

Summary of Current National Medicare Oxygen Proposals/Activities

| Oxygen Policy/Consideration | Ross Reform Plan (AAH/CQRC Reform Plan) | NAIMES/CSIHME Proposal | HR2373 HOPP Act | Comments |
|---|--|--|---|----------|
| Status as of 7.01 | Legislative Language being developed for potential inclusion into overall Health Care Reform Package or via a stand-alone bill. | Being reviewed by Senate Finance, and House Ways & Means, for potential inclusion into overall Health Care Reform Package | Acquiring HR Sponsors | |
| Who is advancing/supporting | AAHomecare and CQRC, Various state associations | VGM, NAIMES, CSIHME, Various state associations | VGM, NAIMES, Various state associations | |
| 1) <i>Eliminates 36 Month Cap</i> | Yes | Yes | Yes | |
| 1a) Pay-for consideration to eliminate Cap included in proposal | Yes - states reclassification of payment categories to be "budget neutral" based upon some as yet to be determined percentage distribution among the payment categories. Budget neutral means an estimated cut of 18-22% from current fees as pay-for. | Yes – offers to reduce payments for stationary only and increase payments for combined stationary and portable. Plan results in savings. | No – presumably a "pay-for" would be considered in the future | |
| 2) Revises reimbursement into a specific number of payment "categories" | Yes – Three, 1. No portability needs and nocturnal only; 2. Standard Portability Needs; and 3. High Portability Needs | Yes – Two, 1. Stationary needs only, 2. Stationary and portable needs combined | NA | |
| 2a) Payment classifications are modality neutral | Yes | Yes | NA | |
| 3) Includes CPI-U Adjustments | Yes | Yes | No | |
| 4) <i>Eliminates oxygen from Competitive Bidding</i> | Yes | No | No | |
| 4a) Pay-for consideration to eliminate Competitive Bidding included in proposal | Not specifically addressed, although to keep budget neutrality with elimination from competitive bidding, estimates for payment reductions are potentially high | No – Competitive bidding to be addressed as a separate issue | NA | |
| 5) Includes service as an integral component of Home Oxygen Therapy provision and reimbursement methodology | Yes | Yes | No | |
| 5a) Defines Minimum Service Elements | Yes | Yes | No | |
| 6) Considers patient testing and re-testing criteria | Yes | Yes | No | |
| 6a) Supplier role in re-testing process | Facilitation of retesting <u>required</u> of supplier | Patient/physician notification by supplier | No | |
| 7) <i>Clinical Respiratory requirement?</i> | No-but patient compliance monitoring visits required. (All other current provider categories require clinical staff.) | No-physician notification of patient compliance issues as supplier becomes aware | No | |
| 8) <i>Removes Oxygen from DMEPOS supplier category and creates new oxygen provider category</i> | Yes | No | No | |
| 9) <i>Creates supplier/provider annual cost reporting requirement</i> | Yes | No | No | |
| 11) <i>Relative Complexity of Solution</i> | Very Complex | Moderate | Simple | |