

AAHomecare Accomplishments



Legislative Success

WORKED WITH CONGRESS:

1. Passed Separate **legislative language out of each chamber for the Patient Access to Durable Medical Equipment Act of 2016** (H.R. 5210 and S. 2736) to extend the transition time for the scheduled July 1, 2016 Medicare rate cuts for rural and other non-CBA providers. AAHomecare worked with House and Senate Leadership to reconcile the two bills. A six-month extension of 50/50 blended rate was included in the 21st Century Cures bill and signed into law.

2. Prevented expansion of the **Competitive Bidding Program** to orthotics, prosthetics, infusion & inhalation drugs, ostomy, urological, and tracheostomy supplies as suggested in the President's Proposed Budget for 2016.

PASSAGE OF LEGISLATION INTO LAW:

1. **Language included in H.R. 2, passed in 2015, requires binding bids and state licensure** for all new rounds of Competitive Bidding contracts to prohibit speculative bidders in competitive bidding. (P.L. 114-10)

2. The Patient Access and Medicare Protection Act, passed in 2015, includes a **one-year delay on the application of Medicare competitive bid pricing to complex rehab technology accessories** used with Group 3 power wheelchairs. (P.L. 114-115)

3. Advocated for an additional **6-month extension of the CRT power accessory relief** in the 21st Century Cures bill. CMS announced that CRT would be permanently exempted from bidding-derived pricing on June 23, 2017. AAHomecare worked with the Administration and Congress to ensure the retro payment process worked as efficiently as possible. AAHomecare also worked with the Administration to reverse its decision to apply competitive bidding cuts to CRT power accessories. As a result, CMS issued an announcement in 2018 suspending the cuts. This change provided over \$500 million in relief. (P.L. 114-255)

4. The Consolidated Appropriations Act 2018 (Omnibus) included report language encouraging the release of the Interim Final Rule by the Office of Management and Budget, which was subsequently released in May, **providing the HME Industry \$360 million in non-bid relief for rural and non-contiguous areas.** (P.L. 115-141)

Regulatory Wins

1. **TPE Enhancement: CMS published directions requiring DME MACs to allow 45-56 days between each round of TPE and educational intervention to allow suppliers time to improve processes prior to the next round of TPE.**

2. **In November 2018, CMS issued the ESRD/DMEPOS Final Rule, which extended relief for rural area providers, added industry backed reforms for the next bidding round, and allowed all providers to furnish HME in former CBAs until January 2021.**

3. **PMD PA Demonstration was moved to a national PA program beginning September 1, 2018.** AAHomecare has been working with CMS to get the Demonstration implemented nationally as it has proven to be successful in reducing appeals and improper payment rates.

4. **CMS now allows flexibility on the date of service on claims for items that are shipped.** CMS will accept either the date the beneficiary receives the item OR the ship date OR the date the delivery label was created. This change simplifies proof of delivery documentation requirements.

5. **CMS added new oxygen modifiers** that would allow claims to deny appropriately when a beneficiary does not qualify for coverage. The benefit of this change is that suppliers can now file an oxygen claim when a patient doesn't qualify and get an accurate patient responsibility denial.



Accomplishments

Regulatory Wins Continued

6. Worked with CMS to allow physicians to receive a decision letter in the prior authorization process.

-CMS announced an initiative to remove serial claims from the appeals system.

-CMS clarified that beneficiaries who live in a different CBA for a part of the year can continue to receive equipment from their original supplier.

7. DMEPOS RAC began reviewing potential underpayments for group 3 wheelchair options & accessories.

This was suggested by AAHomecare, and it is the first time the RAC is reviewing underpayments for DMEPOS.

Payer Relations Achievements

LEGAL GUIDANCE & OUTREACH

1. Influenced CMS instruction on guidance to State Medicaid Directors to eliminate 12/31/17 deadline for states to determine method of compliance. Efforts to educate State Medicaid programs and develop individual methods of compliance led 29 states to avoid or limit CURES-mandated cuts in 2018.

2. Influenced Defense Health Agency to issue mandate to claims contractors stating they must reprocess claims from 7/1/16-12/31/16 in line with the CURES bill.

3. Developed relationships with DME Contracting at various payers in high level positions to provide input and partnership for DMEPOS policy decisions and to influence sustainable reimbursement rates.

4. Worked with legal staff to obtain legal guidance for the industry on how the CURES bill impacted TRICARE, Medicare Advantage, and Managed Care payers. Created references for the industry to use in discussions with these payers on getting claims reprocessed from 7/1/16-12/31/16.

STUDIES & RESEARCH

1. Worked with Dobson DaVanzo to complete a cost study to analyze full operational costs plus cost of goods against current Medicare reimbursement environment. Created tool that can be used for future cost study models and resource that was used as a legislative document in pushing for Competitive Bidding delay and reform. The Cost Study is being used as a tool by the industry in negotiating pricing agreements for DMEPOS providers and in pricing discussions with payers at a state and national level.

2. Worked with Dobson DaVanzo to complete a patient access survey to analyze Medicare beneficiary access to DME, services, and supplies under the Competitive Bidding program with 1,064 beneficiaries, case managers/discharge planners, and DME suppliers participating. More than 1 in 2 beneficiary respondents reported access issues, while 1 in 3 reported paying increased out-of-pocket expenses for DME; nearly 90% of case managers reported inability to obtain DME and/or services in a timely fashion. The Patient Access Survey was used as a tool by the Industry to substantiate need for Competitive Bidding reforms and the release of the Interim Final Rule at OMB.



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OUR ORGANIZATION VALUES OUR MEMBERSHIP AT AAHOME CARE. WE HAVE APPRECIATED GREAT VALUE IN THE RESOURCES AVAILABLE FROM AAHOME CARE AND THE WORK AND ASSISTANCE THEY PROVIDE TO ASSIST US IN FIGHTING MANY OF THE PRESSING ISSUES FACING OUR INDUSTRY.

-GAYLE DEVIN, ACTIVSTYLE, INC.

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