



# Payers in the Pandemic: Policy Updates from State and Commercial Payers

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# ABOUT AAHOMECARE

- National voice for home medical equipment providers and manufacturers in Washington and across the country.
- AAHomecare fights for fair regulations and sustainable reimbursement rates from a broad range of payers.
- Member-driven association: guided by our council structure and board of directors.
- Unifying voice for our industry through strong partnerships with major stakeholder organizations and state/regional associations.
- We continue to evolve to better represent you in a changing environment for HME.
- Continuing to grow our membership.

**YOUR ASSOCIATION, YOUR  
ADVOCATE, YOUR PARTNER**



# Today's Speakers:



- Laura Williard,  
Vice President of  
Payer Relations,  
AAHomecare



- David Chandler,  
Director of Payer  
Relations,  
AAHomecare



- Jason Morin,  
Director of  
Reimbursement,  
Home Care  
Specialists, Inc



- Ryan Bullock,  
Chief Operating  
Officer, Aeroflow  
Healthcare, Inc

# **COVID-19 Updates**

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- **Medicaid Updates**
- **Commercial Payer Updates**
- **Future Reimbursement Challenges**
- **Operational Best Practices**
- **Call to Action**
- **Q&A**

# COVID-19 Medicaid Update:

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- CMS Disaster Tool Kit
  - Access Emergency administrative relief
  - Relax rules to ensure individuals with disabilities and elderly can be effectively served at home
  - Make Temporary modifications to eligibility and beneficiary requirements
  - Modify Payment Rules to support health care providers impacted by the outbreak
- To Date CMS has approved:
  - 50 Waivers, 27 Disaster State Plan Amendments, 8 COVID Related Disaster Plans, 1 CHIP COVID Disaster Amendments

# COVID-19 Medicaid Update:

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- Broad adoption of 1135 blanket waivers from CMS
  - 1135 blanket waivers applicable to DME (telehealth, prior authorization, fair hearing extensions, provider enrollment)
- 1115 Waiver
  - Streamline enrollment into long term care programs & HCBS
- 1915 (c) Appendix K
  - Make amendments to current 1915 (c) waivers to respond to emergency
  - Extend HCBS flexibilities to LTSS

# COVID-19 Medicaid Update:

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- Medicaid Disaster State Plan Amendments
  - Expand temporary coverage to optional eligibility groups
  - Add specialized benefits
  - Expand telehealth
  - Temporary increase provider reimbursement
  - 4 current Disaster SPA impact DME
    - Arizona, Alabama, Minnesota, Virginia
- CHIP COVID Disaster Amendment
  - Maine-adjust state lock out period and cost sharing
- State Medicaid's can issue guidance through Special Bulletins

## COVID-19 Medicaid Efforts Underway:

- AAHomecare created a letter with industry requests including:
  - Providing coverage for short term oxygen for patients with acute conditions to ease hospital overflow
  - Waive prior auth and re-auth requirements for all DMEPOS items and repairs
  - Reduce burdensome paperwork requirements
  - Waive any face to face requirements
  - Waive signature requirements
  - Extend timely filing requirements
  - Suspend audits
  - Allow any clinician and ATP in-person requirements for CRT be met through remote technology
  - And others...



# COVID-19 Medicaid Efforts Underway:

- Nearly every state Medicaid agency has been contacted through either AAHomecare's letter co-branded with state associations, NCART, and VGM or through state association relationships. At least 46 states have active discussions underway.
- AAHomecare also has a follow-up letter that highlights recent CMS guidance that indicates:
  - CMS will not enforce clinical indications for coverage across respiratory, home anticoagulation management and infusion pump National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) (including articles). Enforcement of these clinical indications for coverage will resume once the COVID-19 emergency has ended.
  - Waiving of Proof of Delivery Requirements
  - Waiving of Prior Authorizations
  - Suspension of audit activity

