

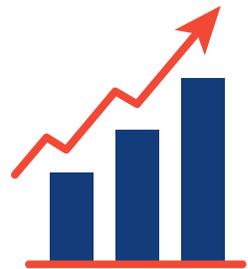
# ROI FOR THE HME INDUSTRY

# \$3.8B

AAHomecare advocacy efforts secured nearly \$3.8 billion in relief for the HME community since 2023, tackling today's toughest challenges across the federal and state legislative and regulatory landscape and payer relations initiatives.

## \$3.2B IN FEDERAL LEGISLATIVE & REGULATORY RELIEF SINCE 2023

- \$2.34B** Secured Medicare 50/50 blended rate relief for rural areas
- \$431M** Prevented 4% PAYGO Medicare cuts for DMEPOS
- \$164M** Fixed the O2 "double dip" in reimbursement cuts impacting all non-bid areas
- \$140M** Secured Medicare 75/25 blended rate relief for non-bid, non-rural areas
- \$102M** Excluded CRT manual accessories from Competitive Bidding pricing



## \$612M IN PAYER RELATIONS & STATE RELIEF SINCE 2023

State specific wins in collaboration with our state association partners help set precedence for future advocacy work.

**\$59M**

Prevented State CURES Rate Reductions (CT, GA, KY, MO, NC)

**\$62M**

Ensured CARES Act Rate Relief Applied to TRICARE

**\$93M**

Increased Medicaid Rates (CO, GA, IL, NC, NY, SC, VA)

**\$107M**

Budget Increase (AL, FL, IN, KY, MS)

**\$120M+**

Secured Medicaid Rate Floor Protections (GA, KY, NC, VA)

**\$132M**

Secured Product Specific Wins\* (AL, LA, MI, MS, NY, NV, VA)

## OTHER NOTABLE WINS:

- \$38M New reimbursement enhancements for 2025
- \$29M Elimination Sales Tax on Certain Products (IL, NC, SC, WA)

## JOIN AAHOMECARE & AMPLIFY ADVOCACY EFFORTS

Our successes are a testament to the power of collective advocacy. By joining AAHomecare, you help amplify these efforts, driving positive change and securing the future of our industry.

Join us today and be a part of the force driving \$3.8 billion in relief and counting. Together, we can achieve even more.

**AAHOMECARE**

American Association for Homecare

**CONNECT. ADVOCATE. EMPOWER.**

AAHomecare.org/Achievements  
Contact Us: [info@aahomecare.org](mailto:info@aahomecare.org)  
Schedule a Call: Click QR Code



## REDUCING REGULATORY BURDENS ON SUPPLIERS (CMS & HHS)

- Audits** Limited TPE reviews to only be for medical necessity so that suppliers don't fail a round for technical errors, thus improving the supplier experience and reducing the burden
- Appeals** Wait time for an ALJ appeal hearing on average reduced from 4 years to 70 days
- Coverage** Expanded coverage for continuous glucose monitors (CGMs) and added coverage for power seat elevation
- Orders** Allowed CPAP and RAD supplies to have a general description like "CPAP Mask" or "Mask – fit to comfort" on the Standard Written Order (SWO) so that suppliers don't have to get a new SWO for each change
- Operations** Extended the timeframe for suppliers to contact beneficiaries for refills from 14 days to 30 days
- Billing** Allowed CGM suppliers to bill every 90 days for 90-day shipments effective January 2024, reducing the burden on suppliers and patients who were billed every 30-days for 90-day supply shipments
- Modifiers** Clarified that the CR modifier can continue being appended on claims impacted by the Covid-19 PHE even if the initial claim was submitted prior to the PHE to ensure continued patient access
- HHA Consol. Billing** Worked with CMS to issue guidance requiring home health agencies (HHA) to file an adjusted claim when the patient is discharged from an HHA. This allows the common working file to accurately reflect whether a patient is open to a home health episode.

### REAL STORIES, REAL IMPACT

*"Having AAHomecare as an advocate for us at the state and federal level is hyper-critical. Knowing someone is out there fighting for us to make sure that we're getting the right level of reimbursement, care, and support – just knowing that we have experts that are focusing on those things really helps me focus on my business."*

**- Kevin Gearheart, Rehab Medical**