



Payer Relations Activities in Review

2020

- *Worked with state associations and state Medicaid agencies across the country to relax DMEPOS policy requirements during the COVID-19 public health emergency including: prior authorization requirements, proof of delivery signature requirements, and medical necessity documentation requirements. 34 state Medicaid agencies adopted policy recommendations made by AAHomecare and our state association partners.*
- *Worked with all major commercial insurance payers across the country to relax DMEPOS policy requirements during the COVID-19 public health emergency including: prior authorization requirements, proof of delivery signature requirements, and medical necessity documentation requirements. Spearheaded industry sign-on letter to commercial payers endorsed by 150 suppliers, manufacturers and other HME stakeholders.*
- *AAHomecare State Legislation and Regulatory Toolkit finalized and rolled out to all state associations. Resources in the kit include:*
 - *Information and insight on legislative and regulatory avenues to address payer issues.*
 - *Best practices to help HME stakeholders evaluate opportunities and processes to advance HME initiatives at the state legislative and regulatory level.*
 - *Perspectives on the pros and cons of addressing issues through legislative vs. regulatory approaches.*
 - *Examples of proposed legislative language on multiple issues.*
 - *Examples of legislative language successfully passed into law.*
- *CareCentrix payment suspension plan for non-life sustaining equipment policy implementation delayed and modified:*
 - *PAP Rentals – If a patient’s account is not suspended prior to the initial rental of PAP equipment, then rental, PAP repair, and PAP replacement payments will not be interrupted.*
 - *The suspension policy will not affect patients who are on other life sustaining services, such as oxygen.*
 - *Real time notification of payment suspension will be available through the authorization process via the provider portal.*
- *Virginia Medicaid enforcing MCO’s to properly pay dual eligible copayments.*
- **NC Rate Floor Legislation Passed:** AAHomecare worked with ACMESA to successfully lobby for reimbursement rates for Medicaid beneficiaries served through MCOs with the passage of Medicaid bill SB 808, legislation which ensures MCOs cannot set rates for

Medicaid beneficiaries below the state's Medicaid fee for service rates for DME. AAHomecare will use the successful tactics from this year-long campaign to make sure HME suppliers' interests are protected in managed care environments across the nation.

- **PHE Toolkit:** AAHomecare developed a toolkit full of resources utilized during the PHE.
- Texas Medicaid review of access to care issues through Medicaid Managed Care Advisory Committee
- Texas CRT separate recognition initiative was approved through HHSC's Medicaid Managed Care Advisory Committee and now HHSC is reviewing.
- Tricare adoption of CARES Act rates. Tricare East auto re-processed claims back to the effective date. Tricare West required a manual process.
- UHC HRSA uninsured program issues resolved and DME claims are not able to process correctly and providers can be paid.
- Evicore releasing entire fee schedule for Cigna contract due to AAH relationship.

2019

- *Worked with Medicaid programs across the country to eliminate or limit fee schedule reductions in 30 states to minimize the impact of CURES cuts, saving suppliers millions of dollars across 244 HME HCPCS.*
- *Worked with TRICARE East contractor, Humana Military East on claims processing issues to 1) eliminate process issues with claim denials related to documentation not attaching to the claims when processed and 2) eliminate monthly rental documentation requirements.*
- *Passed HB 224 in Kentucky in partnership with KMESA, securing MCO protections including a rate floor, requiring coverage of HCPCS codes from KY Medicaid, established MSRP pricing in lieu of cost plus pricing for miscellaneous codes and specific CRT items, and established timeframes for claims audits and recoupments to equal timeframe for claims submission by providers.*
- *Passed legislation in Tennessee that will protect access to CRT equipment. Legislation defined CRT specifically and required it to be considered separately when broader rate or budget changes are considered.*
- 26 State Medicaid Programs made no rate reductions due to CURES legislation
- SC Medicaid-eliminated rate reductions 80% of items covered under the fee schedule.
- NC Medicaid-saved state \$12,000,000 in Cures Reconciliation
 - Eliminated Cures Rate cuts with analysis
- WVA - Authorization improvements by July, 2020
- Missouri Medicaid-Saved State \$462,000 in cures reconciliation by area
 - Potential opportunity to raise rates with savings

- Alabama Medicaid-Eliminated \$320,000 Medicaid Cures payback by completing Cures reconciliation
- Indiana delay in Medicaid Rate Reductions expected on 10/1/19
- Alaska Medicaid adoption of KU modifier and pricing for CRT.
- NC: eliminate sales tax on incontinence with ACMESA
- UHC PAP supply denials relieved

