



Date

Commercial Payer

Address 1

Address 2

City, State Zip

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

Dear...

The American Association for Homecare (AAHomecare) is writing to request that commercial insurance carriers 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 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 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 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 DMEPOS 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 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. Listed below are recommendations which will allow the DMEPOS industry to focus on current emergency patient situations.

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. AAHomecare 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 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 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>
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. 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. Allow all patients with chronic conditions to have out of network benefits for medically critical DMEPOS equipment and supplies.



17. Require a temporary moratorium on reductions in fee schedules for DMEPOS providers to preserve access to care.

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. Communities across the nation are dealing with a rapidly accelerating crisis that will test our health care systems like never before. DME 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 chronic 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, I 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 welcomes 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
American Association for Homecare
Vice President of Payer Relations