

**Submitter :** Mrs. Stacey Smiddy  
**Organization :** Lambert's Health Care  
**Category :** Other Health Care Provider

**Date:** 09/25/2006

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

see attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

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Please direct your questions or comments to 1 800 743-3951.

Submitter : Mrs. Julie Clark  
Organization : Gulf Medical Services  
Category : Health Care Provider/Association

Date: 09/25/2006

Issue Areas/Comments

**GENERAL**

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I have been in the HME field for several years now and feel if this 36 month cap limit is passed it will not be beneficial to any of the valued patients that we serve on a daily basis. Our rental fees for the oxygen equipment includes: 24 hour emergency services and replacement of equipment if necessary, on-going clinical education and follow-up of patients, access to educational programs provided by our staff RRT, supplies at no extra charge and free tank refills. If this cap is passed, the fee for these services would either be passed onto the government or totally eliminated. Our elderly population would be losing a service that they have valued for years. It is not fair to the elderly and disadvantaged for this cap to proceed as planned. Without our 24 hr service, many of our oxygen patients would not receive their oxygen tanks and/or supplies.

Please take the services our patients receive into account when considering this proposed oxygen cap.

Thank you,  
Julie Clark  
Gulf Medical Services  
3103 N. 12th Avenue  
Pensacola, FL 32503

Submitter : Mrs. Lisa Ziehl  
Organization : Rice Home Medical  
Category : Health Care Industry

Date: 09/25/2006

Issue Areas/Comments

GENERAL

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In regards to the change in Oxygen reimbursement: It appears this proposal has been made with out all of the necessary information first gathered. As a provider of oxygen equipment I am fully aware that the cost of providing the oxygen is much greater then just the cost of purchasing the machine and the portable tanks (in actuality it is about 1/4 of the cost). Service to these machines is extremely important, a beneficiaries quality of life it what is at issue. We regularly check our concentrators to ensure the correct % of oxygen is being dispensed and to ensure the flow is being administered correctly. When machines are neglected (including internal and external filters) the machine beings to under produce what it should. If a beneficiary is not getting the correct amount of their oxygen it could mean an unnecessary trip to the emergency room which could have been avoided.

Also what about those beneficiaries who are mobile? It is very unclear on how it will work for those who travel or who have two homes during different times of the year.

Also, CMS states that oxygen is for "home use". But for many years medical equipment suppliers have been giving portable tanks and contents at no charge. What is going to happen after this goes in to effect and they own their own equipment? Will the beneficiary all of a sudden be expected to pay for their portability (considering CMS only pays for "home use")? If they can not afford it they will be home bound? Being home bound will not help the beneficiaries quality of life.

I feel that more thought needs to be put in to the consequences that will happen to the beneficiary once the final rule is in place. I would assume that CMS is not intentionally trying to deny access to their beneficiaries but that is the way it appears at this time. Our customers are concerned. This is a drug they use to stay alive and they rely on us to keep the equipment maintained to improve their quality of life.

Submitter : Ms. Linda Leone  
Organization : Illinois HomeCare Council  
Category : Home Health Facility

Date: 09/25/2006

Issue Areas/Comments

GENERAL

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See Attachment

CMS-1304-P-93-Attach-1.DOC

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Submitter :

Date: 09/25/2006

Organization :

Category : Health Care Industry

Issue Areas/Comments

GENERAL

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THIS WOULD BE A HUGE MISTAKE FOR PATIENTS NEEDING OXYGEN AND WOULD PUT A HUGE BURDEN ON DME COMPANIES. PLEASE DO NOT PASS THIS BILL.

Submitter : Mr. Greg F Foust, RRT, BPS  
Organization : HomeLife Oxygen, LLC  
Category : Other Health Care Professional

Date: 09/25/2006

Issue Areas/Comments

GENERAL

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I am concerned about the beneficiaries becoming the proud owners of their Oxygen equipment after 36 months. This is life sustaining technology that needs scrutiny in certain scenarios as disease progresses. I doubt that these patients, many of whom are quite ill, are capable of properly caring for their three year old equipment. The likelihood of hospital readmissions will be increase in some patients. The expense thereof will likely exceed any savings on the whole. What a dilemma I envision when the patient reaches that 36 month threshold and still needs help but remuneration will be scant. Was anybody thinking of the safety and well being of the beneficiary when they came up with this proposal?? Comparing aquisition cost to reimbursement is mileading. A recent AA Homecare study of 600,000 patients showed that acquisition cost only amounted to 28% of the total cost of care for the home Oxygen Patient. Does anybody remember the "Golden Rule."