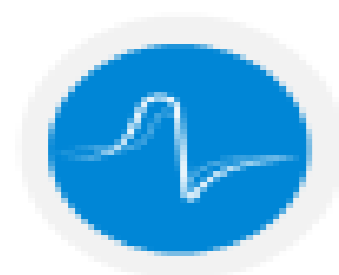


# State Medicaid Highlights:

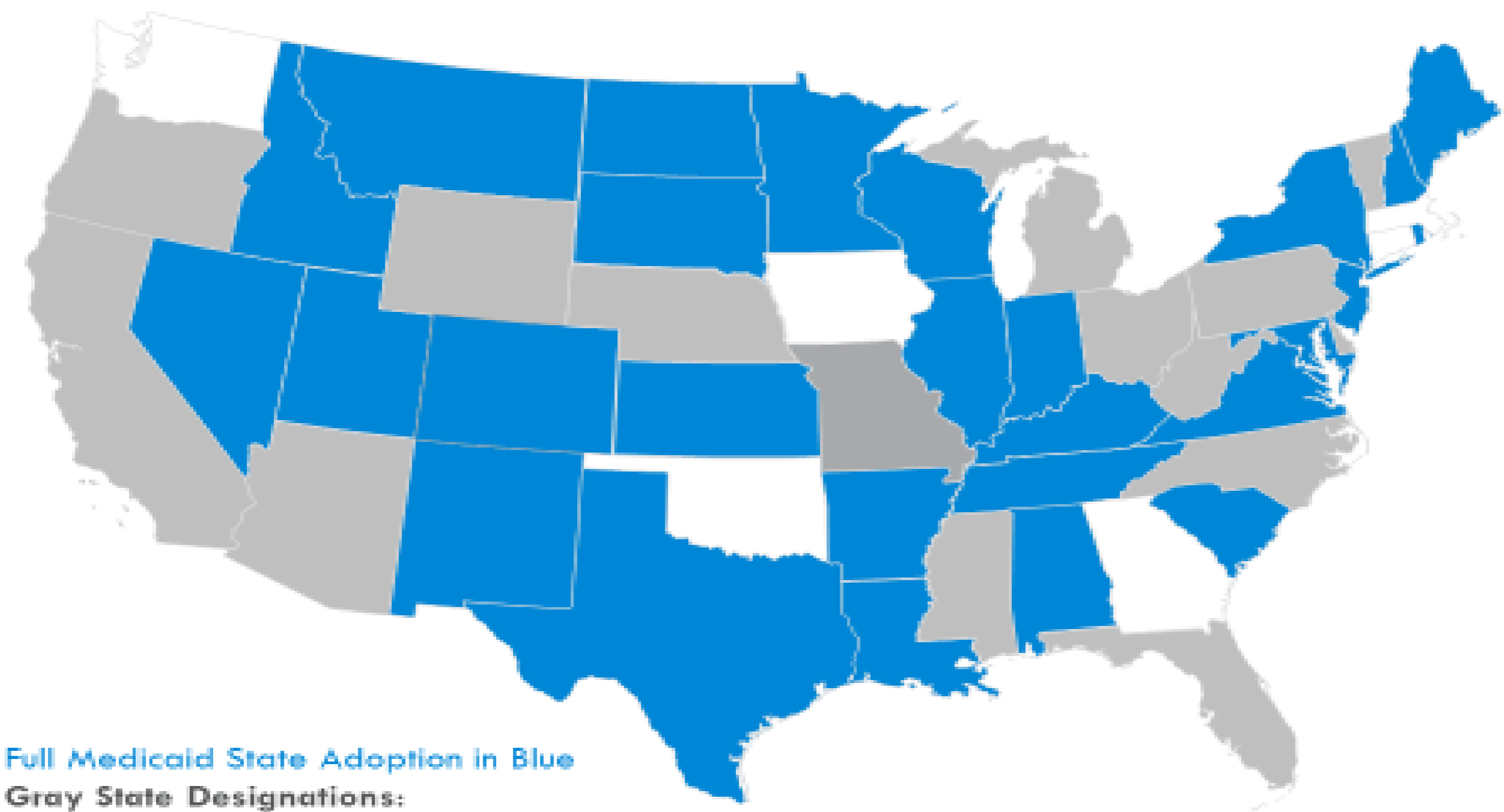
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- Colorado, Georgia, Kentucky, North Dakota, North Carolina, and South Carolina are allowing Oxygen for acute respiratory conditions. Additional states have expressed this verbally, and we are hoping to have in writing soon.
- Kentucky, New Hampshire, Massachusetts, and Illinois are allowing use of remote technology for some or all in-person engagements for Complex Rehab Technology (CRT)
- Broad adoption of waiving signature requirements for delivery.
- Broad adoption for waiving prior authorization for at least some items.
- State listing of COVID-19 Medicaid websites can be found on AAHomecare's webpage: <https://www.aahomecare.org/state-waivers>

