Payer Relations Power Hour: Key Council Updates

We Value and Request Your Feedback

With your help and input we can continue to deliver educational content that is the best in the industry! Feedback can be collected in 2 ways:

1. Please complete your session evaluation, handed out upon entry of this presentation, and return to the room monitor as you exit.

2. You also have the option to complete your survey form in the mobile app. To complete through the app, go to conference agenda – locate & select the appropriate session - tap on the 👍 to begin.

Your feedback is greatly appreciated and helps provide us with first-hand insight that is carefully reviewed as we plan future Medtrade Conferences!

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Speakers:

- Laura Williard, AAHomecare, Senior Vice President, Payer Relations
- Cadie McGonagill, Lincare, Vice President, Managed Care
- Cameo Zehnder, Pediatric Home Service, Chief Administrative Officer
- David Chandler, AAHomecare, Vice President, Payer Relations

Payer Relations Council:

History: In June of 2016 AAHomecare added **Laura Williard** to our team to start and manage our Payer Relations department. The mission has been and remains leading advocacy efforts and providing resources for our members on state Medicaid, state legislative, and commercial payer initiatives. In April of 2019 AAHomecare added **David Chandler** to expand our ability to impact HME policy nationwide. Laura and David continue to build relationships with commercial payers, state Medicaid agencies, and state legislators to enhance our industry's position and develop a unified message and strategy. Their efforts to date show a proven track record of success and offer a valuable resource to our members.

In October of 2019 AAHomecare created the Payer Relations Council and we are developing the pathway for the future of the HME industry. The newly formed council provides opportunity for HME advocates to address industry concerns without impacting provider relationships.

Payer Relations Council Goals:

1. Payer Engagement
2. State Engagement
3. Technology Integration
4. Medicare Advantage
5. Creation of Educational Materials

National Issues:

- AAH's Change Healthcare Resources & News page
- Template letter for State Insurance Commissioners
- New HCPCS codes

Change Healthcare Disruption Resources & News

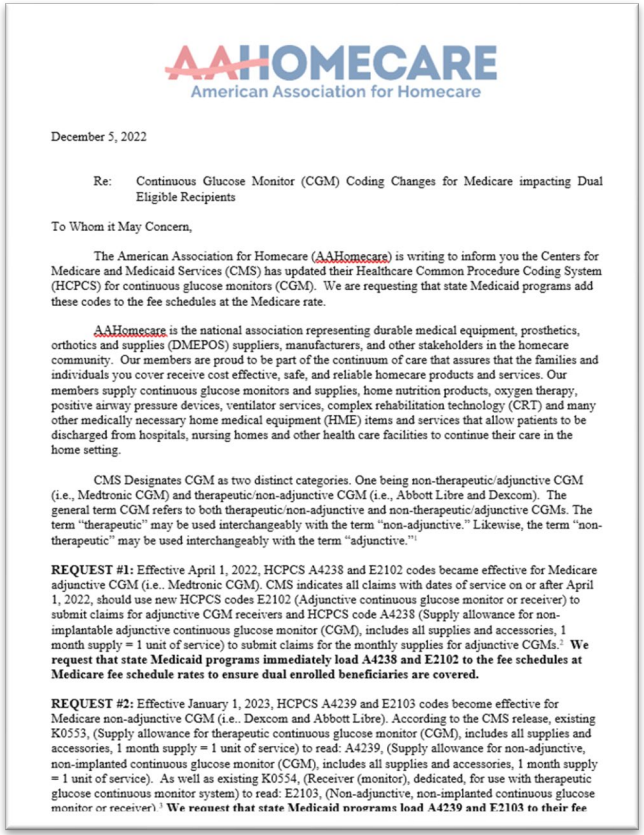
The recent cyberattack on Change Healthcare continues to disrupt claims and payment processes for HME suppliers and the full spectrum of healthcare providers. AAHomecare will share news and resources to help HME suppliers lessen the impacts of this incident and maintain strong access to care.

State Insurance Commissioner Communication

- Template Letter
- Escalated billing disputes
- Payment or coverage questions
- Inconsistent application of rules
- Contract questions
- Access issues

New and Updated HCPCS:

- Complications with Duals
- Secondary Payers
- Medicaid application
- Medicare Advantage application
- Commercial Payer application



AAHOMECARE
American Association for Homecare

December 5, 2022

Re: Continuous Glucose Monitor (CGM) Coding Changes for Medicare impacting Dual Eligible Recipients

To Whom it May Concern,

The American Association for Homecare (AAHomecare) is writing to inform you the Centers for Medicare and Medicaid Services (CMS) has updated their Healthcare Common Procedure Coding System (HCPCS) for continuous glucose monitors (CGM). We are requesting that state Medicaid programs add these codes to the fee schedules at the Medicare rate.

