

Home Delivery, Billing, and Sales in a COVID19 Environment



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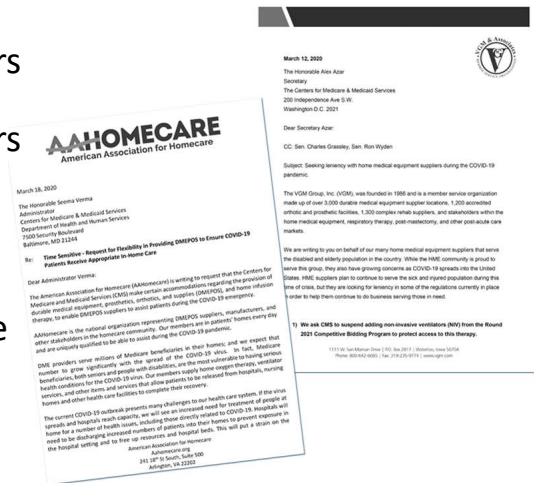
Industry Environment & Concerns During Crisis

- Office Safety and Staffing
- Obtaining PPE for HME Industry Use
- Inability to Obtain Necessary Regulatory Documentation – All Payers
- Inability to Obtain Necessary Information for Prior Approvals and Reauthorizations
- Face 2 Face Requirements
- Delivery Signature Requirements – Home Delivery and Shipping
- Supply Chain Management
- Cash Flow Impact

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Industry Response

- VGM Letters to Sec Azar & Admin Verma
- AAHomecare Letter to Admin Verma
- AAHomecare Industry Co-Branded Letters to State Medicaid Plans
- AAHomecare Industry Co-Branded Letters to Commercial Payers
- Templates for Provider outreach to Commercial Payers with Standard Requests
- Letters to State Department of Insurance to ensure oversight of payers
- Outreach to Top Commercial Payers



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VGM Letters to Secretary Azar & Admin Verma:

- CMS to suspend adding NIV to the 2021 competitive bidding program.
- CMS to extend the current blended rate in rural non-CBAs and initiate a blended rate for non-rural CBAs in 2021 to protect access to critical home medical equipment.
- Leniency with home medical suppliers to be able to accept and submit claims when telehealth visit is performed
- CMS to reduce burdensome paperwork on physicians and suppliers (CMNs)
- Coverage and reimbursement for necessary home medical equipment, supplies and services provided to patients confirmed with COVID-19
- CMS to prioritize the provision of PPE for HME suppliers

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AAHomecare Letter to CMS

- **AAHomecare Regulatory Council**
- **Discussions & Requests to Top Officials at CMS**

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AAHomecare Letter to CMS

- Request coverage of equipment and supplies provided to patients with COVID-19 diagnoses. Coverage of short-term oxygen for acute conditions.
- Allow SWO and test results confirming COVID-19 DX to meet Medicare documentation requirements.
- Requests that CMS waive the requirement for a face-to-face encounter where the prescriber does not have the ability to conduct a face-to-face encounter via telehealth on new setups and for the requirement for on-going documentation of continued medical need
- Allow alternatives for proof of delivery requirements
- Requests that CMS 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
- Recommends that ATP specialty evaluations required for certain power wheelchairs be allowed to be conducted via video participation

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AAHomecare Letter to CMS

- Requests that CMS suspend the Medicare supplier standard related to minimum hours of operation and physical access to facilities during this COVID-19 pandemic as staffing levels are strained and there is a need for social distancing. AAHomecare also requests that CMS allow DME suppliers to utilize one or more cell phone numbers in lieu of a primary business telephone; and that CMS temporarily suspend site inspections to allow for DMEPOS employees to focus on increased patient care needs.
- Requests that CMS prioritize the provision of personal protective equipment (PPE) for DMEPOS suppliers who are providing DMEPOS to COVID-19 patients in their homes.
- Requests that DMEPOS suppliers be categorized as “essential services” to allow delivery to quarantined areas
- Asks that the in-home assessment can be conducted through alternate means such as a telephone call with the beneficiary or previous documentation of the assessment.
- Requests that CMS suspend all audits from DME MACs, RAC, and SMRC contractors to allow DMEPOS suppliers to focus on their emergency activities.
- Requests that CMS allow on-going equipment rental and supply provision to be paid to DMEPOS suppliers when patients are admitted and the hospital requests that patients bring their own equipment and supplies due to potential hospital shortages
- Requests that CMS continue the extension of the current 50/50 blended payment methodology for DME items and services provided in rural areas at least through December 31, 2021.