# State Medicaid Adoption of multi-function ventilator code E0467



## Current Medicaid State Coverage



Currently 45 States:

- Alabama
- Alaska
- Arizona\*\*
- Arkansas
- California\*
- Colorado
- Delaware\*\*\*
- District of Columbia
- Florida\*
- Hawaii
- Idaho\*
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Michigan\*
- Minnesota
- Mississippi\*
- Missouri
- Montana
- Nebraska\*
- Nevada
- New Hampshire\*\*\*
- New Jersey
- New Mexico
- New York
- North Carolina\*
- North Dakota
- Ohio\*
- Oregon\*
- Pennsylvania\*
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont\*
- Virginia
- West Virginia\*
- Wisconsin
- Wyoming\*

Full Medicaid State Adoption in Blue

Gray State Designations:

- \*Prior Authorization (PA)
- \*\*By Report (BR)
- \*\*\*Manually Priced

# State Medicaid Highlights: TEXAS

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- Texas implemented multiple policy changes:
- Temporarily extended existing prior authorizations for services so that Texans can get the care they need without delay.
- Extended deadlines for state fair hearings and appeals.
- Allowed services to be performed by telehealth, telemedicine, or telephonic contact.
- Waived the requirement to obtain the client or guardian signature on the DME certification and receipt form.

# State Medicaid Highlights: New Hampshire

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- The New Hampshire Medicaid Program has released new guidance that includes extensive HME-related policy changes:
- Waives prior authorization for oxygen, equipment, and supplies. Proof of delivery is required via text, email, photograph or confirmed shipment receipt from third-party carriers.
- Relaxed prior authorization requirements to allow for backdated requests, extend quality limits, and relax delivery requirements for other DMEPOS for confirmed-positive COVID-19 beneficiaries.
- Allows 30-day extensions for medical DMEPOS orders that expire during the State of Emergency period.

# State Medicaid Highlights: New Hampshire (Cont'd)

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- Grant home sleep studies and CPAP devices, subject to retrospective medical necessity review within 60 days of the rendered service date, during the State of Emergency period.
- Extends timely claim filing 180-days from the date of service.
- Authorizes fittings for assistive technologies through use of remote telehealth technology, whenever practical/appropriate.
- Permit non-participating and out-of-network providers to order durable medical equipment; at minimum, a temporary state license is required.
- Permits early fills of medical supplies for a maximum day supply of 30 days with a provider's order.

# State Medicaid Highlights: North Carolina

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- Modified their regulations to allow coverage for beneficiaries with respiratory infections without requiring prior authorization for a wide range of respiratory equipment and products, including ventilators, stationary oxygen, CPAP, RAD, portable oxygen, concentrators, surgical masks, and accessories. See the complete list in the [COVID-19 Special Bulletin #2](#) under the *Durable Medical Equipment: Temporary Flexibilities* heading.
- Modified regulations to allow coverage without requiring prior authorization for additional medical equipment and supplies. See complete list in the [COVID-19 Special Bulletin #10](#).

# State Medicaid Highlights: South Carolina

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- The South Carolina Dept. of Health & Human Services has announced several policy changes per this [Medicaid Bulletin](#):
- Expanding coverage of oxygen therapy to include coverage for acute, short-term treatment and waiving the requirement that portable systems be limited to periods when beneficiaries are not able to use stationary systems.
- Waiving prior authorization requirements and quantity limits for oxygen therapy, positive airway pressure devices, respiratory assist devices, ventilators, suction devices, nebulizers and related supplies.

## State Medicaid Highlights: South Carolina (Cont'd)

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- DME providers may continue to provide services, recurring medical supplies or DME rentals with otherwise valid provider orders that exceed SCDHHS' duration or timeliness standards.
- DME providers may provide and deliver DME items to hospitalized individuals who may not otherwise meet the standards of medical necessity as long as: a) the discharging hospital or physician attests that the equipment is necessary to support the discharge; and, b) the discharge is consistent with the CDC guidelines for the statewide COVID-19 response.

