adequate and appropriate supplies if the office must relocate?

In addition, you should know the number of employees you will need to manage in an emergency or disaster. Include vendors' emergency plans for the continued provision of needed supplies. Know what capabilities your electronic medical record has during an emergency and what contingency plans the vendor has in place; have paper forms available for prolonged power outages. Be aware of patient privacy issues that could arise and the agency's responsibility for maintaining confidentiality. Have plans in place to track employee work hours and meet payroll needs. Know your policy for handling time off during and after an emergency or disaster. Plan to meet the changing needs of patients and staff after an emergency. Know what community resources are available to help.

Patient and caregiver education is also important. Patients should be assigned a disaster or acuity code upon admission.

An emergency plan should continuously evolve. Analysis of the agency response to an emergency or disaster provides insight into what worked, what didn't work, and what needs to be changed.

Patients and caregivers need to be informed of how the agency plans to communicate and to provide services during an emergency or disaster. Ensure that patients and caregivers know how to contact both the agency and emergency services.

An emergency plan should continuously evolve. Analysis of the agency's response to an emergency or disaster provides insight into what worked, what didn't work and what needs to be changed. The emergency plan should be reviewed after every incident and/or exercise and revised if needed. CMS's revised requirements, which became effective in November 2019, require an emergency plan to be reviewed and updated every two years.

89%

of home health agencies say they have a role to play in a natural disaster, according to a 2019 HHR survey

Communicating With Staff & Patients

The communication plan is critical to managing an emergency or disaster situation. More than one person may be needed to manage emergency communications; consider designating one person for internal communications with staff and patients and a different person to be responsible for external communications with media, first responders, volunteers, etc. A resource should be readily available with contact information for all employees, patients and their physicians, community resources, and local/state/regional/federal/tribal emergency management responders.

If your community has predesignated evacuation and/or medical evacuation sites, include their contact information in the communication plan. Also, list contact information for volunteer resources for additional help. Ensure that staff know what alternate means of communication will

WHAT KIND OF CRISIS?

CMS defines emergency and disaster similarly but with significant differences. Each represents "a hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. It requires stepped-up capacity and capability (call-back procedures, mutual aid, etc.)."

An emergency commonly requires change from routine management methods to an incident command process to achieve the expected outcome. In a disaster, despite a stepped-up capacity and capability and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale event.

CMS published emergency preparedness requirements in 2016 for health care facilities with a date of compliance of Nov. 15, 2017. In 2019, these requirements were revised to reduce unnecessary burdens and promote efficiency for health care providers.

be used if landlines and cellphones are not available (for example, hand-held radios, walkie-talkies or word of mouth). All patients should have an individual emergency plan and a specific evacuation plan. Know exactly who is responsible for contacting emergency responders on behalf of patients who require assistance with evacuation, especially any patients who will need continued medical services or equipment.

Training Staff to Respond

CMS revised its training and testing requirements in 2019. All employees must be trained upon hire, and then again every two years. Well-trained employees know their role during an emergency and what contingency plans are in place. They know the communication plan and what their responsibilities are.

Testing must be conducted with at least one exercise annually. Every two years, a community-based—or, if that is unavailable, facility-based—functional exercise must be conducted. In alternate years an additional exercise must be conducted. This can be a community-based exercise, a mock disaster drill, a tabletop exercise or a workshop. Any of these exercises can be replaced if there is an actual emergency that results in the agency activating their emergency plan. All exercises or plan activations must include documented evidence of evaluation of the agency's response and revisions to the emergency plan as required.

Many resources are available to assist agencies in developing emergency plans. The Federal Emergency Management Agency provides emergency management information and training as well as tabletop exercises. The National Association for Home Care & Hospice has an emergency preparedness packet available. The Assistant Secretary for Preparedness and Response Technical Resources, Assistance Center, and Information Exchange website (asprtracie.hhs.gov) is a health care emergency preparedness information

resource provided by the Department of Health and Human Services. Local and state emergency management agencies are also good sources for emergency preparedness information for your specific geographic location. The Ready 2020 Preparedness Calendar is a customizable planning tool that provides activities to help promote preparedness throughout the year. Accreditation agencies also have specific emergency standards and resources to guide accredited agencies.

The worry of "what if" can be changed to confidence and safety for almost any event with the four components of your emergency plan. Though no one can prepare for every possible event, hazard vulnerability analysis and comprehensive emergency planning make functioning during an emergency or a disaster more organized and effective. Preplanning, knowing your resources, identifying the triggers to activate each component of your plan and engaging patients and staff in safety planning prepares you for the worst that might happen. HC

Sharon Fredrichs, BSN, RN, CPHQ. and Stephanie Phillips, BSN, MBA, RN, own S&S Home Care Consulting, LLC. They have presented on emergency preparedness at local, state and national venues. Their services include interim management, start-up assistance, survey prep and recovery, the development and management of quality assurance and performance improvement programs, and leadership mentoring.

Nobody Looks Good in Stripes

What to watch out for when it comes to DME enforcement

By Seth Lundy & Luke Fields

Benjamin Franklin famously wrote in 1789 that "nothing can be said to be certain, except death and taxes." A modern variant of this truism may be that the only certainties are aging and increased fraud and abuse enforcement efforts in the durable medical equipment (DME) industry.

Americans are getting older; in 2018, the number of Americans aged 65 and above was estimated at 52 million, or 16% of the total population. By 2034, that same segment is projected to grow to 77 million—and by 2060, to 95 million—increasing to 23% of the total U.S. population, according to the U.S. Census Bureau.

This growing population, plus nationwide shortages of primary care solutions and skyrocketing costs for hospital care, have opened the door for homecare solutions that are more convenient and can help patients better manage their health at home. As a result, the DME industry continues to expand; by some estimates, it is predicted to reach $3.02 billion by the end of 2025, up from $1.78 billion in 2018, according to an October 2019 report by marketwatch.com.

Although the growth of the DME industry and other homecare solutions may be a welcome development for seniors seeking more convenient care at lower costs—as well as for forward-thinking payers learning how to use homecare solutions to keep patients healthier while reducing health care expenses—there remain industry-wide challenges for suppliers. Federal health care programs, including Medicare and Medicaid, have long been skeptical of the DME industry. The U.S. government seems to see multiple threats from DME suppliers.

First, while DME suppliers are health care providers, they do not typically evaluate or assess patients to determine the medical necessity of the products they furnish. Instead, suppliers must rely on physicians and other third-party care providers to examine patients and order DME. This inherently creates documentation challenges for suppliers who cannot demonstrate medical necessity without reliance on others.

Second, most DME products are low-risk and relatively low-cost items, which can lead physicians to freely prescribe DME because there is little downside to its use. At the same time, because the products carry little risk, are easily obtained, and typically don't require much follow up from the physician, health care providers often do not thoroughly document the basis for their orders in the medical record.

Third, federal programs have been tracking the increasing costs of DME due to a steady increase in overall DME orders for federal beneficiaries.

Finally, the DME market's relative ease of entry allows for smaller, often unsophisticated and/or under-resourced businesses to become suppliers. At best, these suppliers encounter a myriad of billing issues and errors amidst the incredibly complex set of federal rules and regulations governing federal health care programs. At worst, the ease of entry allows for a small number of bad actors to take advantage of the fundamental flaw of federal programs—that auditors are generally able to scrutinize claims submissions only after reimbursements have been made.

The federal government has adopted numerous efforts to fight these perceived threats, such as the Centers for Medicare & Medicaid's (CMS's) implementation of its competitive bidding process, which resulted in a 40% contraction of DME suppliers between 2013 and 2017, according to the Harvard Business Review. But, because the demand for homecare solutions remains high, the DME industry has shown resilience. With continued growth, it should be no surprise that fraud and abuse enforcement also appears to be on the uptick. Following President Trump's October 2019 Executive Order instructing CMS to undertake all appropriate efforts to "detect and prevent fraud, waste and abuse," CMS reported a $1.29 billion decrease in "improper" reimbursements for DME-related claims between fiscal years 2016 and 2019, the result of "a number of corrective actions" taken by the agency.

The Department of Justice (DOJ) has also gotten involved. In April 2019, 24 defendants, including the owners of dozens of DME companies, were indicted on federal health care fraud charges across the United

CMS announced that it had taken adverse administrative action against 130 DME companies that had sumitted more than $1.7 billion in claims.

States. "Operation Brace Yourself" was described by the DOJ as one of the largest health care fraud schemes investigated by the federal government. CMS announced that it had taken adverse administrative action against 130 DME companies that had submitted more than $1.7 billion in claims and had received reimbursements totaling more than $900 million.

More recently, the CEO and owner of a telemedicine company indicted in that investigation pleaded guilty in September 2019 of charges related to his role in the set of DME arrangements. He admitted that he and others "agreed to solicit and receive illegal kickbacks and bribes from patient recruiters, pharmacies, brace suppliers and others in exchange for arranging for doctors to order medically unnecessary orthotic braces for beneficiaries of Medicare and other insurance carriers. The beneficiaries were contacted through an international telemarketing network that lured hundreds of thousands of elderly into a criminal scheme that crossed borders, involving call centers in the Philippines and throughout Latin America," according to the Department of Justice.