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AAHomecare Letter to State Medicaid Programs

- AAHomecare Payer Relations Council Vetted—United Industry Response
- Co-Branded with State/Regional Associations, VGM, NCART, AAHomecare
- Industry Consistency Important
- Conference Call Follow Up with Medicaid Programs
- National Association of Medicaid Director Meeting

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AAHomecare Letter to State Medicaid Programs

- 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.
- 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.
- Waive prior authorization requirements for exceeding quantity limitations on gloves, incontinence, urological, ostomy, oxygen, suction, ventilators, enteral, and wound care supplies.
- 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.
- Waive any face to face requirements if prescriber couldn't or wouldn't do a telephone call 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>
- 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.
- Allow in home sleep testing through an independent testing facility (IDTF) to qualify beneficiaries for PAP devices.
- Allow additional oxygen, PAP, ventilator, and suction supplies for patients who become sick or diagnosed with COVID-19.
- 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.
- 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.
- Add coverage without prior authorization for code A4928 (surgical masks, per 20).

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AAHomecare Letter to State Medicaid Programs

- Allow minimum of 180-days timely filing for Medicaid and Medicaid managed care plans.
- Require Medicaid and Medicaid MCO plans suspend all audits to allow DMEPOS suppliers to focus on their emergency activities...
- Exempt providers from future audits on patients with COVID-19.
- Discontinue sending new Audit/ADR requests and extend existing audits due dates by 180-days.
- Extend appeal deadlines by 180-days past the current appeal requirements.
- 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.
- Allow that DMEPOS suppliers be categorized as "essential services" to allow delivery to quarantined areas.
- Allow Prescribers not currently enrolled in Medicaid programs to order DMEPOS.
- Require a temporary moratorium on reductions in fee schedules for DMEPOS providers to preserve access to care.

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Supply Chain Issue with Changes to Duration of Supplies Increase

- AAHomecare will not be asking for an increase in duration for shipping supplies. Increasing/Changing this will have unintended circumstances for the Supply Chain and very likely create shortages for future shipments.

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CMS State Guidance: What States Can Do

Must be approved by CMS in most situations

- COVID-19 Frequently Asked Questions
 - <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>
 - <https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/medicaid-chip-disastertoolkit.pdf>
 - Updated almost daily
 - Section A-Emergency Preparedness for the state
 - Section 1915© waiver
 - Temporarily increase individual eligibility cost limits
 - Modify service, scope, or coverage requirements
 - Exceed service limitations
 - Add services to the waiver Provide Services in out of state settings
 - Section B-Eligibility and Enrollment Flexibilities
 - Allow Presumptive eligibility to hospitals
 - Flexibility in timelines for renewals in eligibility
 - Section D-Waiving of copays through SPA updates

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CMS State Guidance

- Section C-Benefit Flexibilities
 - Telehealth-No new changes in who can offer telehealth
 - Only physicians and certain types of non-physician practitioners are authorized to furnish telehealth services as distant site health care providers. The Secretary's waiver authority under section 1135(b) of the Social Security Act (the Act) does not extend to the scope of distant site health care providers that can furnish telehealth services. The newly added paragraph at section 1135(b)(8) gives the Secretary authority only to waive the requirements of 1834(m)(4)(C), which is the definition of "originating site" for purposes of Medicare telehealth services. There is no new authority to waive who/what can serve as the "distant site practitioner."
 - Face-to-Face encounters
 - Yes. For initiation of home health services, face-to-face encounters may occur using telehealth as described at 42 C.F.R. §440.70(f)(6). A physician, nurse practitioner or clinical nurse specialist, a certified nurse midwife, a physician assistant, or attending acute or post-acute physician for beneficiaries admitted to home health immediately after an acute or post-acute stay may perform the face-to-face encounter. The allowed non-physician practitioner must communicate the clinical findings of the face-to-face encounter to the ordering physician. Those clinical findings must be incorporated into the beneficiary's written or electronic medical record. Additionally, the ordering physician must document that the face-to-face encounter occurred within the required timeframes prior to the start of home health services and indicate the practitioner who conducted the encounter and the date of the encounter. A state plan amendment would only be necessary to revise existing state plan language that imposes telehealth parameters that would restrict this practice. As is discussed above and at <https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>, states are not required to submit separate state plan amendments for coverage or reimbursement of telehealth services if they decide to reimburse for telehealth services in the same manner or at the same rate paid for face-to-face services. A state plan amendment would be necessary to accommodate any revisions to payment methodologies to account for telehealth costs.