# State Medicaid Highlights: Georgia



- The Georgia Dept. of Community Health has announced several policy changes:
- Any “approved” Prior Authorizations (PA) for supplies that are provided on a monthly basis that were set to expire on March 16th , 2020 or prior to June 1st, 2020 have been extended by an additional 90-days (this excludes one-time purchase orders).

# State Medicaid Highlights: Georgia (Cont'd)

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- DCH is temporarily waiving the CMN requirement on NEW oxygen supplies and related equipment requests and will only require a written/signed order by a physician. The order must include the following: a diagnosis of the disease requiring home use of oxygen, the oxygen flow rate, and an estimate of frequency, duration of use, and duration of need. (This excludes new/re-cert orders for members who were previously established on oxygen supplies.)
- The face-to-face requirement for DME supplies may be met with a telehealth visit record for certain types of equipment as identified by DCH.
- The signature requirement for the delivery of DME supplies has been waived until further notice.

# State Medicaid Highlights: North Dakota

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The North Dakota Dept. of Human Services has announced several policy changes:

- ND Medicaid will allow an extension of 90 calendar days from the expiration date of a DME prescription/order for continuous medical supplies, DME rental claims and equipment.
- Service authorization for oxygen and oxygen-associated equipment such as tanks, stationary or portable concentrators is waived, with the exception of ventilators. Device selection will be based upon availability and therapeutic benefit for the member. Oxygen coverage includes acute, short-term treatment and portable devices. Portable systems may be utilized to offer oxygen therapy. All oxygen and oxygen-associated equipment are rental only.

## State Medicaid Highlights: North Dakota (Cont'd)

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- ND Medicaid will waive SA for CPAP, BIPAP, nebulizers, and humidifiers as these items related to oxygen therapy.
- Proof of delivery signatures are waived during the emergency. Providers should document the date of delivery in the medical record.
- To facilitate the discharge of Medicaid members from inpatient status, DME providers may provide and deliver DME items to hospitalized individuals, so long as:
  - The discharging hospital or physician attests that the equipment is necessary to support the discharge; (this will be considered accomplished with the script)
  - The discharge is consistent with the Centers for Disease Control and Prevention-recommended guidelines for the statewide COVID-19 response.

# Commercial Payer Efforts Underway

- AAHomecare created a letter with industry requests including:
  - Protecting cashflow for providers
  - Providing coverage for short term oxygen for patients with acute conditions to ease hospital overflow
  - Waive prior auth and re-auth requirements for all DMEPOS items and repairs
  - Reduce burdensome paperwork requirements
  - Waive any face to face requirements
  - Waive signature requirements
  - Extend timely filing requirements
  - Suspend audits
  - Allow any clinician and ATP in-person requirements for CRT be met through remote technology
  - And others



# Commercial Payer Efforts Underway

- Over 30 major commercial payers have been contacted directly by AAHomecare Payer Relations team. Letter highlights over 150 industry stakeholders supported message. Commercial payers contacted include BCBS Association, CareCentrix, Aetna, Anthem, Humana, and United Healthcare.
- AAH also has follow-up letter that highlights recent CMS guidance that indicates:
  - CMS will not enforce clinical indications for coverage across respiratory, home anticoagulation management and infusion pump National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) (including articles). Enforcement of these clinical indications for coverage will resume once the COVID-19 emergency has ended.
  - Waiving of Proof of Delivery Requirements
  - Waiving of Prior Authorizations
  - Suspension of audit activity
- DOI outreach underway



# Commercial Payer Updates:

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- Waived Proof of Delivery
  - UHC, Humana, Anthem
- Waived Prior Approval
  - Humana, Anthem
  - UHC-Vent, Rad, Oxygen for COVID-19 Related Requests
- Coverage of Acute Short Term Oxygen-COVID Related Diagnoses
  - UHC, Humana, Anthem, Carecentrix most plans
- Carecentrix-Break out by plan type
  - NJ Horizons
  - Florida Blue
  - Cigna Core Business, NALC, Shared Administration, PSG
- BCBS Association-State by State Links to BCBS Plans
  - <https://www.bcbs.com/coronavirus-updates>