AAHomecare is the national association representing durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) suppliers, manufacturers, and other stakeholders in the homecare community. Our members are proud to be part of the continuum of care that assures that the families and individuals you cover receive cost effective, safe, and reliable homecare products and services. Our members supply continuous glucose monitors and supplies, home nutrition products, oxygen therapy, positive airway pressure devices, ventilator services, complex rehabilitation technology (CRT) and many other medically necessary home medical equipment (HME) items and services that allow patients to be discharged from hospitals, nursing homes and other health care facilities to continue their care in the home setting.

CMS Designates CGM as two distinct categories. One being non-therapeutic/adjunctive CGM (i.e., Medtronic CGM) and therapeutic/non-adjunctive CGM (i.e., Abbott Libre and Dexcom). The general term CGM refers to both therapeutic/non-adjunctive and non-therapeutic/adjunctive CGMs. The term "therapeutic" may be used interchangeably with the term "non-adjunctive." Likewise, the term "non-therapeutic" may be used interchangeably with the term "adjunctive."[1]

REQUEST #1: Effective April 1, 2022, HCPCS A4238 and E2102 codes became effective for Medicare adjunctive CGM (i.e.. Medtronic CGM). CMS indicates all claims with dates of service on or after April 1, 2022, should use new HCPCS codes E2102 (Adjunctive continuous glucose monitor or receiver) to submit claims for adjunctive CGM receivers and HCPCS code A4238 (Supply allowance for non-implantable adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service) to submit claims for the monthly supplies for adjunctive CGMs.[2] **We request that state Medicaid programs immediately load A4238 and E2102 to the fee schedules at Medicare fee schedule rates to ensure dual enrolled beneficiaries are covered.**

REQUEST #2: Effective January 1, 2023, HCPCS A4239 and E2103 codes become effective for Medicare non-adjunctive CGM (i.e.. Dexcom and Abbott Libre). According to the CMS release, existing K0553, (Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service) to read: A4239, (Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service). As well as existing K0554, (Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system) to read: E2103, (Non-adjunctive, non-implanted continuous glucose monitor or receiver).[3] **We request that state Medicaid programs load A4239 and E2103 to their fee**

Medicare Advantage

- Trending data
- CMS MA Rule commenting
- Medicare Advantage Resources
- Advocacy

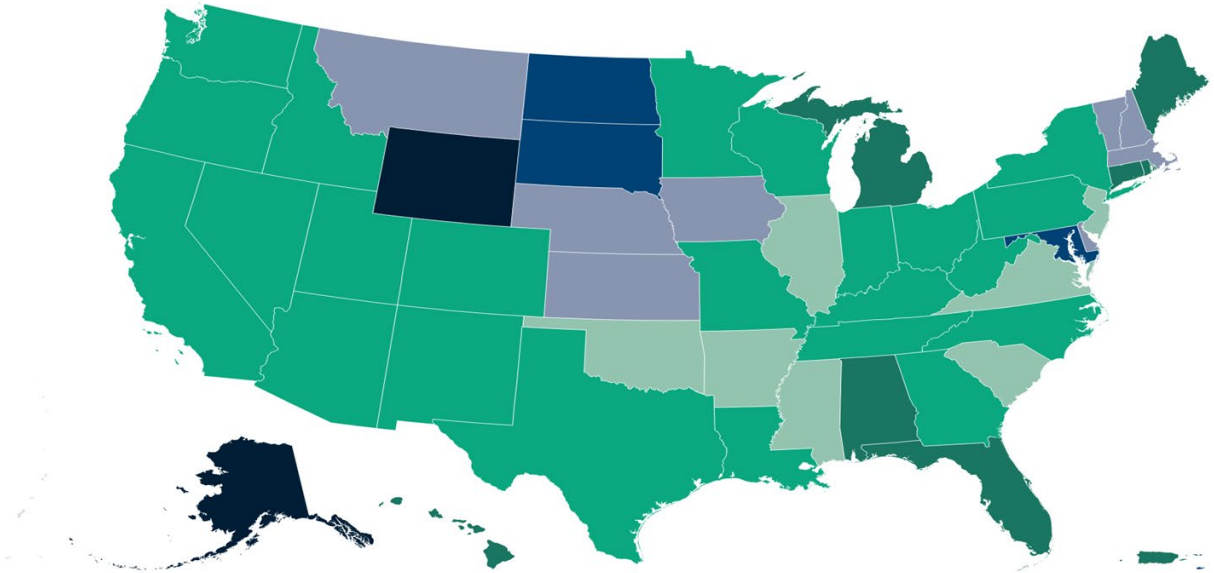
Figure 6

Share of Beneficiaries Enrolled in Medicare Advantage in 2024, by State

Click on the buttons below to see enrollment data for 2024 and 2014:

2024 2014

< 20% 20%–30% 30%–40% 40%–50% 50%–60% ≥ 60%



Note: Includes only Medicare beneficiaries with Part A and B coverage.

Source: KFF analysis of CMS Medicare Advantage Enrollment Files and March Medicare Enrollment Dashboard, 2014 and 2024.

KFF

MEDICARE ADVANTAGE RESOURCES

- Medicare Advantage and Medicaid Managed Care Plans: An Overview by Brown & Fortunato
  - Rights of DME Supplier Under a Medicare Advantage Plan and a Medicaid Managed Care Plan
  - Medicare Advantage Plans and Medicaid Managed Care Plans Access to Care Requirements
  - Overview of Federal Statutes and Regulations Governing Medicare Advantage Plans and Medicaid Managed Care Plans
  - Medicare Advantage Plans and Medicaid Managed Care Plans Minimum Level of Service
- Template MAP Email - CMS 2024 MA Final Rule Key Provisions
- OIG Report on Problems in the Medicare Advantage Space: An Overview by Brown & Fortunato
- Medicare Managed Care Appeal Manual
- Medicare Managed Care Appeal Flowchart
- AAHomecare MAP RFI CMS-4203-NC Comments 2022
- AAHomecare Talking Points
- Medicare Advantage Final Rule
- Summary of 2024 Medicare Advantage Final Rule
- Comments on CMS 2025 Medicare Advantage Proposed Rule
- CMS MA Enrollment Reports
- differences between FFS Medicare and Medicare Advantage
  - CMS:
    - Understanding Medicare Advantage Plans
    - Compare Original Medicare Medicare Advantage
  - OIG: HHS-OIG's Perspective on Managed Care – Potential Risks and Concerns
    - Reports and Publications: Managed Care
- Summary of 2025 Medicare Advantage Final Rule
- Summary of CMS Interoperability and Prior Auth Final Rule – 2024
- Comments on CMS Medicare Advantage Data RFI – 2024

https://aahomecare.org/medicare-advantage

MEDICARE ADVANTAGE ADVOCACY

- Patient complaints – 1-800-MEDICARE
- Stakeholder complaints – Regional Office Contacts https://www.cms.gov/about-cms/where-we-are/regional-offices and CMS Part C Oversight https://dpap.lmi.org
- AAHomecare continues to provide global industry feedback and proposed solutions directly to CMS Part C leadership
- Foley Hoag Engagement

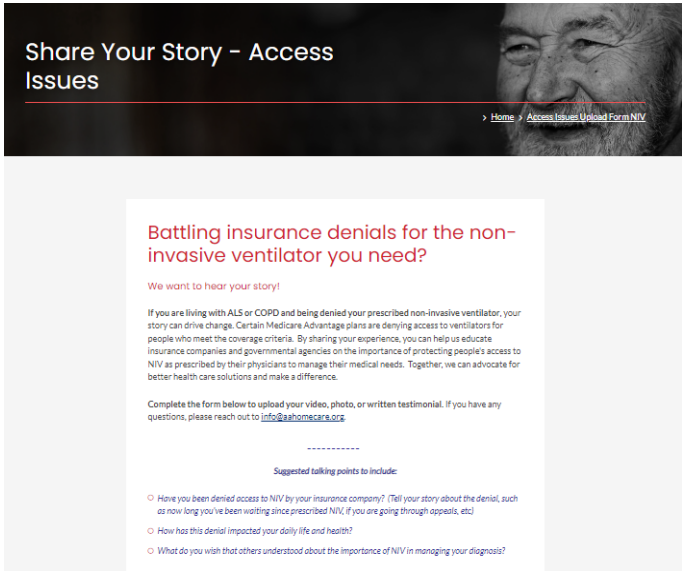
Invite your customers & family caregivers to share their story on our web pages that provide a high-level overview of the issue, suggested talking points, and a portal for submissions.