The scrutiny DME suppliers face from payers and law enforcement is real. Allegations of fraud can arise from what may appear to be legitimate transactions. While some activities are easy to recognize as illegal—billing for products not furnished, falsifying data or records, using fictitious businesses or uninvolved parties to enroll a business in federal programs—the recent cases suggest that there are a host of less obvious risk areas that warrant evaluation, such as:

- Sales of foreign or substandard products that don't comply with Food and Drug

Administration requirements or CMS coding criteria
- Use of lead generation/referral sources to build new business
- Use of telemedicine services to prescribe products
- Failure to maintain or easily access medical necessity documentation to substantiate patient need
- Collaboration or partnerships with business partners that may be non-compliant
- High sales growth, particularly within a short period of time

Moreover, law enforcement agencies are increasingly using high-stakes enforcement tools to support their allegations of fraud. Beyond the traditional health care fraud statutes like the False Claims Act and the Anti-Kickback Statute, prosecutors are turning to traditional crime-fighting tools such as mail and wire fraud statutes and claims of conspiracy or aiding and abetting to reach DME industry actors. Suppliers are targeted for investigation with a growing arsenal, including:

- Dedicated units of prosecutors including the DOJ Criminal Division's Health Care Fraud Unit and Health Care Fraud Strike Force; the Health Care Fraud Unit reported 151 charges filed against 326 defendants in FY 2018 related to $1.8 billion in federal health care program billings
- Data analytics, or making use of increased government resources and databases to seek potential outliers, including statistical modeling and other tools investigators use to scour Medicare data for high-risk providers and to compare ratios of allowed services with national averages and more
- Growing use of cooperators who are working with the government to reduce their own penalties by identifying other potential wrongdoers
- Wiretapping or audio and video recording

What is an honest supplier to do? Enforcement actions are continuing to increase in the DME space, so from the perspective of payers and law enforcement, it is a question of when a health care organization will be investigated, not if.

Preparing for that likely eventuality invites providers to take several steps:
1. Conduct risk assessments; use expert third-party resources to identify high-risk areas and potential threats to your business. Don't wait for the government to find them first.
2. Update and enhance compliance programs and ensure they operate effectively and are known to and used by applicable personnel.
3. Improve auditing and monitoring, including actively reviewing medical necessity documentation and federal program claims submissions.
4. Increase internal enforcement, including the implementation of prompt corrective measures and the termination of employees and business relationships for noncompliance.
5. Increase diligence on business partners; know whom you are dealing with.
6. Seek legal advice from lawyers who know the industry and its risks; no issue should be too small—the stakes are too high.

Benjamin Franklin saw two certainties coming for the American republic, but likely could not have imagined the success that would follow his and his compatriots' efforts at the time. With some forward thinking and attention to detail, it seems like the sky may be the limit for the DME industry as well. But to achieve true success, companies must be ready to take all necessary steps to protect and defend their compliant businesses. HC

Seth Lundy is deputy chair of the FDA and life sciences practice at teh law firm of King & Spalding. He is widely recognized as a leading national authority on compliance with federal and state fraud and abuse laws.

Luke Fields is a senior associate in the special matters practice at King & Spalding. He advises clients on health care criminal and civil investigations, including the False Claims Act and Anti-Kickback Statute.

When Granny Wants a Dab

3 risk categories for providers whose patients use cannabis

By Richard Cheng & Barrett T. Robin

A green wave has washed over much of the United States, with the majority of state legislatures passing laws that permit the use of some form of cannabis for medical purposes.

Marijuana is the most widely used prohibited substance in the United States—according to a Gallup poll, at least a third of the American population has experimented with it at some point. After decades of stigma and scrutiny, public opinion about cannabis usage has shifted drastically during the past decade, so much so that a significant majority of Americans now support the legalization of marijuana, according to a Pew survey published in November 2019.

Given the shifting public perception and legislation on cannabis usage, health care providers are increasingly likely to interact with patients already using some form of cannabis or interested in trying it. At some point, nurses, therapists and other workers in home health care will likely encounter a patient seeking assistance administering cannabis products. Without due care and consideration, providers may find themselves in sticky situations when faced with such patients.

Legal Uncertainty

Marijuana is still illegal at the federal level—it remains a Schedule I controlled substance under the Controlled Substances Act (CSA). But enforcement has been inconsistent due to evolving state laws, public policies, opinions issued by the United States Attorney General's office and other federal mandates, such as the Rohrabacher-Farr Amendment, which yields some protections for medical cannabis.

An Obama-era directive from the Department of Justice (DOJ) called the Cole Memorandum mandated federal law enforcement officials should defer to state authorities, in essence taking a hands-off approach to marijuana-related enforcement. But Trump-appointed former Attorney General Jeff Sessions revoked the Cole Memorandum, directing "all U.S. Attorneys to use previously established prosecutorial

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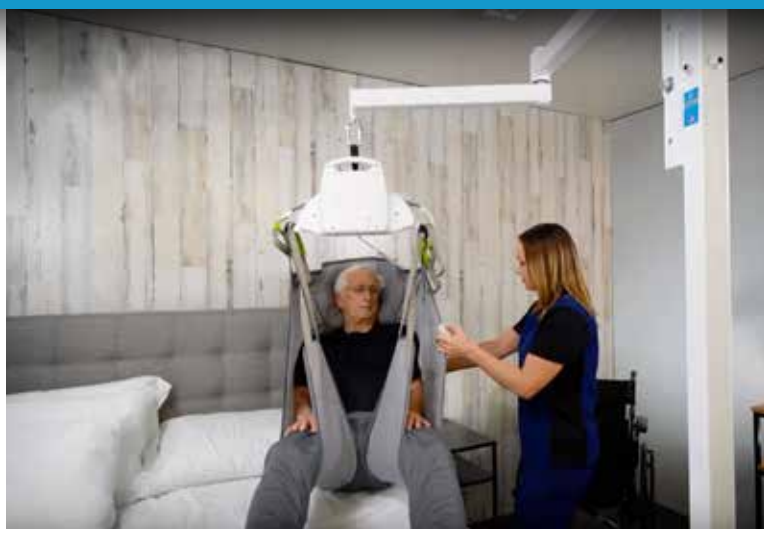

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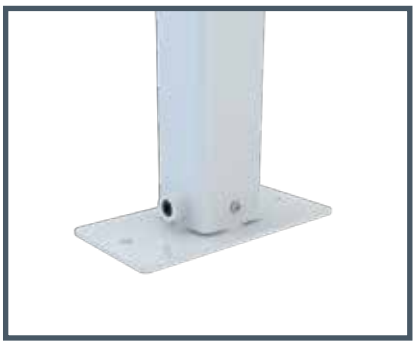
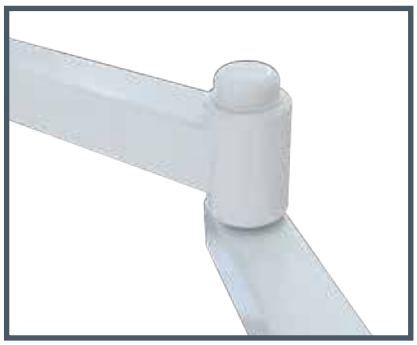
- *LOW IMPACT TO THE HOME*
- *FEW ATTACHMENT POINTS*



- *ARTICULATING ARM*
- *360-DEGREE ROTATION*



- *ADJUSTABLE ARM HEIGHT*
- *FITS THROUGH DOORWAYS*

principles." In fact, Sessions called the prior guidance "unnecessary" and indicated in a 2018 memorandum that federal prosecutors will "weigh all relevant considerations, including federal law enforcement priorities set by the Attorney General, the seriousness of the crime, the deterrent effect of criminal prosecution, and the cumulative impact of particular crimes on the community."

Cannabis legislation varies widely from state to state. A full discussion of the distinctions is beyond the scope of this article, but one example demonstrates the stark contrast. Colorado fully legalized marijuana for medical and recreational use, but in neighboring Wyoming, cannabis remains illegal. (Wyoming does permit hemp-derived CBD products.) Conflicts between state and federal law have not been settled through the judicial system. Multiple cases were litigated to do so, but the results differed by jurisdiction.

Various resources exist to track and catalogue state laws on medical marijuana. For example, the Federation of State Medical Boards recently published a state law survey, as well as a state-by-state survey of medical marijuana-related continuing medical education requirements. Providers can also consult with legal counsel for advice on compliance with state and federal laws pertaining to medical cannabis.

Risks Providers Might Face

Home health providers face a wide variety of risks when dealing with patients who are already using cannabis or who want to begin using it, but they generally fall into one of three categories.

1 Ethical & Regulatory Risks

Ethical risk likely materializes with licensed providers who are bound by a code of ethics. For example, Guiding Principle III of the American Medical Association's Code of Ethics mandates that "a physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of patients." Similarly, the American Nursing Association's Code of Ethics requires nurses to "take appropriate action in all instances of incompetent, unethical, illegal, or impaired practice or actions that place the rights or best interest of the patient in jeopardy."