# Commercial Payer Updates:

PAYER	Proof of Delivery Signature Waived	Prior Authorization Flexibilities	Reauthorization	Respiratory Medical Policy	Waiving Copays for COVID Treatment	CRT Face 2 Face
United Health Care	Yes	3 month relief for E0471, E0465, E0466, E0467 with COVID-19 Discharges; Oxygen for Covid-19 Related requests.	F2F required for all auths obtained prior to 10/1/19. Auths obtained 10/1/19 or later is having authorization extended through 9/30/20.	Covid-19 related oxygen requests can be delivered without prior authorizat on and does not need to meet current clinical criteria.	Not for DMEPOS	Vendors can utilize telehealth to minimize in-person contact to meet evaluation requirements.
Humana	Yes	Waived for COVID related diagnoses	Waived for COVID related diagnoses	Coverage of Short-Term home oxygen use for members with COVID-19 related diagnoses	Yes	No Response
Anthem	Yes	Waived for COVID diagnoses	Waived for COVID related diagnoses	Coverage of Short-term acute home oxygen use for Covid Related Diagnoses	Yes	No Response
Centene	No Response	Waived for COVID related treatment	Waived for COVID related diagnoses	Follows State Medicaid or Medicare Policy. Additional Follow Up Needed.	Yes	No Response
Aetna	No Response	None for DMEPOS	Required as normal for DMEPOS	No Response	Yes for inpatient stays, other varies depending on type of plan and state.	No Response
Carecentrix-Florida Blue	No Response	Retro authorization for 90 days for Dates of service through 5/31/20 for all Diagnoses. **SEE RESPIRATORY MEDICAL POLICY	No Response	Awaiting Health Plan Response	No Response	Awaiting Health Plan Response
Carecentrix-Horizon	No Response	Retro authorization for 90 days for Dates of service through 5/31/20 for all Diagnoses. **SEE RESPIRATORY MEDICAL POLICY	No Response	No Prior auth for respiratory related equipment (oxygen, neb, RAD, vent, suction, pulse ox, cough assist for COVID-19 DX.	No Response	Replace face to face requirement with physician prescription or tele-evaluation. Providers may conduct a video evaluation by LCMP. Providers may perform home assessment via video or verbal interview
Carecentrix-Cigna Core Business	No Response	Retro authorization for 90 days for Dates of service through 5/31/20 for all Diagnoses. **SEE RESPIRATORY MEDICAL POLICY	No Response	No Prior auth for respiratory related equipment (oxygen, neb, RAD, vent, suction, pulse ox, cough assist for COVID-19 DX.	No Response	Replace face to face requirement with physician prescription or tele-evaluation. Providers may conduct a video evaluation by LCMP. Providers may perform home assessment via video or verbal interview
Carecentrix-Cigna NALC	No Response	Awaiting Health Plan Response	No Response	No Prior auth for respiratory related equipment (oxygen, neb, RAD, vent, suction, pulse ox, cough assist for COVID-19 DX.	No Response	Face 2 Face required
Carecentrix-Cigna Shared Administration/Alliance	No Response	Awaiting Health Plan Response	No Response	Not Allowed	No Response	Awaiting Health Plan Response
Carecentrix-Cigna PSG	No Response	Awaiting Health Plan Response	No Response	Not Allowed	No Response	Awaiting Health Plan Response
BCBS Association	Varies by State	Varies by State	Varies by State	Varies by State	Yes	Varies by State

# Questions for Payers:

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- How to document proof of delivery?
- What is considered COVID-19 Related Diagnoses?
- Is DMEPOS included in waiving of cost share?
- IS DMEPOS included in waiving prior approval?
- If payers are automatically extending authorizations, what are providers required to do to extend the authorizations?
- If they follow Medicare medical policy, will they waive NCD and LCD for all respiratory related care per CMS guidance?
- How to handle current audits underway?
- Verify and Document Responses

# Future Reimbursement Challenges:

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- Applying CMS regulations to Medicare Advantage Plans
- Applying new rates from Medicare
- Elimination of 2% sequestration May 1, 2020-Dec 31, 2020
- Requalifying patients after the public health emergency ends
- Audits-State Medicaid plans and Commercial Plans
- Tricare



# Operational Best Practice Considerations:

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- Are you creating written policy & procedures to deal with the current PHE?
- Infection control, Medical leave, Delivery, Intake – any processes implemented during the PHE which deviate from your SOP should be documented & distributed to staff to ensure understanding and minimize post PHE risk.



