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Truth Without Fear

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Catherine Musselman, 78, moved to Pekin last October to live with her daughter, Brenda Lawson, not because she wanted to, but because she was incapable of caring for herself, yet did not need nursing home care.

Musselman is just one of at least 30 at-home oxygen care patients in Washington County who depend on daily oxygen treatments to help treat Chronic Obstructive Pulmonary Disease (COPD).

A series of new federal laws passed to lower Medicare spending threatens the safety of Musselman and thousands of other oxygen patients by making the upkeep of the oxygen concentrators and nebulizers a patient's responsibility.

On Jan. 1, two new policies -- a 36-month cap on payments for home oxygen therapy and a 9.5 percent across-the-board payment cut -- took effect.

Under the new 36-month cap, Medicare stops payment for stationary home oxygen therapy equipment and related services after the beneficiary reaches the three-year mark.

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Musselman was placed on oxygen in January 2006 and therefore reached her three-year cap last month.

Despite the discontinuation of Medicare payments after 36 months, providers are still required to continue all servicing of patient needs and equipment for two years. This includes patient-generated, non-routine emergency home visits and routine replacement of disposable oxygen supplies, such as tubing and masks. Providers are also responsible



Staff Photo by Lynndi Lockenour
Catherine Musselman, 78, who suffers from Chronic Obstructive Pulmonary Disease (COPD), moved to Pekin in October to live with her daughter. New legislation states the company in Ohio which first supplied her with an oxygen concentrator to help her breathe must continue with the service, even though it is more than 300 miles away.

for ensuring that patients are appropriately serviced even if the

patient moves out of the provider's service area within or

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Is oxygen equal to a cane?

Most would say no, but new legislation puts at-home oxygen therapy in same category as walkers, canes and other medical equipment

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Historically, home oxygen, paid for by Medicare, has been subject to repeated cuts.

More cuts, which took effect at the beginning of 2009 will total \$23.3 million in Indiana this year alone. The cuts were enacted by Congress in the Deficit Reduction Act of 2005 (DRA) and the Medicare Improvements for Patients and Provider Act of 2008 (MIPPA).

Wayne Knewasser of Premier Home Care Inc., vice-president of Relations and Government Affairs said that part of MIPPA was changing the classification of oxygen to make it part of the durable medical equipment category -- the same category that includes wheelchairs and walkers -- that received a 36-month cap for Medicare payment.

"The problem is that oxygen, for Chronic Obstructive Pulmonary Disease (COPD) patients, is not an option like a walker or cane might be. It is prescription medication that these patients need to live," Knewasser said.

Not only does spending on durable medical equipment account for less than 3 percent of the overall Medicare budget, but oxygen is also the only medication paid for by Medicare that has a cap.

According to Lisa Gettson, executive vice-president, Government Relations, Investor Services and Compliance for APRIA Healthcare, at-home oxygen is one of the most cost-effective drugs paid for by Medicare.

The average COPD patient costs Medicare \$6.50 a day, about \$2,400 a year, to operate their at-home oxygen equipment.

However, if that same patient makes one emergency visit to the hospital because their oxygen concentrator wasn't putting out

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enough oxygen, Medicare would pay more than \$17,000 for a week-long stay.

"Medicare's decision not to pay the providers to take care of their patients past the 36-month mark is ridiculous," Gettson said. "The government and Medicare clearly do not recognize that at-home oxygen is about more than the machine -- it's about service. If the patient needs care, the providers are there and this legislation doesn't acknowledge that."

Only 28 percent of the money Medicare paid out last year for at-home oxygen pertained to the actual machines. The rest of the cost was related to services, including respiratory therapists who monitor and assist patients in emergency situations when needed.

The legislation states that after the 36-month of Medicare payments for at-home oxygen therapy, the concentrator becomes the property of the provider and they are therefore responsible for the machine and the patient for two additional years without Medicare reimbursement.

"Luckily, we are backed by a larger company, ConvaCare," said Home Care Specialist Janie Gilstrap who works at Salem Apothecary. "But for a lot of local mom and pop home care businesses, this could be the end. They cannot be expected to service the machines and care for the patients for two years with no payments from Medicare."

Gilstrap said at least 90 percent

of the 30 or so patients she treats in Washington County with at-home oxygen therapy are on Medicare.

Knewasser and others from the American Association for Homecare will be lobbying representatives in Washington, D.C. next Wednesday in hopes of influencing changes to the legislation.

"The immediate solution is to repeal the 36-month cap on the oxygen, allowing the supplier to care for the beneficiary until some new type of plan can be put into place focusing more on the service that is provided, versus the equipment," Knewasser said.

The American Association for Homecare is in the process of creating a plan for reimbursement based on the amount of oxygen patients require.

Knewasser said the plan would require Medicare to reimburse providers on a three-tier scale -- patients who only need oxygen at night, patients who need it intermittently (some during the day and travel tanks when they leave home) and patients who need oxygen almost constantly.

"The tier scale might help save Medicare some money by making sure they are not paying for oxygen the patient won't use or doesn't need," Knewasser said. "But more importantly, dropping the cap would allow providers to care for their patients the way they have for years without the fear of going bankrupt in the process."

Taking their breath away

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following the first 36 months of service.

So the company which first received Medicare payments for Musselman's oxygen equipment -- BK Medical Supplies, located in Bucyrus, Ohio -- is now responsible for servicing, repairing and monitoring Musselman's machines even though the company is more than 300 miles away.

"I just assumed when I moved my mom out here that she would be transferred to the local supplier (ConvaCare, through Salem Apothecary)," Lawson said. "It's impossible to think that a company that far away can take care of her daily needs."

Apothecary Home Care Specialist Janie Gilstrap contacted BK Medical to see about setting up a payment plan where services could be provided for Musselman here and then billed to BK Medical.

"But, they were unwilling to do that as well," Lawson said.

Now, Lawson is left ordering replacement supplies through the mail or making the 300-mile trip to pick them up. If the machine needs immediate service to continue working properly, Musselman must pay out of her pocket for testing and repairs.

"My mother is on a fixed income and she can't just come up with several hundred dollars to repair her machine," Lawson said. "She paid in to Medicare for many, many years and I think they need to do something about this."

Concentrators are supposed to be tested every four to six months to ensure they put out the proper amount of oxygen.

Lawson said she has not had her mother's machine tested since she moved because BK Medical refused to make the trip, even though it is their responsibility, according to the new law.

"I won't let it go untested because I want it to be safe for my mother," Lawson said. "So sometime soon we'll be putting out the money ourselves I suppose."

When Lawson called Medicare about the problem she said they had no answers for her.

During the recent snow and ice storm, the Lawson home was without electricity for nearly eight hours, meaning Musselman was without oxygen because the concentrator runs on electricity.

Lawson's husband retrieved a portable oxygen tank from the Pekin Fire Department where he is a volunteer, just in case it was needed.

Lawson said explaining the changes to her mother isn't easy because Musselman doesn't understand why the local company can't just take over the service.

"I'm just trying to take care of my mom as long as I can without sending her to the nursing home," she said. "She's on one of the best Medicare plans you can have and they still treat her this way. It's just not fair."