NIV Access Issues

Some Medicare Advantage Plans employ coverage criteria for non-invasive ventilators (NIV) that is more restrictive than Medicare NCD guidelines for those with ALS or COPD with chronic respiratory failure, causing people to go through a lengthy appeals process or forced into “tried and failed” step therapy to get the needed NIV.

CGM Access Issues

Some Medicare Advantage plans and Medicaid programs are shifting coverage of Continuous Glucose Monitoring (CGM) devices and related supplies to Part D benefits, with some restricting access through suppliers and going to a pharmacy only channel.



COLLECTING END USER STORIES

Medicaid and Medicaid Managed Care

- State Environmental Scan
- Medicaid RFP tracking
- CMS Medicaid Rule commenting

Medicaid State Environmental Scan

- Population
- Rate setting
- Core initiatives
- Lobbyist information
- State/Regional Association
- AAH lead

STATE	MEDICAID ENROLLMENT (May 2022)	MCO ENROLLMENT (March 2022)	MCO ENROLLMENT %	MCO PARENT FIRMS	Based on Medicare Rates (per SP	Which Medicare Rates (per SPA)	% of Medicare Rates (per SPA)	Most Recent Rate Increase (Date)	Rate Increase Notes (link to page for fee	Fee Schedule matches SPA?	75/25 Impact-Non Rural	Rural Rates Impact	CBA Rate Impact	Annual CPI-U Updates? Y/N	AAH not
Hawaii	430,048	NR		Centene, Kaiser Permanente, UHC	Yes	Based on Area					Y				N/A
Idaho	418,946	0	0%		Yes	Non-Rural Rates	100%								N/A
Illinois	3,618,674	2,866,466	79%	Centene, CVS Health, Health Care Service Corp, Humana, Molina	No								Y		Across the Rate Increase non-cures co Work with NC CRT repairs increases. W
Indiana	1,928,073	1,654,814	86%	CareSource, Centene, Elevance, McLaren Health Care, UHC	Yes	Cures Codes Only-Lowest Rate	100%								2024 CPI Saved to this P increase for cures codes, matrix roll ou equals payme back period e timely fili
Iowa	817,871	731,725	89%	Centene, Elevance	No						Y				Working alon NCART/US Re further CRT F Reform legis

State Medicaid RFP Tracking

Date	State/Program	Event	Beneficiaries
2024	Georgia	Awards	1,800,000
2024	Idaho Duals, MLTSS	Awards	26,000
November 21, 2024	MI HIDE SNP	Proposals Due	35,000
December 2024	Nevada D-SNP	Awards	88,000
December 2024	Illinois D-SNP	Awards	79,000
December 1, 2024	North Carolina Foster Care	Implementation	34,000
January 1, 2025	Florida	Implementation	3,600,000
January 1, 2025	Kansas	Implementation	458,000
January 1, 2025	Pennsylvania CHC	Implementation	411,000
January 1, 2025	Wisconsin LTC GSR 5	Implementation	
January 3, 2025	Nevada	Proposals Due	674,000
Feb. 10, 2025 - March 14, 2025	Nevada	Awards	674,000
Summer 2025	Illinois	RFP Release	2,800,000
July 1, 2025	Iowa	Implementation	260,000
July 1, 2025	Colorado	Implementation	1,100,000
July 1, 2025	Rhode Island	Implementation	370,000
Fall 2025	Oregon	RFP Release	1,200,000
Sep. 2025 - Nov. 2025	Texas STAR & CHIP (Pending)	Implementation	4,600,000
October 1, 2025	Arizona ALTCS-EPD	Implementation	26,000
Dec. 2025 - Feb. 2026	Texas STAR Kids	Awards	150,000
January 1, 2026	Idaho Duals, MLTSS	Implementation	26,000
Janaury 1, 2026	Nevada D-SNP	Implementation	88,000
January 1, 2026	Ohio Duals	Implementation	250,000
January 1, 2026	Illinois D-SNP	Implementation	79,000
Janaury 1, 2026	Nevada	Implementation	674,000
January 1, 2026	Massachusetts One Care, Senior Care Options	Implementation	120,000
Dec. 2026 - Feb. 2027	Texas STAR Kids	Implementation	150,000