# Operational Best Practice Considerations: Intake

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- Clear communication with referral sources:
  - How has your service model changed?
  - What steps have been taken to protect your staff, patients, and other healthcare providers?
  - Policy updates:
    - Keep referrals up to date on COVID-19 payer policy changes
    - Modify intake policy to match COVID-19 payer policy changes
    - Track patients that may fall outside normal policy requirements during PHE
- Clear communication with patients and caregivers:
  - Develop screening questions for patients and other members of their household
  - Outline delivery expectations:
    - Will you enter the home? Will your staff be allowed to enter the home?
    - Do you require social distancing within the home?
    - Signature requirements
    - Telehealth options for instruction and follow up



# Operational Best Practice Considerations: Supply Chain Management

- What products are vital to your operations? Have you created a workplan for dealing with equipment shortages?
  - If equip levels fall below identified levels will you prioritize orders by:
    - Preferred referral?
    - Payer?
    - Diagnosis?
- Have you calculated your PPE burn rate?
  - Do you have an adequate supply? Est # of days?
  - If PPE level fall below an identified number of days will you prioritize orders by:
    - Preferred referral?
    - Payer?
    - Diagnosis?
    - Existing patients?

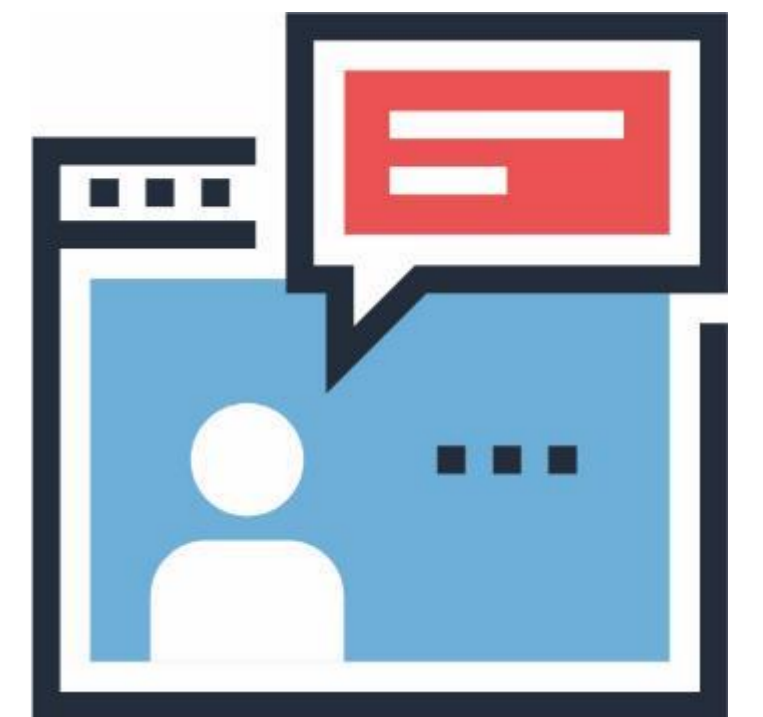


# Operational Best Practice Considerations: Delivery

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## How has your delivery model changed?

- No Touch delivery?
- Social distancing within the home?
- Telehealth, Drop shipping?
- Waiving signatures?



# Operational Best Practice Considerations: Billing and Collections

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## What metrics are you monitoring?

- New orders:
  - Total # of new orders recieved vs. delivered.
    - broken down by payer type, product type, referral type.
- Payments: Are payments trending down in any areas?
  - Patient collections?
  - Payer projects?
- Is billing staff up to speed on all payer policy changes?



# Operational Best Practice Considerations: Compliance

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- Are you documenting COVID reasons in all necessary accounts? On delivery paperwork?
- Are you tracking and cataloging all the policy updates to prevent against future audits?
  - Lots of grey area and unanswered questions, how are you weighing risk and creating PHE policy?
  - Are you performing internal audits of recent files to ensure compliance?
- Are you still receiving audits from any payers? Are you able to respond?