Both codes embrace and encourage the reporting of unethical conduct. More importantly, health care professionals must read between the lines when dealing with terms like "appropriate action," "a responsibility" and "best interests of patients." These terms are broad in nature and assume different obligations, depending on your state and profession. Seek direct guidance from the applicable licensing board on a case-by-case basis and convey the concerns about patient requests and how cannabis is being used. It is also critical to create a paper trail of any guidance provided by the licensing board, any notices provided to the licensing board and supporting documentation. By "papering up," the provider has evidence to show they are exercising sound judgment and discretion.

A strict interpretation of these codes of ethics would suggest that any provision of health care services involving cannabis is contrary to the ethical values that govern the professions because it remains illegal under federal law. But because of varying state laws, there are health care professionals across the country prescribing, recommending, administering or otherwise facilitating medical cannabis usage. While it is critical to understand the federal illegality of medical cannabis and how facilitating usage could impact certifications (e.g., Medicare certification, Drug Enforcement Agency registration, etc.), much of the analysis is done on a case-by-case basis and depends on state and local laws.

Codes of ethics also embody the idea that providers should do no harm and should provide quality care. The U.S. Food and Drug Administration (FDA) has not approved the marketing of cannabis for the treatment of any disease or condition. It has, however, approved one CBD-containing prescription drug for treating rare, severe forms of epilepsy. The FDA reprimanded 15 companies in late 2019 for selling products containing CBD in ways that violate federal law. Nevertheless, there have been peer-reviewed studies touting the benefits of various forms of cannabis as a treatment for several conditions including cancer, AIDS, bipolar disorder and rheumatoid arthritis.

Providers would be well-served to consult their applicable licensing board and other state organizations for guidance regarding cannabis treatments and their legal duties. Given the potential ethical violations that could occur from recommending, administering or facilitating cannabis use, deviating from locally acceptable practices may increase the risk of reprimand, suspension or even revocation of their license to practice.

2 Financial Risks

To ensure continuity of quality care, providers must be compensated for their services—and they should carefully consider any course of conduct or treatment that may put their compensation at risk. Accordingly, a careful review of providers' contracts with hospitals, insurance companies and Medicare is essential. Currently, Medicare does not reimburse for medical treatment with marijuana because of its status under the CSA. However, products such as Marinol and Syndros, which contain a synthetic form of cannabis, are covered items under some Medicare Part C and Part D plans.

Certain carve-outs or exclusions may exist in contracts that preclude the

Create a paper trail of any guidance provided by the licensing board, any notices provided to the licening board and supporting documentation.

possibility of reimbursement for services involving cannabis in its various forms. Such provisions might be triggered upon the recommendation of cannabis usage or upon actual assistance to a patient in administering treatment involving cannabis. Providers should carefully review their contracts and, if uncertain, should not hesitate to consult with legal counsel to fully understand such contracts and the potential implications from providing services that involve cannabis in its various forms.

3 Criminal Risks

Given marijuana's illegality at the federal level and the variance of state legislative and regulatory frameworks, the provision of treatment involving cannabis could expose providers to criminal liability. For example, a physician who prescribes cannabis to a patient or a nurse who assists a patient in consuming cannabis—even if in compliance with applicable state law—could be prosecuted at the federal level for aiding and abetting a violation of the CSA. Therefore, an examination of current federal enforcement priority, capacity and even budget appropriation for such prosecutions is warranted.

In an important 2016 appellate decision, the U.S. Court of Appeals for the 9th Circuit ruled that the DOJ could not use its funding to prosecute physicians and patients if their actions comply with state medical cannabis statutes. That ruling relied on a 2014 federal appropriations law that prevented the DOJ from interfering with state implementation of marijuana laws. The amendment passed again in the latest appropriations bill and is effective through Sept. 20, 2020. However, it remains unclear how current DOJ policy squares with its effect—all the more reason for providers to exercise caution when dealing with cannabis.

Seek Counsel

Given the state-by-state variance in cannabis legislation, and the seemingly inconsistent approach to enforcement of federal law that still prohibits cannabis, home health providers should take steps to educate themselves, including referring to relevant professional associations in their jurisdiction and consulting with experienced legal counsel. Cannabis will likely continue to play an increasing role in health care, and providers will benefit from continued education on this important topic. HC

Richard Cheng is a health care regulatory and corporate partner with the global law firm DLA Piper, with a focus on representing investors and health care providers in regulatory matters, health care transactions and administrative law issues.

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Don't Let People Become a Problem

Expert advice on avoiding human resources issues

By Hannah Wolfson

Companies are nothing without their staff members, but employees are also one of the biggest sources of risk and worry for homecare providers. From hiring and firing to making sure you're protecting worker safety, there's a lot to stay abreast of—especially in a highly regulated, fast-changing industry. HomeCare talked with Anne-Lise Gere, SPHR, who runs Gere Consulting Associates LLC and works frequently with home health agencies on HR matters. Homecare providers consult with her on caregiver recruitment and retention to achieve sustained results. She also works with clients on a retainer basis to provide ongoing HR support.

HOMECARE: What are some HR-related issues home health agencies (HHAs) should be making sure they're paying attention to?

ANNE-LISE GERE: Perhaps the biggest HR-related issue is that they can't get enough caregivers and they can't seem to keep caregivers—so that's recruiting and retention. But let's also talk about compliance, specifically Fair Labor Standards Act compliance around the wage and hour rule. If you're a multi-state employer, the picture is becoming a total patchwork of rules and regulations. It has always been that to some degree but it's becoming even more so. For example: Some states mandate paid medical leave, and others don't. Then there are the ban-the-box efforts (to remove questions on job applications about criminal history), which vary across the country. And there are the regulations and complications brought up by marijuana, which is a topic of a lot of anxiety because employers don't want to be caught flat-footed but they're also concerned for their business.

HOMECARE: How might employers, especially in homecare, be affected by marijuana use?

GERE: Some marijuana users take longer to eliminate the presence of the substance than others, and the fact that it is present in the bloodstream to register on a drug test may not mean you are using it on the job. The most challenging environment is in states where medical marijuana is allowed. If you're interviewing a prospective caregiver and after a drug screening you find the presence of marijuana or cannabinoids in their test results—I've heard this from my clients—very often the candidate has a prescription from a doctor to alleviate a medical condition. Discrimination in recruitment against candidates with medical conditions might be protected by the Americans With Disabilities Act.

HOMECARE: How can agency owners make sure their employees aren't posing a liability when they're out working with clients in their homes?

GERE: At the end of the day, it's very much about keeping in touch and having eyes and ears on the ground. That means periodic training, but also field visits from the nurse or care coordinator. The agencies that have the best people measures—high retention and are considered an employer of choice—have someone who every month is going to be out there and have a personal touchpoint with the caregiver. These touchpoints are not about control so much as they are about creating a relationship and trying to boost their caregivers' skills... This is also important in terms of retention. Caregivers know when they are out of their depth and instead of asking for help, they'll just quit a job and find another one within three days

HOMECARE: Do you have any stories of the worst examples you've seen of agencies being caught by surprise?

GERE: Only once: An agency owner discovering in 2018 that he had to pay overtime to his caregivers when the law changed in 2014! Most of my clients are good business owners who want to be the best, so I don't see many of the most egregious cases. Often they need an attorney more than HR consultant.

HOMECARE: Should agencies consider outsourcing their human resources functions to make sure they're not missing something?

Your core business is really HR, and you cannot outsource your core business.

GERE: I am not a big proponent of outsourcing HR in homecare, which relies so heavily on good people and people practices to be successful. In homecare, HR is a competitive advantage. Most agencies need expert support so they can to learn to do it in-house. Your workforce is basically your business advantage—it's what sets you apart from another agency down the road. Your core business is really HR, and you cannot outsource your core business.

But what I would say is that I think you can always use help and advice, especially if your administrator is not an HR professional. This is how I work with my clients. They'll reach out to me with questions, they want to create a new orientation program, to conduct salary surveys or update employee handbooks. If it's something with clear deliverables, that's okay to ask somebody to do it for you.

HOMECARE: We all know that turnover and recruiting are enormous burdens for home health agencies these days. Can you think of one or two key things they can look at to prevent them from being a problem for their business?

GERE: This is a vast subject! But I think it's like everything in business: If you want to see change in something, you need to start measuring it and tracking it and probably put somebody in charge of it. For example, with recruitment, agencies need to track their performance: How many applications are we receiving, how many interviews are we doing? How many people accept an interview and don't show? How many offers do we make, and how many of those people actually start their first shift? There are many ways to track recruitment and if you have the numbers, then you can dig in and see where the issues are.

HOMECARE: What about keeping the employees you have?