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CMS State Guidance

- Prior Authorization Flexibilities
 - *FFS/Supplies*: States have flexibility to establish and manage prior authorization processes without CMS approval. Given that medically fragile children are subject to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements, there should be no hard limits on services provided to these children. A SPA may be needed, depending on the state's goals.
 - *FFS/Pharmacy*: States have flexibility to establish the prior authorization process without CMS approval, including length of time and units approved. A state may need to amend their SPA for a change in quantity dispensed.
 - *Managed Care*: Under Medicaid managed care, states may develop the specific standards and criteria that best meet the needs of their program, including accelerated or relaxed requirements during times of emergency. Federal law does not prohibit or limit states from requiring managed care plans to temporarily suspend prior authorization requirements, extend prior authorizations through the termination of the emergency declaration, and expedite processing of new prior authorizations with flexibility in documentation (e.g., physician signatures)

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State Response to Flexibility/Waivers

- 9 States Total-Reported Disaster Relief Plans
 - Florida
 - Georgia
 - Pennsylvania
 - Massachusetts
 - Virginia
 - Alabama
 - Missouri
 - Louisiana
 - Washington State

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State Response to Flexibility/Waivers

- Florida
 - Loosening provisions for out of state providers for COVID-19 diagnosed patients
 - Waiving Prior Approval
 - Waiving of co-pays
 - Waiving of site visits
- Georgia
 - Waiving required signature on delivery
- Pennsylvania
 - HME is considered "Essential Business"
 - No official reporting, state response to question of HME as essential business

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State Response to Flexibility/Waivers

- Massachusetts
 - Prior Auth Extensions/Reauth flexibilities
 - Waive signature required on delivery
 - Face to Face via telehealth
- Virginia
 - MCO guidance to waive auth for overage of certain items
 - Waive Face to Face requirements
- Alabama
 - Guidance on replacement similar to CMS
 - Texting Update to receive information

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State Response to Flexibility/Waivers

- Missouri
 - Telehealth including telephonic only can be utilized for request for auth and reauth
- Washington State
 - Waiving of Prior Authorization Flexibilities
 - Out of State Provider Guidance
 - Increase timeframe for enrollee appeal rights
- Louisiana
 - Details forthcoming
 - Previous Disaster Relief---researching currently

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Request to Commercial Payers

- 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.
- 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.
- Waive prior authorization requirements for exceeding quantity limitations on gloves, incontinence, urological, ostomy, oxygen, suction, ventilators, enteral, and wound care supplies.
- 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.
- Waive any face to face requirements if prescriber couldn't or wouldn't do a telephone call 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>
- 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.
- Allow in home sleep testing through an independent testing facility (IDTF) to qualify beneficiaries for PAP devices.
- Allow additional oxygen, PAP, ventilator, and suction supplies for patients who become sick or diagnosed with COVID-19.
- 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.

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Request to Commercial Payers

- 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.
- Add coverage without prior authorization for code A4928 (surgical masks, per 20).
- Allow minimum of 180-days timely filing for Medicaid and Medicaid managed care plans.
- Suspend all audits to allow DMEPOS suppliers to focus on their emergency activities...
- Exempt providers from future audits on patients with COVID-19.
- Discontinue sending new Audit/ADR requests and extend existing audits due dates by 180-days.
- Extend appeal deadlines by 180-days past the current appeal requirements.
- 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.
- Allow that DMEPOS suppliers be categorized as "essential services" to allow delivery to quarantined areas.
- Allow all patients with chronic conditions to have out of network benefits for medically critical DMEPOS equipment and supplies.
- Require a temporary moratorium on reductions in fee schedules for DMEPOS providers to preserve access to care.

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Commercial Payers

- Reach out to payers to this point have shown they have been focused on internal company/employee safety
- Top payers will be contacted verbally and through AAHomecare letter with requests to minimize barriers to care and to ensure cash flow continues.
- Payer Letter posted online
- DOI outreach
- Templates for Providers to utilize
- Updates as we get information from plans

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SUPPLIER OPERATIONS AND BILLING in a COVID-19 Environment

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Universal Precautions & Emergency Preparedness