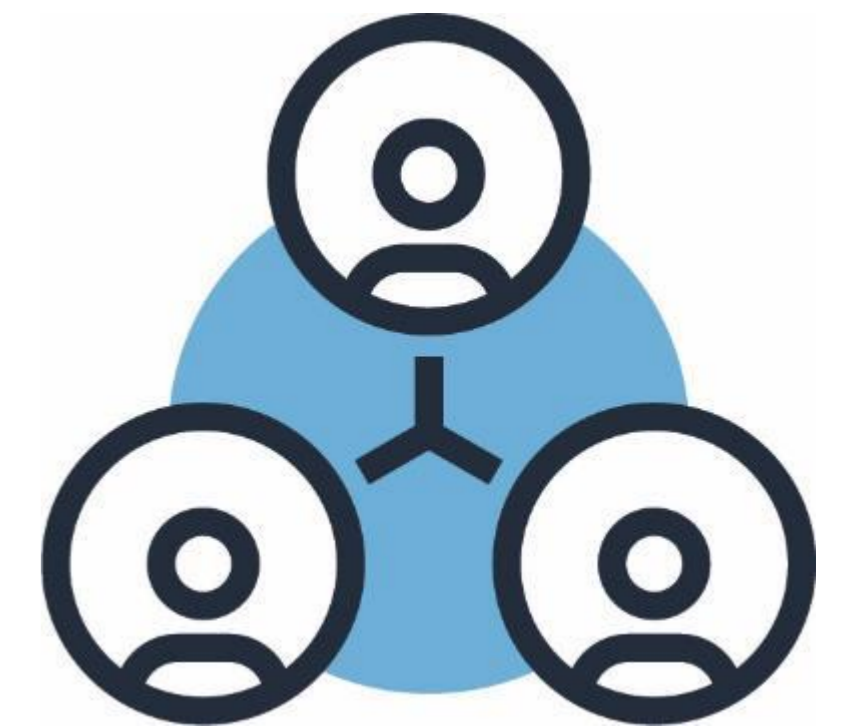


# Operational Best Practice Considerations: General Staffing

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## How are you handling communicating with staff?

- Daily check-ins with all staff, team meetings, training, etc...?
- Consider other KPI's to review productivity?
- Resource management of FTE's that are no longer able to call on referral sources?

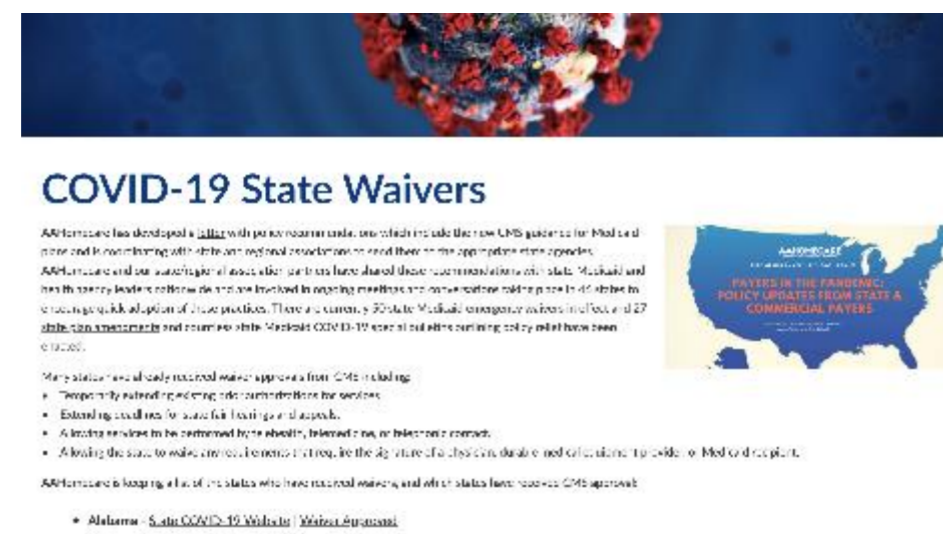


# Operational Best Practice Considerations: Resources

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- Payer sites
- Health systems / Referral partners
- Local legislators
- Personal Network
- What you can do to help?
- Get involved!
- **Associations!**
  - State/Regional Associations
  - AAHomecare

<https://www.aahomecare.org/covid-19-resources> &  
<https://www.aahomecare.org/state-waivers>





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