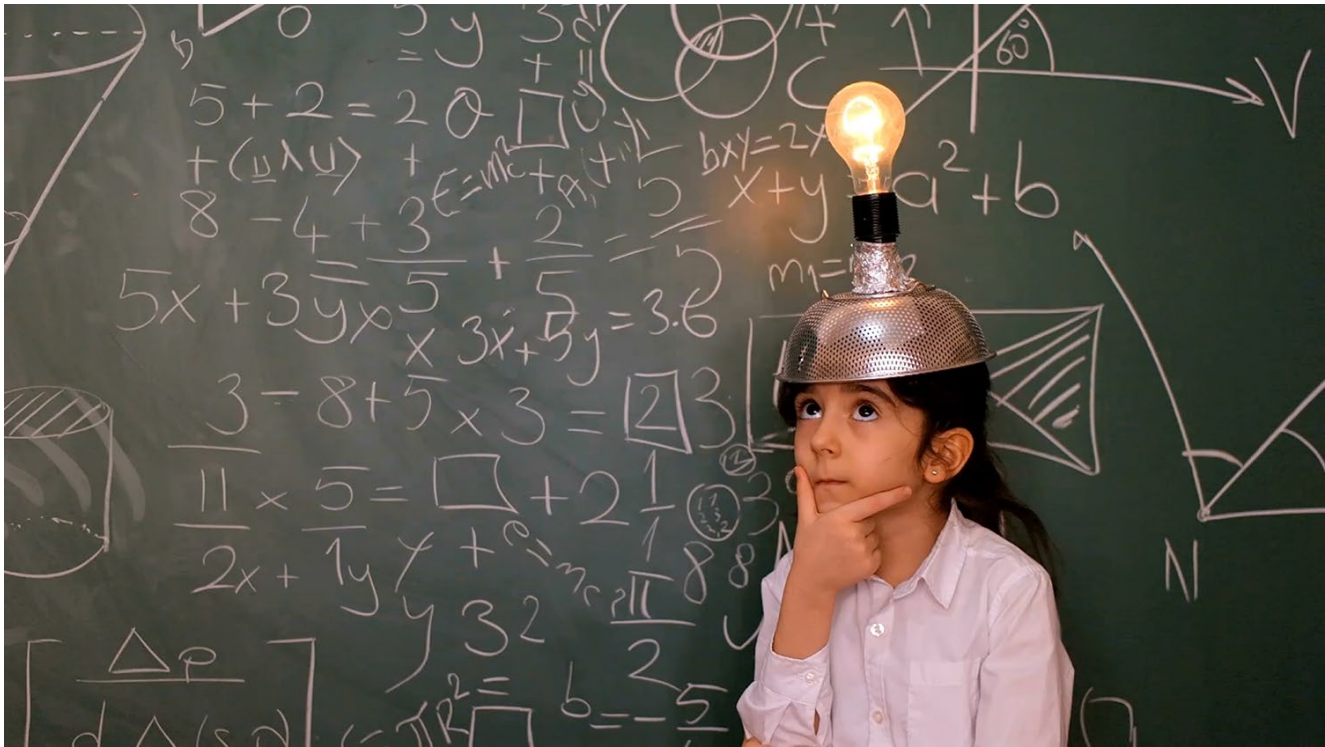
CMS Medicaid Rule Making and Commenting

a. ***Ensuring Access to Medicaid Services*** ***(Access Rule)***
   i. **Fact sheet and applicability dates table**
   ii. **AAHomecare rule summary**
   iii. CMS released a companion guide to the fee-for-service financial provisions

b. ***Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality*** **(Managed Care Rule)**
   i. **Fact sheet and applicability dates table**
   ii. **AAHomecare rule summary**