- **Emergency/Disaster Plans should be implemented NOW!**
- Universal Precautions are required
- Annual competency as part of accreditation
- When situation arises such as COVID-19, provide re-education and continuous updates to ALL Staff
- Clean/disinfect your work area at the start and end of each day:
 - Entire desk
 - Phones
 - Computer, mouse, keyboard
 - Handles
- Assess if there is staff that can work remotely (see additional handout for example of policy)
- Adjust disaster planning as needed

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When to Handwash

- When arriving and before leaving a health care facility
- When arriving and before leaving a patient's home
- Before applying or removing gloves
- Between patient-to-patient contact
- After touching inanimate items or surfaces that are likely to be contaminated with virulent or epidemiologically important microorganisms, including urine-measuring devices or secretion-collection devices
- After picking up an object off of the floor of a patient's home
- Before and after touching wounds
- Before performing invasive procedures
- Before taking care of particularly susceptible patients, such as newborns and people who are severely immunocompromised
- After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood, body fluids, secretions, or excretions
- After taking care of an infected patient or one who is likely to be colonized with microorganisms of special clinical or epidemiologic significance, such as multiply-resistant bacteria
- Before eating
- After using the restroom

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Personal Protective Equipment (PPE)

- In addition to handwashing, health care personnel may need to wear personal protective equipment (PPE) in situations where they will have contact with potentially infectious materials. Protective barriers reduce the risk of exposure of the health care worker's skin and mucous membranes to potentially infective materials. Protective barriers reduce the risk of exposure to blood, body fluids containing visible blood, and other fluids to which standard precautions apply.
- PPE includes gloves, gown, mask, and goggles or face shield.

Keeping in mind the shortage of PPE, discuss with staff the best methods.

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Home Delivery

- **Emergency/Disaster Plans should be implemented NOW!**
- Before direct delivery to the home, have in-depth conversations with patients/caregivers
- Can this be shipped via shipping service?
 - Ostomy
 - Urological Supplies
 - Incontinence
 - Wound Dressings
 - CPAP Machine/Supplies
 - Walker
 - Commode
 - Diabetic Supplies
 - Mastectomy Supplies
- What is considered non-emergent, that can be held off for a few weeks, is it non-emergent repairs, titrations?

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Home Delivery

- **Emergency/Disaster Plans should be implemented NOW!**
- Direct delivery to the home, in depth conversations with patients/caregivers before delivery, when scheduling
- Equipment that requires staff in patient home: explain to the patient universal precaution measures in place
 - For direct deliveries, leave the item at the door. However, we need a signature for proof of delivery. May need to print it out on paper, slide under the door, leave outside of the door to sign.
- *Home O2 Delivery* – The patient or caregiver applies the NC/Mask to the patient. YOU do not; YOU provide instruction. This avoids close contact with the patient.
- *CPAP Mask Fittings* – Have patient apply mask and adjust if possible to avoid close contact
- *New CPAP Set-Ups* – Can this be shipped and offer education virtually OR have patient come into the store
- *Wheelchair Fittings/Evaluations* – Keep as much distance from patient as possible

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Proof of Delivery (POD) For Shipping

Delivery via shipping or delivery service directly to beneficiary

- Beneficiary's name
- Delivery address
- Delivery service's package identification number, supplier invoice number or alternative method that links the supplier's delivery documents with the delivery service's records
- Description of each item delivered
- Quantity delivered
- Date delivered
- Evidence of delivery
- Get Confirmation of Delivery = these are not stored with shipping service (USPS, UPS, FedEx) supplier is responsible for saving in patient file

All the dots need to connect between shipping, delivery, and billing

Keep in mind those payers may not accept this method, require wet signature

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Billing Concerns

- Natural Disaster means documentation relief for replacement equipment (see next slide)
- Telehealth Visits – expansion has been given; however it’s not detailed for DMEPOS
 - Continuous Rentals – Telehealth may be the solution
- Supplier Hours of Operation – required 30 hours per week
- Manufacturer shortage/back-order on equipment is recognized

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Expansion of Telehealth

- **EXPANSION OF TELEHEALTH WITH 1135 WAIVER:** Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient’s places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.
- Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

Response from medical directors:

We have not yet received any implementing instructions from CMS. Moreover, we are not allowed to provide any COVID messaging without going through the central channel at CMS or having it cleared by CMS first. So, would suggest that you continue to check the CMS site frequently – and if/when we are allowed to educate – will do so ASAP.

VGM’s Direction:

- **Under the expanded coverage due to the COVID-19 emergency declaration, the telehealth visit is acceptable for the F2F encounter for all DMEPOS. This replaces the requirement for the in-person visit as long as the expansion remains in effect. Please note, while telehealth replaces the in-person visit, the coverage criteria still must be documented per the medical policy (LCD).**

This applies to new referrals, repairs, and continued medical need.