2018

\$36 Million Dollars Put Back in Providers Pockets \$26 Million Recurring Annually

- \$10 Million-Colorado Cures Delay
- \$10 Million Annually-Georgia Elimination-Cures Cuts
- \$7 Million Annually-Passage of KY HB224
- \$4 Million Annually-Missouri Cures Redistribution of Cuts, Additional \$500K in savings for state payback
- \$4 Million Annually-North Carolina Elimination of Cures Cuts
- \$1 Million Annually-Influence to pay for PAP Supplies with Cures Cuts
- 24 additional states with rate cuts eliminated or minimized for 2018 with no estimate of ROI

2017

- *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.*
- *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.*
- *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.*
- *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.*
- BCBS NC-Change in philosophy for 2017 pricing agreement to remain at 1-1-2016 CMS Fee Schedule.
- Mainecare Medicaid-Partnered with HOMES to evaluate position paper and letter of request to Mainecare Medicaid in evaluation of new pricing reductions. Resulted in Mainecare Medicaid rolling back rates to 1/1/2015.
- Dobson Davanzo Study-Worked with Dobson Davanzo to complete 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 document

that was used as legislative document in pushing for Competitive Bidding Delay and reform. 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.

- Cures Direction-Worked with legal staff on obtaining legal guidance for the industry in 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.
- Tricare-created outreach to Tricare contractors and Defense Health Agency regarding Cures legislation. Created relationships with Healthnet and Humana to push for DMEPOS issues internally. Providers receiving notifications from Defense Health Agency that they will be reprocessing claims due to Cures Bill.
- Tricare-created education for the industry regarding the contract changes occurring 1/1/18.
- Payer Relations Negotiation Packet-Created reference materials for state associations and providers to use in discussions on why pricing should not be based on Medicare fee schedules. Working with state associations and providers on guidance and understanding prior to these meetings. Had one provider report win with using these materials and negotiating his contract back to 1/1/2015 rates.
- Medicaid Cures-Worked with Brown & Fortunato in obtaining legal opinion on the rights and responsibilities of the states in implementing Cures language. Worked with subgroup of state leaders to create list of questions to provide to Medicaid Directors and to CMS for guidance and direction. Continuing to follow up with CMS as no direction has been given but have been told it is being worked on. Met with NAMD to provide our opinion and the legal opinion we received and asked for help in distributing and educating Medicaid Directors.
- NY Medicaid Incontinence Program-Worked with NEMEP to create position paper to submit to NY DOH regarding the incontinence program. Created and performed two cost studies and met with NY DOH regarding concerns with program and to present factual data on cost of providing these services. Resulted in freeze of current rates until further notice.
- NC Medicaid-Worked with ACMESA, NCART, NSM, and Numotion to spearhead discussions on miscellaneous rehab codes pricing changes from MSRP minus 20% to Cost plus 20%. Resulted in change in reimbursement on specific code sets to Cost plus 35%.
- BCBS Montana-Worked with Big Sky AMES to evaluate strategy and white paper for presentation to BCBS Montana in reimbursement cuts to 2017 fee schedule. Participated in meeting with Big Sky AMES and BCBS Montana to discuss concerns and issues with current pricing structure. BCBS Montana has not changed philosophy and does not appear to be willing at this time.

- Anthem-Developed relationship with Nidhi Jagani, VP of DME National Contracting to provide input and partnership in DMEPOS policy decisions. Provided guidance on not including PAP supplies with rental of unit. CMS issued guidance regarding inclusion of supplies in capped rental equipment. Explained medicare reimbursement on PAP supplies. Also had discussion on “overutilization of ventilators” due to report by OIG and explained reality of what was occurring in the marketplace.
- DC Medicaid-Worked with MNCHA to establish strategy for fighting pricing cuts. Created packet of information regarding CB pricing, supplier landscape, pricing decrease information. Met in person with DC Medicaid and MNCHA to present case. Gave follow up pricing analysis for all CB codes for evaluation in pricing structure. Have been told they are fixing some of the pricing cuts and analyzing budget before finalizing decision.
- AIM Sleep Management-Created subgroup to present changes to sleep policy to AIM. Continuing to push for change in ongoing supply management.
- Carecentrix Relationship-Developed relationship with Carecentrix to be involved in provider relations committee that will impact policy and operational change for DMEPOS providers.

KEY RELATIONSHIPS ESTABLISHED

- Anthem
- UHC
- Carecentrix
- Aim Sleep Management
- Centene – Wellcare
- Humana