Payer Education & Resources

- Value of HME
- Payer Engagement Resources
- Education and Training

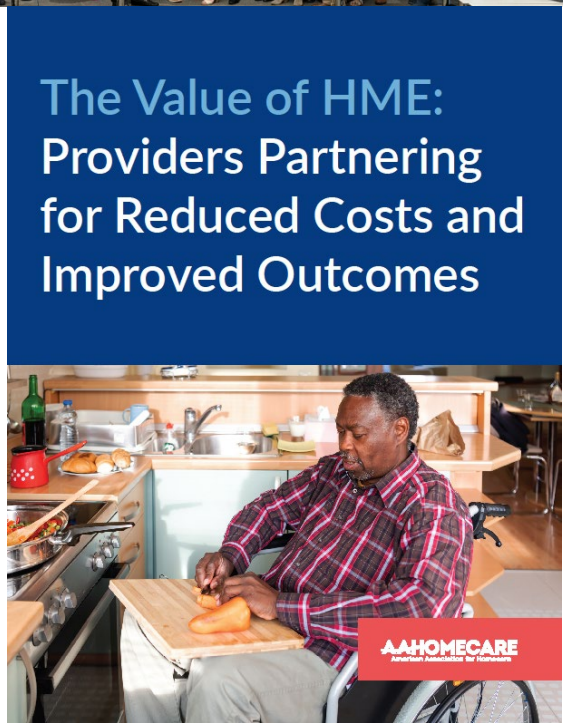


Toolbox: AA Homecare Value of HME for Payers

www.aahomecare.org/payer-engagement-resources

Payer Relations Council has been focused on Value of HME messaging for payers, Medicaid programs, and state legislators.

- Show what HME is and the importance to the health care continuum.
- Describe the customer satisfaction in care at home.
- Standardize the messaging around what a partnership with HME providers can do for the payers.
- Presentation includes multiple embedded videos describing:
    - Value of an established HME partnership
    - ***Reduced Cost***
    - ***Improved Patient Outcomes***
    - ***Enhanced Patient Satisfaction***
    - Growing need for HME

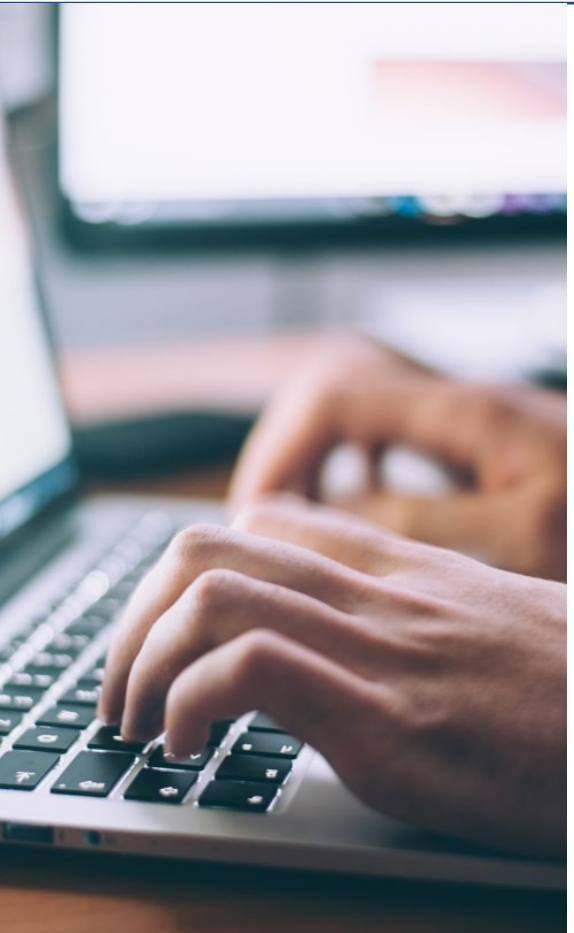


Contract Negotiation Resources

Materials to Assist with Payer Engagement | AAHomecare
https://www.aahomecare.org/payer-engagement-resources

- **Current HME Market Environment Payer Letters**
- **Product Specific White Papers (i.e. PAP, Enteral, Urological, Ostomy, Incontinence)**
  - **PAP Compliance Letter**
  - **Enteral Authorization Letter**
  - **NIV white paper/studies**
  - **Urological supplies whitepaper**
  - **Ostomy supplies whitepaper**
  - **Incontinence whitepaper**
  - **Woundcare educational resources**
  - **Cost Increase Infographics – (Inco, Ent, Ost, Uro, Wound)**

- **Negotiating Managed Care Contracts Whitepaper**
- **Tips and Talking Points for HME Payer Negotiations**



Education & Training

AAHomecare offers a variety of educational webinars on key topics of interest and available to the entire HME community. Our members receive complimentary access as a member benefit in 2024!

ON DEMAND

Access our growing library of on-demand webinars with industry renown speakers available for instant download.

Visit our *Education & Training* page for details!

LIVE WEBINARS

Join our live webinars where you can participate in the Q&A sessions and receive the latest education from Industry leaders!

Visit our *Calendar* page for details!

