



3/23/2020

Mr. Stephen Smith
Director
Division of TennCare
310 Great Circle Rd.
Nashville, TN 37243

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

Dear Director Smith:

The American Association for Homecare (AAHomecare), Association for TN Home Oxygen & Medical Equipment Services (ATHOMES), 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. Our members are in patients' 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, and many other necessary 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 a number of health issues, including those 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. 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 several "red tape" issues that can be alleviated today, to ensure that patients with acute conditions can access medically necessary home ventilator and home oxygen therapy, and other DMEPOS items and services. Listed below are recommendations which will allow the DMEPOS industry to focus on current emergency patient situations. CMS and state Medicaid programs 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/expedite 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, and other DMEPOS items and services. AAHomecare and ATHOMES members 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. Provide coverage for short term oxygen for beneficiaries with acute conditions to ease hospital overflow issues.
2. Allow for coverage and reimburse equipment, supplies, and services provided to patients with a confirmed COVID-19 diagnosis.
3. Waive all prior authorization and re-authorization requirements for all DMEPOS items and repairs.
4. Waive prior authorization requirements for exceeding quantity limitations on gloves, incontinence, urological, ostomy, oxygen, suction, ventilators, enteral, and wound care supplies.
5. 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.
6. Waive any face-to-face requirements if prescriber couldn't or wouldn't do 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>
7. 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.
8. Allow in home sleep testing through an independent testing facility (IDTF) to qualify beneficiaries for PAP devices.
9. Allow additional oxygen, PAP, ventilator, and suction supplies for patients who become sick or diagnosed with COVID-19.
10. 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.
11. 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.
12. Add coverage without prior authorization for code A4928 (surgical masks, per 20).
13. Allow minimum of 180-days timely filing for Medicaid and Medicaid managed care plans.
14. Require Medicaid and Medicaid MCO plans suspend all audits to allow DMEPOS suppliers to focus on their emergency activities by:
 - A. Exempting 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. Extending appeal deadlines by 180-days past the current appeal requirements.



15. Allow any requirements for clinician and/or assistive technology professional in-person engagement for complex rehab wheelchairs and accessories to be met through the use of remote technology.
16. Allow that DMEPOS suppliers be categorized as “essential services” to allow delivery to quarantined areas.
17. Require a temporary moratorium on reductions in fee schedules for DMEPOS providers to preserve access to care.
18. It is imperative that provider cashflow is not interrupted to ensure providers are able to continue servicing patients in this time of need. Claims adjudication and processing must occur on normal schedule.

We appreciate your prompt attention to these issues. Many of our members are already implementing these types of measures to ensure that beneficiaries can access appropriate medical care in their homes. Communities across the nation are dealing with a rapidly accelerating crisis that will test our health care systems like never before. DMEPOS suppliers are in a unique position to provide home ventilation and oxygen therapy that can make a significant difference in alleviating hospital overloads and facilitate the ability of beneficiaries to recover in their homes, the safest and most cost-effective site of care: the home.

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 acute conditions and other vulnerable patient cohorts. The DME community has a long record of providing compassionate and effective care under challenging conditions and we are again ready to do our part to protect our nation in this unprecedented emergency.

On behalf of the American Association for Homecare, and ATHOMES, 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. AAHomecare and ATHOMES welcomes the opportunity to discuss any of the requests outlined above and would like to be a partner to TennCare during this difficult time. Please let me know if there is any other information we can provide. You can reach us at lauraw@aahomecare.org or beth@athomes.org.

Sincerely,

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

Beth Bowen
Executive Director
ATHOMES



Donald E Clayback

Don Clayback
Executive Director
National Coalition for Assistive & Rehab Technology

A handwritten signature in blue ink, appearing to read 'John M. Gallagher'.

John Gallagher
Vice President of Government Relations
VGM Group