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Replacing Equipment in Emergency Declaration

Emergency Durable Medical Equipment, Prosthetics, Orthotics, and Supplies for Medicare Beneficiaries Impacted by the Emergency

CMS has determined it is appropriate to issue a blanket waiver where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable or unavailable, contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

For more information refer to the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies for Medicare Beneficiaries Impacted by an Emergency or Disaster fact sheet at <https://www.cms.gov/About-CMS/AgencyInformation/Emergency/Downloads/Emergency-DME-Beneficiaries-Hurricanes.pdf>

<https://www.cms.gov/files/document/se20011.pdf>

MLN Matters SE20011

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Replacing Equipment in Emergency Declaration

- The Medicare Enrolled Supplier **does NOT** need to gather new documentation to prove the medical need such as the order, office visit, etc.
- The enrolled supplier is allowed to dispense a **new** (replacement) DME item such as oxygen equipment, CPAP machine, hospital bed, wheelchair, prosthetic limb, etc. **without** having to get a new order and new office visit
 - Need to include a narrative description on the claim that does indicate what happened – natural disaster COVID-19
 - Use modifier RA for replacement equipment
 - Use CR modifier for catastrophe/disaster related
 - And any other necessary modifiers for capped rental claims, IRP claims, oxygen claims, etc.
 - New capped rental will begin. New rental period for oxygen will begin.

<https://www.cms.gov/files/document/se20011.pdf>

MLN Matters SE20011

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March 19, 2020

Billing of Part B Drugs to DME MACs During COVID-19 Pandemic – Dispensing Amounts

Joint DME MAC Article

Under current Medicare rules, for immunosuppressive drugs used after an organ transplant, oral anticancer drugs and intravenous immune globulin (IVIG), utilization requirements generally limit dispensing of drug amounts to a 30-day supply. With the recent COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS), under their National Emergency authority, is allowing Medicare beneficiaries to obtain amounts of Part B drugs in excess of the current monthly (30 day) limitation. This change is effective for claims with dates of service on or after March 1, 2020.

In the event that a treating practitioner prescribes more than a monthly (30 day) amount, the CR modifier (CATASTROPHE/DISASTER RELATED) must be added to the HCPCS code billed. In addition, suppliers are instructed to enter "COVID-19" in the NTE 2400 (line note) or NTE 2300 (claim note) segments of the American National Standard Institute (ANSI X12) format or field 498-PP of the National Council for Prescription Drug Program (NCPDP) format. These abbreviations may also be used in Item 19 of the CMS-1500 claim form.

In the event of an audit, review contractors will identify these claims by the "COVID-19" entry and assess if the amount was reasonable and necessary, based on the nature of the particular drug, the patient's diagnosis, the extent and likely duration of disruptions to the drug supply chain during the COVID-19 national emergency, and other relevant factors.

Refer to the applicable Local Coverage Determinations and related Policy Articles for additional coverage, coding and documentation requirements.

Publication History

March 19, 2020 Originally Published

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Medicare Advantage Plan or other Medicare Health Plan Beneficiaries

CMS reminds suppliers that Medicare beneficiaries enrolled in a Medicare Advantage or other Medicare Health Plans should contact their plan directly to find out how it replaces DMEPOS damaged, lost, or unavailable in an emergency. Beneficiaries who do not have their plan's contact information can contact 1-800-MEDICARE (1-800-633-4227) for assistance.

<https://www.cms.gov/files/document/se20011.pdf>

MLN Matters SE20011

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Enrollment Relief Under Emergency Declaration

- Establish a toll-free hotline for non-certified Part B suppliers, physicians, and nonphysician practitioners to enroll and receive temporary Medicare billing privileges
- Waive the following screening requirements:
 - Application Fee - 42 C.F.R 424.514
 - Criminal background checks associated with FCBC - 42 C.F.R 424.518
 - Site visits - 42 C.F.R 424.517
 - Postpone all revalidation actions
 - Allow licensed providers to render services outside of their state of enrollment
 - Expedite any pending or new applications from providers

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Supplier Standard 30: Hours of Operation

A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics. (Standard 30)

- We are awaiting official guidance from CMS. Until then, if a supplier determines that they must reduce their hours or close the physical office, they should post a sign and indicate a phone number where someone can be contacted if beneficiaries need assistance.