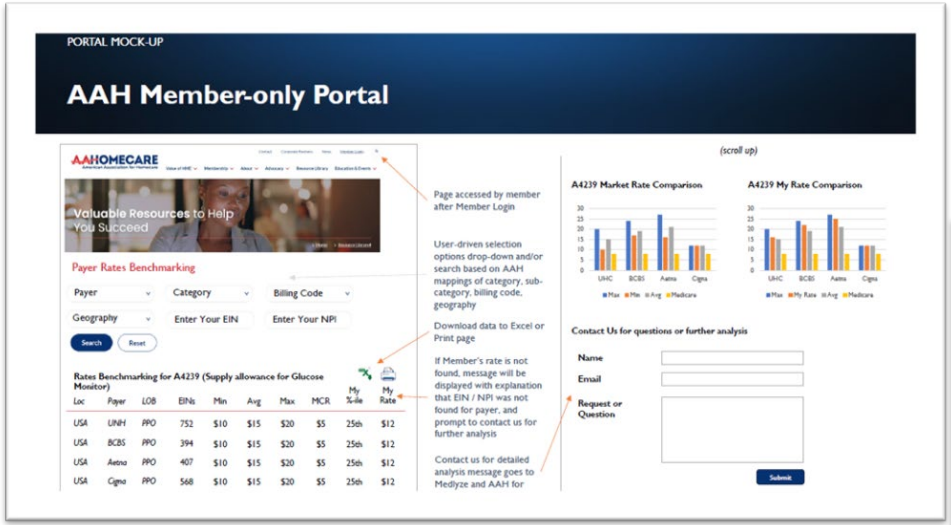
Technology

- Emerging markets and technology:
  - Evaluation
  - Model design
  - Enhanced resources

Transparency in Coverage – Your "private" rates with Payers is now public information…

- In 2020, HHS, Dept of Labor, and Dept of Treasury collectively issued a "Transparency in Coverage" final rule. The Rule requires most health plans and insurers in the individual and group markets to disclose in-network provider negotiated rates
- Does not apply to Medicare Advantage or Medicaid Managed Care
- The Rule became fully implemented 1/1/2024, and data must be updated monthly.
- Rates must reflect all negotiated discounts, rebates or incentives.
- Comprehensive files must be posted in Machine Readable Files (MRF)

RESOURCES AVAILABLE:



DME Provider Checklist

It's about more than cost!

ACCESS to Provider

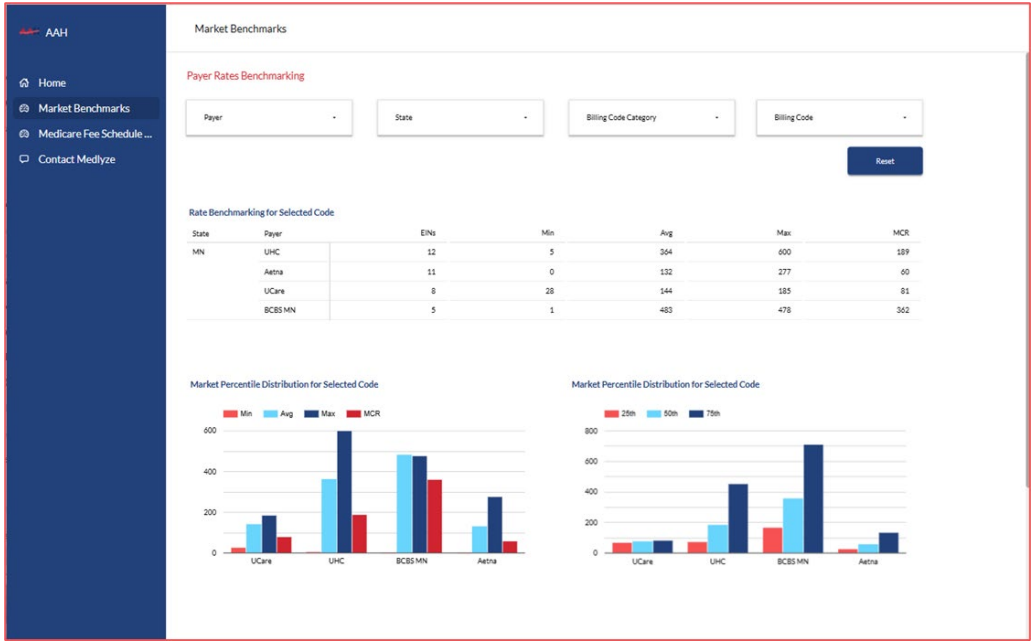
- ☐ Distance to provider location
- ☐ In-home appointments available
- ☐ Hours of operation
- ☐ Product availability
- ☐ Product Selection