GERE: That's the $64,000 question. In essence, you want to recruit the right people. Because if you recruit people who don't have the heart to be a caregiver, if they don't have the proper disposition, if they're just in it for the money, in general they don't stay in the profession. Those people who stay know they're doing important work and making a difference in the lives of their clients. They feel appreciated by their agency. That's all the fuzzy stuff, but you also want to make sure that you are paying them a living wage—which is tricky depending on where you are—and also that you provide enough hours. I always tell my clients: Try to maximize the workforce that you already have. A lot of caregivers don't work a full-time schedule. Is that because they don't want to or because no one has bothered to ask if they want to work more? ... By not giving your employees the hours that they want to work, you are actually planting the seeds to lose them later. The best agencies are the ones who get away from the chaos and say we're going to schedule you for 40 hours a week, and we're going to give you two or three cases.

If you have additional questions for Gere, visit gereconsulting.com or contact her at annelise@gereconsulting.com. HC

Hannah Wolfson is editor of HomeCare magazine.

Protect Yourself From Risk

3 big insurance factors agencies should face head-on

By Tracey Forde

When it comes to making sure your company is adequately insured, there are many factors to weigh and risks to assess. Here are three main topics home health providers should keep in mind.

1 Nursing Shortage & Staff Turnover

The impact of the nursing shortage has reared its ugly head in a major way.

Statistics show that employment is rapidly growing for home health aides, but it remains a low-wage paying job, with an average hourly rate nationwide of $11.17, according to @Work. Hence, there is a revolving door as aides seek other employment with better wages, benefits and opportunities for advancement.

While staff turnover is a source of worry for home health agencies, it is also a key area of concern for insurance carriers. It dramatically affects the bottom line of the agency relative to liability insurance premiums. High staff turnover can be indicative of:

- Inadequate training and onboarding processes
- Poor patient care and support
- Insufficient documentation of patient records and plans of care
- An increased propensity for errors
- Patient and/or family complaints
- Frequent incident reports
- Staff and/or patient injuries
- The use of untrained and/or unqualified staff to perform the duties of the nurse and or home health aide
- An inability to grow business and secure new clients
- An overwhelming workload
- Poor morale
- Weak recruitment and retention strategies

As a result, an agency exposes itself to potential general liability, professional liability, workers' compensation and other insurance claims. Therefore, the cost of the agency's insurance program increases because operations and risk management processes and procedures are subpar.

2 Securing Liability Insurance

Securing liability insurance coverage will require more time, patience and financial investment in 2020 than it has in the past. In recent years, insurance providers have implemented more stringent underwriting requirements and standards to ensure a higher level of profitability. They are also making a proactive effort to be more selective about the risks they take, what lines of coverage they will provide and where they will offer their product. Additionally, carriers across the board have increased their rates by as much as 20%; some have withdrawn from the health care market altogether and others have eliminated certain lines of coverage due to the gravity and frequency of losses.

All is not lost, however, when it comes to securing the best insurance premium for home health care agencies. Below are a few tips that will aid in the process:

a. Provide all requested information on applications and supplemental forms. Incomplete applications and forms require back-and-forth communication, which wastes time, creates confusion and causes frustration.
b. If something does not apply to your company on an application form, don't leave it blank. Instead, write "Not Applicable" or "N/A" in the space. This ensures that the underwriter will not have to reach out to the agent or broker to gather this information, extending the underwriting process.
c. Include a thorough narrative about your agency and its operations, including the types of services you provide and how. Additionally, include the company's website address, social media accounts and readily available marketing and

77%

of all data breaches in 2019 were caused by health care providers

Only 20% of those businesses affected by a cyberattack or data breach have the finances necessary to recover.

advertising samples. Any information you provide helps the underwriter get a better understanding of your operations so that it is rated properly.

d. Submit complete loss runs for the last five years, at a minimum. If the business is new, provide a copy of the owner's curriculum vitae.
e. Mitigate potential claims by implementing and practicing first-rate risk management to remain claims-free. If your agency has prior claims, include a short narrative about them, including who was involved, what happened, when and where it happened, how it was resolved and whether the employee or independent contractor involved is still with the agency.
f. Be patient. Commercial underwriting for the home health care industry typically takes three to seven business days. Providing insufficient information or incomplete applications, forms and supplementals will increase the amount of time needed to properly underwrite your submission.

3 Securing Patient Data

Also on the minds of most home health care agency owners and managers is the possibility of a cyberattack or data breach—and rightfully so. Chubb, a global provider of commercial and personal property insurance, reported that 38% of the cyber claims it received a decade ago were from the health care industry. Moreover, according to the HIPAA Journal, from January to May 2019, more than 6.2 million medical records in the United States were exposed and 77% of all data breaches in 2019 were caused by health care providers. The top three causes of these attacks and breaches were human error, hackers and privilege misuse or abuse, according to the security firm Radware.

The massive amount of information that home health care agencies obtain, store and transmit for patients and vendors is growing daily, especially with the implementation of electronic visit verification. This essentially makes agencies sitting ducks for hackers and other cyber criminals attempting to sell or hold protected health information hostage in exchange for a ransom.

Forty-three percent of small- to medium-sized business are prone to being attacked, Verizon estimates—and only 20% of those businesses affected by a cyberattack or data breach have the finances necessary to recover. On average, the cost to recover from a cyberattack is about $1.5 million, which includes legal costs, regulatory fines and penalties, notification expenses, credit monitoring, the ransom, business interruption, crisis management/public relations, data forensics, data recovery, lawsuit awards and more.

Those businesses that recover typically have a cyber liability policy included in their insurance program. Many think that their general liability policy would pay out for cyber-related risks, but that is not necessarily the case. These types of risks are typically excluded and if there is coverage, it is often inadequate.

We've all heard the saying, "If you fail to plan, you plan to fail." This is so true when it comes to your agency's insurance program. Know the risks your agency has and put the necessary plans in place. Review these three areas to get a better understanding of your agency's potential risks. Doing more on the front end will ultimately save you money on the back end when it comes to your insurance investment. HC

Tracey Forde is the principal of Asset and Reputation Protection, a full-service independent insurance agency specializing in insurance for allied health care organizations and businesses. She has more than three decades of experience in commercial lines of insurance. Visit assetrepprotect.com.

Relieving Pain With CBD

Opportunities for HME dealers with an opioid alternative

By Melanie Schoenberg

You have probably heard about cannabidiol (CBD) as the latest pain relief alternative due to its natural properties and potential for providing relief for symptoms of several health conditions. This solution can offer pain relief for joint or muscle discomfort with fewer severe side effects than pharmaceutical drugs, though it is not without risk. CBD advocates say the products can feature anti-inflammatory properties, promote bone growth, support joint and muscle health, suppress muscle spasms, and offer neuroprotective qualities. In addition, researchers believe CBD may help prevent sleep disturbances.

Cannabidiol belongs to a larger family of compounds known cannabinoids, which are found in hemp or cannabis. Most CBD products are extracted from hemp, but they are sometimes based on cannabis, a plant in the hemp family. Cannabis contains a larger amount of tetrahydrocannabinol (THC), a psychoactive component that is illegal in numerous states in the United States. Cannabidiol on the other hand, is nonpsychoactive and legal in all 50 states. The 2018 Farm Bill removed hemp from the Schedule I controlled substances list, paving the way for studies to be conducted on the benefits of CBD. Keep in mind that each state has a different degree of restrictions on the usage, distribution and manufacturing of hemp-derived CBD.

CBD has shown promising results as a solution to pain relief regardless of the application method, i.e., sublingual or topical. This is because when multiple hemp compounds such as CBD enter the body, each offers a distinct benefit while enhancing the effects of other compounds present to nurture the endocannabinoid system. This phenomenon is referred to as the "entourage effect" and maximizes CBD's therapeutic effects. However, it takes time to get the full benefits of the compound. Consumers must build up CBD in their system to feel the complete effect, which typically takes one to two weeks of continuous use, depending on the dosage and individual.

CBD has shown promising results as a solution to pain relief regardless of the application method.

Understanding Retail Opportunities

There are many options for pain management that do not involve opioid pain killers. Home medical equipment (HME) providers can carry many of these as retail items, from transcutaneous electrical nerve stimulation units to compression garments to hot and cold packs. The addition of CBD products may also serve retail customers, but additional research is needed before HME companies carry these products.

CBD companies are taking advantage of mass media marketing techniques, which may lead a consumer to enter your store seeking advice on CBD products. CBD comes in different forms and concentrations—from topical creams to sublingual drops to gummy chews. Talk to brand experts and ask for the educational materials on the CBD brands you are considering carrying in your

store. Let them know the symptoms you come across most often in your clients and they will lead you toward a product that should work for your customers.

It is important to be knowledgable about the CBD products you are choosing to sell. You don't want to choose a product that is low-quality or harmful to the body. There are several important factors to look for in a quality CBD product:

- **Is the product organic?** All CBD products should be organic and exclude any pesticides or solvents; if you purchase a conventionally grown CBD product, you are risking the product containing little to no cannabidiol.
- **Does the CBD manufacturer you are buying from have a Certificate of Analysis (COA) for every product sold?** Manufacturers who follow industry protocols for COAs ensure that their customers are receiving products that have been tested for safety, potency and quality and exclude any pesticides or harmful chemicals.
- **Are you basing your decision on final price?** Typically for CBD products, the higher the price, the higher the value and concentration of the final product. The best extraction methods require extra labor, which means more money goes into production. A good wholesale deal can bring costs down for you and your customers and ensure that you carry a potent and high-quality product.