Submitter : Ms. Rebecca Condreay  
Organization : Ms. Rebecca Condreay  
Category : Health Care Professional or Association

Date: 09/25/2006

Issue Areas/Comments

**Provisions of the Proposed Regulations**

Provisions of the Proposed Regulations

I understand you are trying to SAVE money, but someone has to pay for the service that goes along with providing a piece of equipment, as well as the disposable supplies that go along with all of those items. We are a small company, in comparison to others, and we still have 5 + calls per week with oxygen customers having problems. The calls range from kinked o2 tubing, o2 tubing wrapped around the pov wheel hub, problems with their humidifier, concentrator alarming due to a dirty filter, concentrator alarming because they turned off the wall switch that runs the unit, and the list goes on. We service a 50 mile radius. We do concentrator equipment checks every 60 days, and at that time, re-supply disposable supplies too. Not everyone has family or a caregiver at home to help with their needs.

Where is the expense for the "SERVICE" covered if you are only wanting to pay for a piece of equipment only?

Submitter : Mr. Joseph Kuhlenkamp  
Organization : Mr. Joseph Kuhlenkamp  
Category : Other Health Care Provider

Date: 09/25/2006

**Issue Areas/Comments**

**Provisions of the Proposed Regulations**

Provisions of the Proposed Regulations

To reduce cost Medicare should focus on qualifying patients. I see many patients that could prevent the need for this benefit by simple diet change and exercise. This should be the focus to save money, not the providers who are providing a lot of care for the money.

Submitter : Mr. Wayne Knewasser  
Organization : Premier Home Care Inc.  
Category : Other Health Care Professional

Date: 09/25/2006

Issue Areas/Comments

**Provisions of the Proposed Regulations**

Provisions of the Proposed Regulations

As a concerned Respiratory Therapy practitioner, I am opposed to the proposed reduction in home oxygen therapy and the introduction of the "capped rental" concept for home oxygen equipment. Patients/beneficiaries suffering from the fatal disease process of COPD, are not being given adequate consideration as to their medical needs in maintaining a cost effective sustainable life style in their home. Focusing on the equipment costs alone is not a fair, objective or realistic point of view when considering their needs and the services provided by the most cost effective part of our health care system, mainly Home Medical Equipment Services. The problem of rising Medicare costs presents itself when one of these individuals suffers an exacerbation and ends up back in the hospital through an emergency room admission. Placing the responsibility of equipment ownership, care and maintenance on one of these individuals at the end stages of their fatal disease process, is deplorable at best. The intent of good legislation should be to help these individuals in the most cost effective manner. Reducing home oxygen services to the capped rental concept of 36 months and then again to 13 months is and should be an embarrassment to those individuals who should know better or at least take the time to investigate all aspects of providing quality care not just the equipment costs.

I ask for your reconsideration in not changing the home oxygen services from a continuously rented item to the capped rental item of 36 or 13 months. The projected cost savings are flawed and just not there when you consider the whole process of caring for these individuals in their home and not in the hospital or long care facility. Capping home oxygen services is directing these individuals toward the most expensive part of our health care system, hospitalization.

Kind Regards,

Wayne Knewasser CRT

**Submitter :** Mr. Dean Cheney  
**Organization :** Dallas Oxygen Corp.  
**Category :** Other Practitioner

**Date:** 09/25/2006

**Issue Areas/Comments**

**Provisions of the Proposed Regulations**

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This provision will create undo hardship on the elderly. For temporary or permanent re-location because of health reasons to be closer to relations they will have difficulty relocating with these caps. Access to repairs and information after hours are also my concern. Also can your mother maintain there own equipment when they are sick? CMS may pay for the repairs but what do they do while the equipment is in for repair? Will you pay for a loaner? Being a healthcare professional I am concerned with the change respiratory patients go thru during there diease state from year to year. Equipment is routinely changed to meet there needs. How will that be done with a cap and after the 36 months? Was this even thought of? I know after the 36 months they would have to wait 5 years for an update of equipment. With the payment methodology I can not figure who can send a truck to deliver content for the rate proposed. My truck and person cost me more than that. One delivery a month is not an option. The Fire Marshal would have a fit if he knew that a person had that much oxygen stored in ther home.