QUALITY of Service

- ☐ Existing provider/patient relationship
- ☐ Provider/clinician interaction
- ☐ Certified personnel on staff
- ☐ One-stop shop
- ☐ Provider experience/expertise with products needed

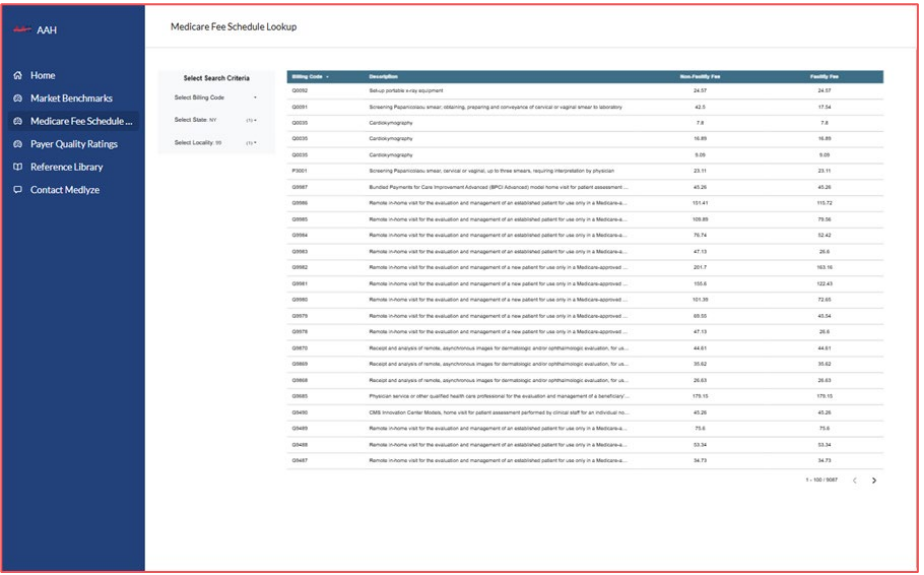
MARKET BENCHMARKING TOOL

- All members have access to:
  - Home landing page
  - Rates benchmarking lookup
  - Medicare fee schedule lookup
  - Payer quality ratings
  - Reference and guides articles
  - Contact Medlyze
- Members can optionally add additional features for additional fees

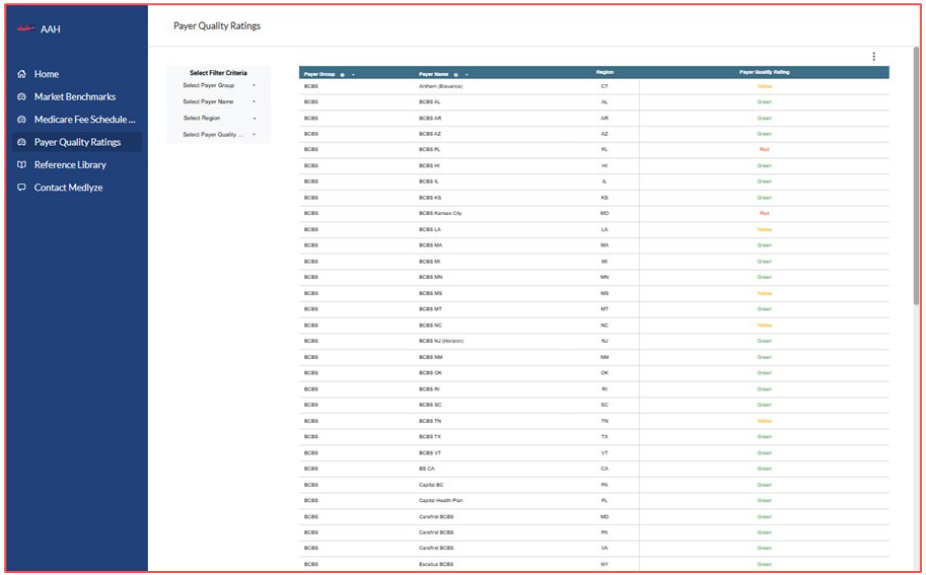


OTHER TOOLS

Medicare Fee Schedule lookup



Payer Quality Ratings



THANK YOU!

Learn More About AAHomecare
aahomecare.org

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Schedule of Events

EXPO HALL HOURS

Wednesday, February 19 | 9:00AM – 5:00PM

Thursday, February 20 | 10:00AM – 3:00PM

Consultants Cocktail Hour

Tuesday, February 18 | 5:00PM – 6:15PM

AAHomecare Update

Wednesday, February 19| 2:15PM – 3:15PM

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