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Accreditation Information

- HQAA participated on a conference call with the Centers for Medicare and Medicaid Services (CMS) DMEPOS unit yesterday, March 16, 2020. During the conference call, CMS made the point that no provider will lose their PTAN number or the ability to participate as Medicare providers based on expirations dates during this crisis. We will provide specific information on how we will be extending accreditation dates to ensure continued accreditation in the days and weeks to come. But, please rest assured that we will work with CMS, other payer sources, licensing entities from various States, and other accrediting organizations (AO's) to make sure that organizations' accreditation status is not negatively impacted by any delays in survey or accreditation process. Participants in that call, including other AO's, all appear committed to work together to make this happen.

** This is not officially in writing from CMS yet.*

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SALES in a COVID-19 Environment

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Objectives

- Sales Preparedness
- How to Stay Top of Mind to your Referral Community
- The Day of a Sales Professional
- Don't Miss the Opportunities
- How to Prepare for the FUTURE

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SERVE



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Sales Preparedness

- Should we CONTINUE to Make Sales Call?
- Should we STOP Making Sales Calls?



YES

A LOW Percentage of Providers are Still Making Sales Calls

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Sales Preparedness Steps

- Your Sales Call Route is now your **PHONE/E-MAIL** ROUTE
- Rank Referral Sources – A thru C (High to Low)
- Balance Frequency
 - Phone
 - Email
 - Text with Permission
 - “A and B” Accounts you may want to have Weekly Update Calls

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How to Stay Top of Mind to your Referral Community

Key Messaging (By Phone)

- Our uninterrupted Operation and Service during this time
- How to contact us with New Referrals and questions regarding existing patients we are servicing
- Our process for direct patient contact either from our delivery team and or clinicians.
- Ask if there is anything each referral source may need from us.
- Ask about medical documentation
 - Develop a process for the continuance of this critical communication process

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How to Stay Top of Mind to Your Referral Community

Key Messaging (E-Mails)

- Operation and Service Updates (No Numbers)
 - Availability of products and supplies
 - Tell them, rather than ask forgiveness
- Patient contact either from our delivery team and or clinicians update
- Thank them for this business and great partnership during this time
- Medical documentation and other patient specific information.
- Simple note of encouragement

*****Hand-Written Notes are AWESOME***

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The Day of a Sales Professional

- In consideration of social distancing and also potential childcare, sales team may need to work from home.
- If possible, **ALL SALES PEOPLE REPORT TO THE OFFICE, EVERY DAY**
- Conference Room – Command Central for Phone Calls and Emails
- Script what you plan to say for your Calls

With additional time on your hand from Phone and E-mails

- Help the Team
 - Answer Phones, Help in Warehouse, Clean Equipment, Help in Billing and Customer Service
- Learn more about our processes, new products and services, study and read articles, watch training and educational videos (Sales or other Professional Growth)

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Don't Miss the Opportunities

- Grow Your Referral Base Relationships
- Shine with ALL new Prospects you brought on recently
- **WE CAN HELP GET PATIENTS HOME and FREE UP BEDS**
- Showcase our capabilities
 - Home Delivery
 - Exceptional Follow Up
 - Overnight Oximetry
 - Home Sleep Studies
 - Home CPAP Set Ups
 - Clinical Outcomes
- Get Cell and Email information
- Help tighten the Referral Process (USP)

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How to Prepare for the FUTURE

Don't Let These Lessons Go To Waste

- Revise your Strategic Plan and Incorporate a NEW FORECAST
- Work on the Territory Sales Process
- Refine your Messaging with
 - Information about Our Process
 - Outcomes Data
- Seriously Consider a CRM and Market Data
- Be Ready for when the Market Place Opens Back Up
 - Who will you call on
 - What will the message be
- Utilize newly obtained email addresses and create a Parallel Email Marketing Plan for the Referral Community
 - Education
 - Process

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List of Resources

- CMS: Information on COVID-19: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- State-by-State Data (cases, deaths, provider capacity, waiving cost-share for testing/treatment, etc.): <https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/>
- CDC: Information for Health Care Professionals: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
- CDC: COVID-19 Health Care Infection Prevention and Control FAQs: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- CDC Guidance for Public Health Personnel Evaluating Potential Patients & Close Contacts in Home or Non-Home Residential Settings: <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>
- CDC: Guidance for Health Care Personnel with Potential Exposure to COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
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Your Turn – Share any thoughts or any questions?

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