The more you learn about a brand and the products it offers, the more comfortable you will feel recommending a CBD product to customers with chronic pain. Don't invest in just any CBD product; some claim to have high levels of cannabidiol, but end up containing less than advertised. It is essential to research the manufacturer behind the products and find a connection with the company's values and objectives. After learning sufficient information, you will feel at ease in determining what cannabidiol products to retail to your clients. Selling CBD products can bring high profits and positive reviews to your business; it all depends on the ingredients and quality of the product.

There are great opportunities opening up for the health care industry when it comes to the use of CBD in managing pain or discomfort in a variety of health conditions. The hemp plant is beginning to be acknowledged as one of the most useful on earth. HME dealers are well-served to grow their retail lines through research and partnering with reputable CBD companies. When a chronic pain patient walks through your doors seeking relief, you will be ready with a new option. HC

Melanie Schoenberg is an account manager and copywriter for Oliver's Harvest, a wellness company that specializes in natural products, including CBD.

Keeping Customers Rolling

Servicing mobility devices is good business

By Kristin Easterling

What happens when a wheelchair motor breaks or a wheel wears out? HomeCare sat down with Neill Rowland, senior vice president of service and field operations for Numotion, a nationwide provider of mobility products and services, to discuss why regular service for mobility equipment matters to keep customers going about their daily lives.

HOMECARE: What are common problems users encounter with mobility equipment?

NEILL ROWLAND: When you're looking at power equipment, you have batteries and motors that wear out. With manual equipment, it's bearings, wheels and pads. For complex rehab items, you have power-seat lifts that wear out. Anything on a mobility device that breaks can make it more difficult for a user to perform their activities of daily living and needs to be serviced and repaired quickly.

HOMECARE: How can providing service extend dealers' mobility line?

ROWLAND: When you tie mobility to service, it becomes an extension to our customers. Servicing the device builds a life-long relationship with that customer. That relationship is the ability to keep them mobile; it keeps them coming back to your store and retains the relationship you started when they first came in to make a purchase.

HOMECARE: What should a dealer look for in a service technician?

ROWLAND: Obviously technical skills are important, but you can train technical skills. At Numotion, we look for someone with strength of character and a high focus on the customer experience. We want someone who can focus on the customer and their needs first, before worrying about the device in front of them.

HOMECARE: How can remote servicing options help users get back on track faster? Is that something you use?

ROWLAND: Remote servicing is a fantastic tool to get a faster response and resolution to a customer's problem. Usually, they don't need a field technition to come to their house. A remote response can help resolve an issue about 10% of the time, or we can order parts remotely 60% of the time. It's also an initial touchpoint if we can't solve the problem remotely. Numotion made contact with over 70,000 customers nationwide last year through our remote service option.

Numotion also offer after-hours assistance via remote service. If a device goes down on Saturdays or after hours on weekdays, customers can call in to our branches for remote servicing.

HOMECARE: How can dealers help customers maintain a normal life while their mobility devices are being serviced?

ROWLAND: Dropping off their device at a dealer location is just one solution if we can't resolve the issue remotely. There is a much higher rate of completing the repair successfully on-site—usually while they wait—but if a dealer can't repair the device on-site, allow the user to rent a comparable device to their primary mobility device while that repair is being done and parts are on order.

HOMECARE: Why is regular mobility device maintenance important and how can dealers educate users on that need?

ROWLAND: Education is extremely important. It helps users maintain mobility and function. Providers need to educate users on their need for regular maintenance. It also helps providers form partnerships with manufacturing partners. They have tools that can help us track the life of the machine so they can better inform customers of needed maintenance and repair schedules. HC

Kristin Easterling is managing editor of HomeCare magazine.

Can Technology Bridge the Caregiving Gap?

Novel approaches offer a shift to independence

By Derek Ross

When something is personal, it can be hard to see the bigger picture beyond the immediate personal or intimate challenges. It's never easy to place a deeply personal issue within a broader context of macrotrends or demographic and generational shifts around us.

Aging—and especially ensuring quality of life in later years—is an example. We can't extract ourselves from the simple fact that we will all grow old.

And yet, the experience of aging is changing, and three things are coming sharply into focus: the global impact of an aging population and a shifting societal approach to the aging community; changing demands in care for the elderly; and technology's role in enabling an empowered and dignified later life. Looking at these shifts through a technological lens and with a collaborative mindset, we can see the bigger picture of how some societies are approaching getting older—and adapting as a result.

Shifts in Growing Old

It's important to recognize that the demographics of "the aged" are changing. The average global life expectancy has risen steadily, and there's a change in the social conditions and disease types that contribute to the death rate. The details aren't critical here; what we know is that these changes are impacting how older people experience their lives. People are growing older, but with different health issues—all of which need to be managed.

Another point to look at is the increasingly important role of informal care—that is, care that is provided in a nonprofessional capacity—in how society looks after those in the later years of their lives. Informal care is largely provided by those already aged 50 and older, many of whom will need care themselves in the near future. This "squeezed generation" is becoming a significant issue.

Increasingly, we will see government and health services picking up the responsibility unless alternative options are put in place. In the United Kingdom, figures show informal care is valued at about $77 billion; in the United States, it sits at $470 billion per year, according to 2013 data. These figures demonstrate the incredible scale of informal care. To allay this pressure, we need to consider technology and collaboration as well as a collective change in how we approach aging.

A Grown-Up Approach

In the area of connected health care, technology is finally catching up to a need that has existed for generations, enabling health care to be delivered seamlessly and holistically across multiple settings.

One example of this is remote patient monitoring (RPM). Three key factors are contributing to the expanded use of remote monitoring technology for elder care from a distance—allowing seniors to age where they choose, for their vital signs to be shared with health practitioners via connected devices, and for families and informal carers to feel some relief from daily care. These are:

- the reduction in price (and size) of smart health tech hardware, such as smartphones and wearable health metric trackers;
- the breadth of connectivity, soon to become even more ubiquitous thanks to the race to fifth-generation technology (or

> **I don't mean to suggest that the aging population should be forced to fit around technology and the lifestyle changes that it inevitably introduces. Rather, technology should be designed so that the changes will work for the user.**

5G) in global telecommunications; and
- advances in the ability of artificial intelligence and data analytics to identify patterns and insights for the individual and for wider population groups.

I don't mean to suggest that the aging population should be forced to fit around technology and the lifestyle changes that it inevitably introduces. Rather, technology should be designed so that the changes will work for the user.

Positively, technology is no longer an innovation being imposed onto an aging population. As we've seen from the "silver surfers," older generations are eager to adopt and use new advances in devices. In the United Kingdom, a quarter of people 75 and older use tablets and four in 10 use social media regularly, according to the country's telecommunications regulatory body.

Greater Independence

Technologies like remote monitoring and telehealth make it easier for medical professionals to do patient checkups via video call, to monitor for movement or falls via motion sensors, and to assist those with conditions such as dementia via reminders and prompts—all of which can help the aging navigate their lives with a greater degree of independence than ever before.

The capabilities of technology such as RPM mark a shift from dependence on caregivers. While it won't be possible for everyone, where it is an option, this practical concept will offer greater independence and quality of life to an aging population. This is especially important for those who give and receive spousal or family care—relieving immense pressure that care obligations for aging family members can create and helping return some normality to the household.

Artificial intelligence-based, internet-enabled monitors, sensors and other technologies can share real-time, actionable health data with clinicians remotely so they can stage interventions sooner and save time for quality human interaction when needed. The insights from this data can then be shared across health networks, enabling better public health policy setting and resource allocation.

AARP reports that nearly 90% of people over age 65 want to stay in their homes for as long as possible. These tech-based services are helping families, caregivers, doctors and specialists better monitor elderly patients from afar in a personalized and noninvasive way, so they can remain independent for longer.

If businesses, governments and health care providers are to harness the passion of communities to care for and enhance the lives of the elderly, then there is a clear role

that technology needs to play. The integration of technology, multiple stakeholder groups and government gives the elderly a platform to be heard and helps effectively manage the risks and costs of elderly care to maintain population health.

A Collaborative Approach

Looking ahead, the greater use of technology to connect the elderly with practitioners and loved ones, better collaboration among all stakeholders engaged in elderly care, and consideration for the new demands of the aging community themselves can help us move away from pigeonholing the elderly as a burden on society, while delivering more efficient care. Many countries are already making huge strides in these areas, such as Canada, Japan and Singapore.

While aging continues to be a deeply personal topic, its implications are of the highest magnitude to the whole of society across the world. I cannot think of a more powerful reason for businesses, communities and governments to come together to ensure aging populations are cared for. HC

Derek Ross is the business leader for Philips Population Health Management.

