



3/20/2020

**State of Florida
Agency for Health Care Administration
2727 Mahan Drive
Mail Stop #8
Tallahassee, FL 32308**

Re: Time Sensitive - Request for Flexibility in Providing DMEPOS to Ensure COVID-19 Patients Receive Appropriate In-Home Care

To Secretary Mayhew:

The American Association for Homecare (AAHomecare), Florida Alliance of Home Care Services (FAHCS), National Coalition for Assistive & Rehab Technology (NCART), and VGM Group is writing to request that the state Medicaid Agency and any Medicaid Managed Care Organizations (MCO) make certain accommodations regarding the provision of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), and home infusion therapy, to enable DMEPOS suppliers to assist patients during the COVID-19 emergency.

AAHomecare is the national organization representing DMEPOS suppliers, manufacturers, and other stakeholders in the homecare community and FAHCS is the voice of licensed DME providers in Florida. Our members are in patients' homes, hospitals, Assisted Living Facilities and Nursing Homes every day and are uniquely qualified to be able to assist during the COVID-19 pandemic.

DME providers serve millions of Medicare and Medicaid beneficiaries in their homes; and we expect that number to grow significantly with the spread of the COVID-19 virus. Our members supply home oxygen therapy, ventilator services, hospital beds, wheelchairs and other items and services that allow patients to be released from hospitals, nursing homes and other health care facilities to complete their recovery.

The current COVID-19 outbreak presents many challenges to our health care system. If the virus spreads and hospitals reach capacity, we will see an increased need for treatment of people at home for many health issues, including those directly and not directly related to COVID-19. Hospitals will need to be discharging increased numbers of patients into their homes to prevent exposure in the hospital setting and to free up resources and hospital beds. This will put a strain on the provision of DME Items and services, particularly for suppliers of home oxygen and ventilators. More than ever it is critical to have a strong, well-supported and financially viable DME infrastructure to allow patients to recover at home.

In the short term, there are a number of "Red Tape" issues that can be alleviated today, to ensure that patients diagnosed with COVID-19 can access medically necessary home ventilator and home oxygen therapy services and those who need to be released from facilities and care for at home are services. Listed below are recommendations which will



allow the DMEPOS industry to focus on current patient situations. CMS and Florida Medicaid program have multiple legal authorities to implement programmatic waivers, including those based on Section 1135 of the Social Security Act. In addition, CMS's March 17, 2020 announcement of broadened access to telehealth services can facilitate/accelerate some provision of DMEPOS care. We are aware of additional waiver authorities that CMS and the state can utilize to implement. Many of these authorities are outlined in the following COVID-19 FAQ: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>.

Time is of the essence. The faster our members can be assured that these modifications can be accommodated, the faster many beneficiaries will have access to medically necessary home ventilation and oxygen therapy services. FAHCS members and all DME provider stand ready to provide meaningful assistance to alleviate hospital overflow issues and enable beneficiaries to recover in their homes, the safest and most cost-effective place of care. AAHomecare's policy recommendations to state Medicaid agencies and MCO plans are as follows:

1. Allow for coverage and reimburse equipment, supplies, and services provided to patients with a confirmed COVID-19 diagnosis. Provide coverage for short term oxygen for beneficiaries with acute conditions to ease hospital overflow issues.
2. Waive prior authorization requirements for oxygen, positive airway pressure (PAP) devices, respiratory assist devices (RAD), ventilators, suction devices, nebulizers, and related supplies for these products, as well as for complex rehab wheelchairs and accessories, and repairs.
3. Waive prior authorization requirements for exceeding quantity limitations on gloves, incontinence, urological, ostomy, oxygen, suction, ventilators, enteral, and wound care supplies.
4. Reduce burdensome paperwork requirements by allowing the standard prescription documenting any required test results to meet medical policy documentation requirements for a 270-day period.
5. Waive any face to face requirements if prescriber could not or would not complete an office visit and allow telehealth visits to meet requirements while waiving the video component. Recent federal guidance to reduce barriers to telehealth services are a step in the right direction.
<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf>
6. Allow an extension of the expiration date of written orders for an additional nine months from the date orders currently expire, for recurring medical supply orders and on-going DME rental claims.
7. Allow in home sleep testing through an independent testing facility (IDTF) to qualify beneficiaries for PAP devices.
8. Allow additional oxygen, PAP, ventilator, and suction supplies for patients who become sick or diagnosed with COVID-19.
9. Waive signature requirements for proof of delivery on HME items; including allowance of text, email, photographic, or confirmed shipment receipt from third-party carrier evidence to validate proof of delivery during COVID-19 crisis.
10. Waive all place of service edits that would normally result in a claim denial for HME while a patient is placed in an in-patient facility related to COVID-19.
11. Add coverage without prior authorization for code A4928 (surgical masks, per 20).
12. Allow minimum of 180-days timely filing for Medicaid and Medicaid managed care plans.



13. Require Medicaid and Medicaid MCO plans suspend all audits to allow DMEPOS suppliers to focus on their emergency activities...
 - A. Exempt providers from future audits on patients with COVID-19.
 - B. Discontinue sending new Audit/ADR requests and extend existing audits due dates by 180-days.
 - C. Extend appeal deadlines by 180-days past the current appeal requirements.
14. Allow any requirements for clinician and/or Assistive Technology Professional in-person engagement for complex rehab wheelchairs and accessories to be met via video participation.
15. Allow that DMEPOS suppliers be categorized as “essential services” to allow delivery to quarantined areas.
16. Require a temporary moratorium on reductions in fee schedules for DMEPOS providers to preserve access to care.
17. Require Managed Care Organizations participating in SMMC program to pay all claims they authorized to be paid via pass through.
- 17:18. Members in the SMMC plan should not be allowed to change their MCO plan for 90 days.

We appreciate your prompt attention to these issues. Many of our members are already implementing these types of measures to ensure that beneficiaries are able to access appropriate medical care in their homes. DME suppliers are in a unique position to provide home equipment and services that can alleviate hospital overloads and facilitate the ability of beneficiaries to recover in their homes, the safest and most cost-effective site of care.

These policy recommendations will both allow our industry to make the strongest possible contribution in both directly supporting patients impacted by COVID-19, while also reducing the need for hospitalizations and clinical interventions for seniors, individuals with chronic conditions and other vulnerable patient cohorts.

On behalf of the AA Homecare and FAHCS, we thank you for all of the efforts being made related to access to medically necessary equipment, supplies and medication for beneficiaries during the COVID-19 outbreak. We welcome the opportunity to discuss any of the requests outlined above. Please let me know if there is any other information we can provide.

Sincerely,

Laura L. Williard
Vice President of Payer Relations
American Association for Homecare

Beth Bowen
Executive Director
Florida Association of Home Care Services



Donald E Clayback

Don Clayback
Executive Director
National Coalition for Assistive & Rehab Technology

John Gallagher
Vice President of Government Relations
VGM Group