Embracing Opportunity in Medicare Advantage

6 ways to reap the rewards of change that's on the way

By Ashish V. Shah

Medicare Advantage (MA) is on track to become a major payer for nonmedical home-based benefits. Homecare providers need to figure out how to get on board.

During the past two years, the Centers for Medicare & Medicaid Services (CMS) has expanded the types of benefits that MA plans can offer to include things like rides to appointments, aides to help with daily activities, meal delivery and other services to help seniors lead healthier, more independent lives.

This is a big new opportunity for homecare providers to participate in MA, which served a record 36% of all Medicare beneficiaries in 2019, according to CMS. As we continue to see supplemental offerings and member usage grow, we'll also see more independent insurance providers jump in.

The payer industry is acknowledging what homecare providers have long known: It is possible to reduce costs and improve the quality of care by offering wraparound nonmedical benefits such as transportation, nutrition services and in-home support.

Proving Value

CMS rule changes indicate that the agency sees the value of bringing homecare into the MA fold. MA plans are using new benefits to market their services to drive enrollment. But work still needs to be done to use data to prove that supplemental benefits lead to better outcomes—and that the total cost of care stays flat or drops.

The key to scaling these programs will be the ability to unlock data that indicates that providers can proactively keep people safe and well-cared for in their homes and communities and take care of people away from emergency rooms and hospital visits. Here are six ways for homecare providers to get in the MA game:

1 Build relationships.
Be bold in your outreach to MA plans. These are early days, so don't assume that your competitors have outreach figured out. I don't think health plans understand the homecare industry well, but I believe they're open to working with both large and small organization that are willing to be partners and share data.

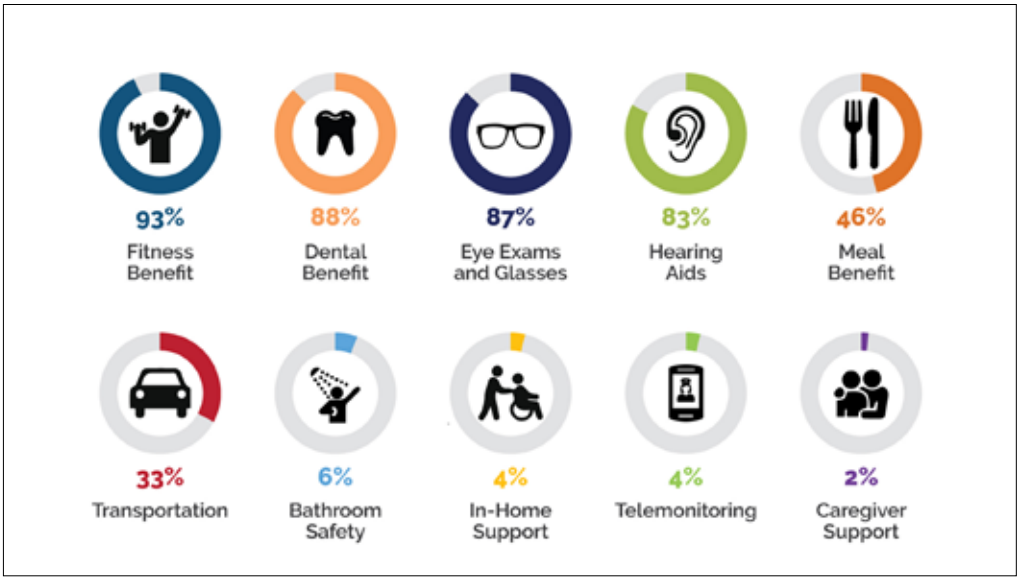
Identify the person within the health plan who is responsible for preferred provider networks or provider contracting. Create standard outreach that outlines what you do, how long you've been doing it, staff capacity and your patient outcomes and satisfaction.

2 Compete with data.
Everyone has a story to tell, but you need data to bring your story to life. Start tracking your client base along the lines of living arrangements, safety, how well they understand a care plan and their independence related to daily activities. Even if it's not perfect, you can frame your data into a narrative to help you stand out in a crowded market and demonstrate how you can create value.

3 Emphasize your values.
Some bad actors have cast dark clouds over homecare, so there's an opportunity to differentiate yourself with your values.

4 Ask for feedback.
After you share your story, ask for feedback. Use this information as an opportunity to learn more about what insurers are doing and how they may be thinking about the market. Partnerships may be slow to develop, but don't be disheartened and disappear. This is a growing market opportunity and you want to be there when it scales up.

> **Be bold in your outreach to MA plans. These are early days, so don't assume that your competitors have outreach figured out.**



Most MA plans provide for fitness, dental care, vision, hearing and other benefits, but few include homecare.
Source: Kaiser Family Foundation

5 Become a trusted resource.
When you have a better understanding of your patients and the direction of the market, you can become a trusted resource and you can drive satisfaction, provide proactive services, and help patients avoid unnecessary hospital and ER visits. You're also preparing your organization to compete for business with the use of data versus just being dictated to by hospitals or by insurance companies.

6 Don't opt out.
Don't say no to patient referrals because they may not have the same financial lifetime value as other types of cases. You want to be in the game, even if those patients aren't producing a ton of hard value for your organization right out of the gate.

If you start to get selective, you may find yourself being left behind. If you believe that participating isn't worth it, you're pushing off learning and building relationships—you're essentially opting out. And if you opt out, you're handing an opportunity to someone else. One day you will be trying to fight your way in. You'll have missed the chance to position your brand.

Partner to Ignite Growth

MA plans are entrepreneurial and still figuring out how to differentiate and acquire new members as this market takes shape. Today, members shop using Medicare's star rating system. Any partner that can help drive a better experience and outcomes—and boost star ratings in the process—will have a seat at the table.

Don't worry about losing opportunities to other homecare providers. No one provider has the scale to entirely execute for an MA plan. They are going to need a network.

To really ignite this, health plans will need to invest capital in setup and other startup costs, as most homecare providers run lean with high staff turnover. Focus on pitching your services in a way that resonates and aligns with the need for investment capital to deliver the results.

Boots on the Ground

The good news is that homecare providers can play a key role in improving member satisfaction. Health plans are interested in partnering with homecare companies that can provide boots on the ground and become an extension of the organization. They need people to explain benefits, close gaps in care, perform other types of value-added assessments to manage costs and quality, and even coordinate social determinant services. Backed by an initial boost of capital, these partnerships can be a win-win for everyone involved, including patients.

Finally, don't be surprised if you can't immediately execute at scale. Instead, go in with your eyes wide open and be willing to put some money forward to get partnerships rolling. HC

Ashish V. Shah is CEO of Dina (formerly Prepared Health), a digital platform designed to improve care coordination for senior adults. Shah is passionate about empowering home and family caregivers with the tools they need to help seniors age in place. Find more information at dinacare.com.

M&A ACTIVITY

How Will PDGM Affect M&A?

The payment model's effects on industry moves

By Jim Moskal

When the Centers for Medicare & Medicaid Services (CMS) finalized the Patient Driven Groupings Model (PDGM) in October 2018, the move was considered the biggest home health reimbursement overhaul in two decades. Designed to remove incentives to over-provide therapy services by weighting clinical characteristics (along with other patient information), the model also halves the traditional 60-day episode unit of payment to 30 days.

This change means agencies must plan, deliver, document and bill for care twice as often. Another concern with the payment model focuses on its controversial behavioral adjustments—that is, rate reductions designed to offset the anticipated possibility that home health agencies may alter their practices to maximize payment under PDGM. Initially, CMS proposed a behavioral adjustment that reduced payments by 6.42%; it was raised to 8.01%, then later reduced to 4.36% and finalized there.

Historically, the average impact of behavioral adjustments in any single year has been in the 2% to 3% range, rather than the maximum 8.01% baseline adjustment urged by CMS for PDGM. Providers argued that the baseline was unrealistic and potentially apocalyptic for small to mid-sized agencies.

Since the plan's announcement in late 2018, experts have sounded the drum of dire scenarios, ranging from those industry-wide rate cuts to estimates suggesting that up to 30% of home health agencies could go out of business.

Unsurprisingly, merger and acquisition (M&A) activity slowed down in the second half of 2019 as providers—and acquirers—waited for the new reimbursement model to go into effect Jan. 1 of this year. Deal volume in the home health and hospice sector dipped in the third quarter of 2019; it was down 23% with 20 publicly announced transactions, compared to 26 acquisitions in the second quarter.

Consolidation and adaptation will reign supreme throughout the year.

Compared to the third quarter of 2018, when 25 acquisitions were announced, home health and hospice M&A activity decreased by 20%. With PDGM on the horizon, buyers in 2019 were more bullish on hospice companies due to the relatively stable regulatory environment in that sector.

The most notable home health transaction of 2019 was completed in May when AccentCare was acquired by private equity firm Advent International. No meaningful-sized deals were completed in the second half of 2019, when smaller deals and tuck-in acquisitions were the most prevalent.

In many ways, 2019 set the stage for many industry-shaping changes anticipated to occur in 2020. This new business environment will dictate how providers operate during the next year, with small, mid-sized and large agencies experiencing their own sets of challenges and opportunities. Consolidation and adaptation will reign supreme throughout the year.

Livingstone Partners anticipates a quiet first quarter in 2020 in terms of M&A activity, with increased deal flow beginning in the second quarter and continuing throughout the year as home health agencies experiencing decreased reimbursement under PDGM look to sell their businesses as they struggle to stay financially viable. This will create opportunities for stronger industry players to go bargain hunting for market share, driving up transaction volume but likely depressing valuation multiples.

Still considered a highly fragmented industry, home health may consolidate at unprecedented levels not seen since the implementation of the Prospective Payment System 20 years ago. In addition to strategic buyers expanding market share via acquisitions, private equity will likely take an even deeper dive into home health this year. Private equity firms have a war chest of $1.5 trillion in unspent capital—more cash than ever before.

Ultimately, the industry will survive PDGM but will look vastly different once the dust settles, expecially in terms of the number of agencies. Privately owned agencies that survive and thrive post-PDGM will be in an excellent place to position themselves as a platform opportunity to the private equity community. HC

Jim Moskal leads Livingstone's Healthcare Practice, focusing on home health, hospice, post-acute pediatric services, autism and physician practices. Moskal uses his 25-plus years of experience and deep industry expertise to successfully complete over 60 transactions advising privately owned, public and private equity-owned companies on sales, divestitures, acquisitions and capital raises.

CPAP

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 continuous positive airway pressure (CPAP) products. 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 & 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 Edge 3 Stretto

QUANTUM REHAB

The new Edge 3 Stretto has the narrowest power base in America. It is a great fit for children, teenagers and smaller adults because of its footprint. "Stretto" means "narrow" in Italian, and the Edge 3 Stretto base features an overall width of only 20.75 inches with 12.5-inch drive wheels. The Edge 3 Stretto provides outstanding maneuverability in tight spaces and is equipped with independent smooth ride suspension. Optional iLevel delivers 12 inches of power adjustable seat height at walking speed (up to 3.5 miles per hour). Visit quantumrehab.com.

Check 200 on index.

2 Mobile LTE Medical Alert

LIFESTATION

The LifeStation Mobile LTE takes advantage of LifeStation's award-winning monitoring center staffed with a team of certified care specialists, allowing seniors to get help quickly and confidently anywhere in the country. Using a proprietary combination of GPS, Wi-Fi and Bluetooth, Mobile LTE delivers pinpoint location accuracy even indoors, enabling LifeStation care specialists to deliver faster, better service. Visit lifestation.com.

Check 201 on index.

3 Otter XL Bath Chair

INSPIRED BY DRIVE

Capable of supporting up to 250 pounds, the new Otter XL Bath Chair features an angle-adjustable seat and backrest to accommodate a wide range of positioning needs. The seat and back uni-bars allow for one-handed angle adjustments while the individual is seated in the chair. The legs are slip-resistant and can raise the chair an additional seven inches, and the height- and width-adjustable lateral supports can be used to position the head or trunk. The bath chairs feature a lightweight plastic frame with a choice of standard or soft removable and washable fabric. Visit inspiredbydrive.com.

Check 202 on index.

4 Aer X Portable Oxygen Concentrator

3B MEDICAL

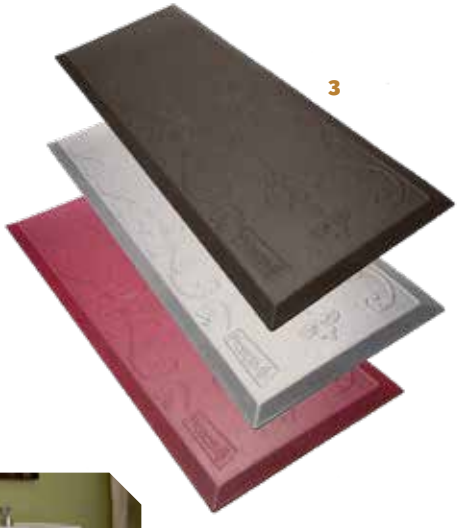
Introducing the all-new 3B Medical Aer X, the five-setting pulse dose portable oxygen concentrator for active patients. A long battery life and unique accessories allow users to continue enjoying a robust lifestyle on the go. The Aer X is equipped with Active X technology, which keeps up with patients' oxygen demands. At just 4.2 pounds, the Aer X is one of the lightest units on the market. Slide-out sieve cartridges make servicing a snap. Available March 2020. Visit 3bproducts.com.

Check 203 on index.

FALL PREVENTION

1

2



3

4

1 Chrome Safe-er-Grip

MHI SAFE-ER-GRIP

The original MHI Safe-er-Grip 11.5-inch and 16-inch grab bars are now available in a hybrid chrome design, making them the perfect addition to any bathroom area. The suction cup design makes it possible for them to be placed on any smooth, flat non-porous surface. With easy flip-up tabs, they are easy to attach, remove and relocate. Visit safe-er-grip.com.

Check 204 on index.

2 Get-U-Up Hydraulic Stand-Up Lift

INVACARE

Ideal for users who need rehabilitation support or can bear partial weight, this lift offers safety, comfort and stability for both users and caregivers. Innovative adjustment features allow this lift to adapt to a variety of body sizes and shapes. Padded leg support is adjustable for comfort at any height. Retractable, nonslip footplate provides a stable base for safe transfers. Low-friction casters make rolling the lift across indoor surfaces easier. Pump handle rotates sides for caregiver convenience. Makes sling attachment fast and simple—protects against accidental disengagement. Visit invacare.com.

Check 205 on index.

3 Protekt Beveled Fall Mat

PROACTIVE MEDICAL PRODUCTS

The Protekt Beveled Edge Fall Mat provides full length coverage of the bed exit area and helps reduce the possibility of impact-related injuries. Tapered edges allow for easy equipment access, especially wheelchairs and patient lifts, and lessen the possibility of stumbling on the perimeter. Impact-absorbing compressed foam and vinyl material offers high tear resistance and strength for durability. Nonskid bottom material ensures the mat remains securely in place. Latex free anti-microbial surface is flame retardant, waterproof, stain resistant and easy to clean. Elegant textured design is available in brown, grey and maroon. Visit proactivemedical.com.

Check 206 on index.

4 Clean Shield Elevated Toilet Seat

BEMIS INDEPENDENCE

Fall prevention aids must be secure and able to support a person's full weight to be effective. This includes an elevated toilet seat. Bemis Independence has resolved that issue with the patented Snap 2 Secure installation system and innovative toilet seats. Easy to install, Snap 2 Secure prevents the seat from wiggling or loosening when used. Optional support arms are stable and carry users' full weight, whether patients use both arms or just one to get up or down. Visit bemisindependence.com.

Check 207 on index.

BEDS

*HCPCS codes subject to change

1 B-T4000 Bariatric Homecare Bed

DALTON MEDICAL

The B-T4000 bariatric homecare bed is available in sizes 42 inches, 48 inches, 54 inches and 60 inches wide; the weight capacity is 600 pounds, 750 pounds, 1,000 pounds and 1,000 pounds respectively. (Weight capacity includes patient weight, mattress weight and any accessories.) The bed features quiet, smooth operation with a heavy-duty solid steel frame to ensure strength and patient safety. A split-pan design with removable bed ends makes for easy set up. Visit daltonmedical.com.

Check 208 on index.

2 Lumex Patriot LX Homecare Bed

GF HEALTH PRODUCTS

The Lumex Patriot LX Homecare Bed is available in full-electric and semi-electric configurations. Maximum patient weight, evenly distributed, is 350 pounds. The sturdy steel grid deck provides superior mattress support and an easy-to-clean surface. The head and foot sections can be raised or lowered independently with one hand, and the motor can lower both the head and foot section with a 9-volt battery in case of power failure. Slant and Trendelenburg positioning are achievable. Convenient frame slots ensure quick, accurate rail placement. Simple, convenient setup. Visit grahamfield.com.

Check 209 on index.

3 Perfect Height Bed System

PARKS HEALTH PRODUCTS

The Perfect Height bed (with mattress) from Parks Health Products can be lowered to a height of 21 inches to 28 inches above the floor. Features include full-body massage, underbed night lights, zero gravity for maximum muscle relaxation, a wireless remote and more. The mattress has been designed for ease getting in and out of bed, with an anti-microbial cover, reinforced seal edges and choice of Kalmia Support or Kalmia Extra Support. Visit parkshealthproducts.com.

Check 210 on index.

4

4 Pediatric Beds

KAYSERBETTEN

KayserBetten offers bed models for ambulatory and non-ambulatory children with special needs. KayserBetten's unique features that provide safety for the patient and convenience for caregivers include: double-latched vertically hinged doors for easy and full access inside, ventilation from all directions, full view of the patient, low thresholds, accommodation for medical machines and usability with lifts. Each bed is hand-built with specially treated bacteria-resistant beechwood. Registered with the Food and Drug Administration and billed with HCPCS E1399. Visit kayserbettenus.com.

Check 211 on index.

5

5 Hi-Low Adjustable Beds

ASSURED COMFORT

Assured Comfort Hi-Low Adjustable Beds promote wellness and provide comfort while watching TV, reading or recovering. The Hi-Low feature is perfect for those requiring therapy, allowing the bed surface to be raised for therapist convenience or allowing for easier transfers in and out of bed. Choose from three models in twin, full, queen and split-king sizes. Beds feature quiet remote-control operation. Choose from premium mattresses. Assured Comfort Signature Series foundations can retrofit an existing bed frame—or customers can choose from an extensive line of headboards and footboards.
Visit assuredcomfortbed.com.

Check 212 on index.

6

6 Supernal Hi-Low Beds

TRANSFER MASTER

Transfer Master's popular consumer line of Supernal Hi-Low Beds has generated positive feedback, but dealers asked for a more budget-conscious version. The company listened and designed a new Supernal model. This bed has fewer functions and a lower price point with the same quality that Supernal customers have come to expect. Visit transfermaster.com.

Check 213 on index.

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

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

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

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

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

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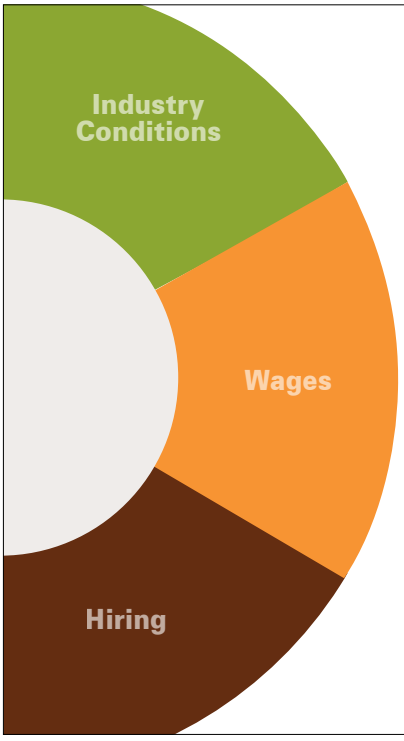

AS SEEN ON TV

When Art Imitates Life

TILT maker tunes in when television show tackles topic

By Hannah Wolfson

In the show "Grace and Frankie," Jane Fonda's character looks for alternative solutions to lift herself off the toilet without help. Image courtesy of Netflix.

On screen, the scenario plays out much like it does in many homes: A senior, still independent, begins to struggle with a few tasks—including being able to lift herself off the toilet. She's too embarrassed to ask for help, at least at first.

What's different in this case is that the senior is the actress Jane Fonda, playing the character of Grace in the Neftlix sitcom "Grace and Frankie." And instead of struggling in silence, she goes on to invent a self-lifting toilet seat—and take the made-up product onto another TV show, the entrepreneurial reality contest "Shark Tank."

She needn't have gone to the trouble, as there's already a solution to this common problem. About three years ago, EZ-ACCESS introduced the TILT Toilet Incline Lift, a patented toileting aid that's sold both online and through home medical equipment (HME) providers.

"We had a dealer call us (after seeing the show's trailer) and say, 'You guys aren't going to believe this,'" said Don Everard, CEO of EZ-ACCESS. "What are the odds?"

Right now, pretty low. A study from the Media, Diversity and Social Change Initiative found that a wide swath of TV shows aired in 2016 and 2017 only had 151 speaking characters age 60 and above, fewer than 10% of all roles. The authors said that lack of representation was a letdown for seniors and the general public.

"As a sizeable and significant portion of the population, seniors have a wealth of stories to share and perspectives to present," they wrote. "Incorporating characters and storytellers in their later years will give viewers of all ages the opportunity to watch more vibrant, diverse and compelling stories on screens both large and small."

However, as writers, directors and actors age, there may be more realistic depictions of later life, such as shows like "The Kominsky Method," starring 73-year-old Michael Douglas and 84-year-old Alan Arkin, and "Grace and Frankie," which tackled a tricky topic in a lighthearted way.

"The funny part is, season six could not have done a better job of explaining the value and the need for the product," Everard said. "They couldn't have done a better job. Just the idea that she had the problem, she was embarrassed by the problem and her dignity mattered."

That's why his company came up with the TILT, which blends the functions of a heavy duty commode and a lift chair, with a handheld control to make lifting in the bathroom easier for users. The product retails for around $800 on Amazon.

Everard said he wished more HME dealers were aware of the TILT and willing to carry the product, which he said could be a valuable revenue-generating opportunity for retail stores, is a strong cash product and even has rental potential.

"For the amount of people out there who have this problem, we're surprised it hasn't gotten more traction," Everard said. His theory is that, just like Jane Fonda's character on the show, most people don't want to tell their family members that they're struggling to get up from the toilet—nor do they know there's an easy solution.

The company hopes the show helps raise awareness. To that end, they're promoting the connection on social media and doing some search engine optimization so a Google query for "the Grace and Frankie Rise Up toilet" pops up information about the TILT. They've even thought about reaching out to Fonda's "people" for discussion.

"It's out in the open now, thanks to the show," Everard said. "I can't think of too many episodes or shows that have dealt with the need for solutions that allow safe aging in place, and I thought they did a great job." HC

Hannah Wolfson is editor of HomeCare magazine.

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PODCAST

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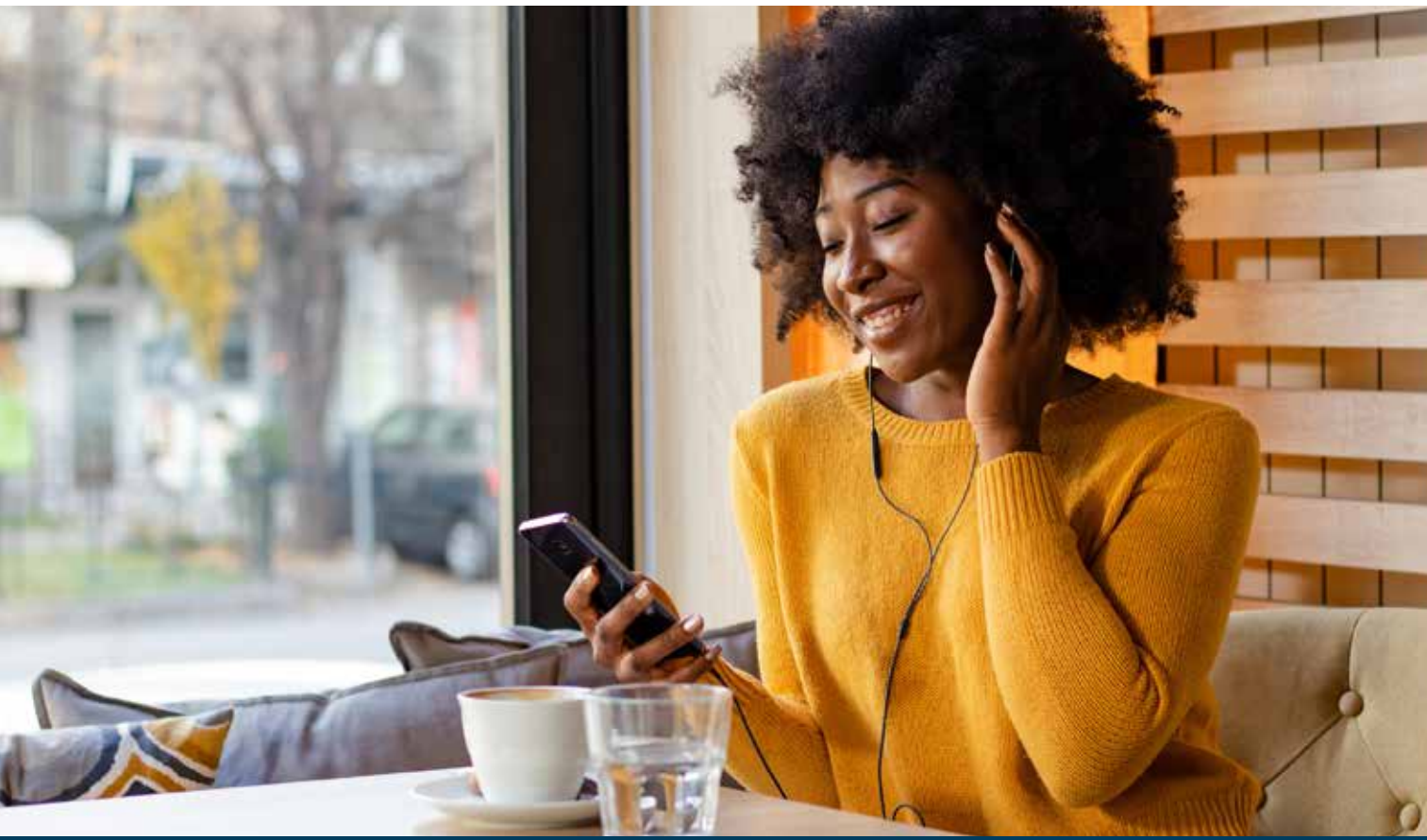

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