



# NHOPA NEWS

National Home Oxygen Patients Association

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## **Medicare Competitive Bidding – What it Means for Oxygen Users**

By Phil Porte, NHOPA Executive Office

If Medicare sticks to its current timetable, competitive bidding may wind up in your town as early as July 1, 2008. The introduction to this major change in the delivery of oxygen services is scheduled to begin on that date in 10 cities and surrounding areas: Charlotte (NC & SC); Cincinnati (OH, KY, & IN); Cleveland (OH); Dallas (TX); Kansas City (MO & KS); Miami (FL); Orlando (FL); Pittsburgh (PA); Riverside (CA); and San Juan (PR). An additional 70 cities may be required to adopt the program as early as January 1<sup>st</sup>, 2009.

If you reside in one of those 10 areas, you may have some choices to make. If your current provider is a “winning provider” because of the bid it submitted to Medicare, the changes you notice may be minimal. However, if you reside in one of those areas and your provider is NOT a winning bidder, your current provider will be required to accept the competitively bid price (grandfathering you into the program) or will have to surrender you as a customer. In that case, you will be provided with a list of winning bidders and you will have to select a new oxygen provider.

What you should watch for:

- If you discover that your provider is a winning bidder, this does NOT mean that you should see any change in service. In fact, you should be able to keep your current oxygen system and there should be, for all practical purposes, no real change in service. But be aware that even your current provider is within his/her rights to alter their business plans which might affect the oxygen system you currently utilize.
- If you discover that your provider is NOT a winning bidder and does accept the new (reduced) level of payment from Medicare, you are still entitled to the same level of

service you had experienced. There should be no reason for your provider to recommend a change in your system, particularly a change in portable equipment that you use when you leave home.

- If you discover that your provider is NOT a winning bidder and does NOT accept the new level of payment from Medicare, you are now required to find a new oxygen provider that is a winning bidder. More than likely, this will require you to surrender your equipment to the current provider and your new provider must replace it with similar, but not necessarily identical equipment. For example, if you use a stationary concentrator, the new provider may not use the same brand name of device.

In all scenarios above, the class of oxygen system (stationary, liquid/compressed gas, portable oxygen concentrator/transfill) that is provided to you should not change whether you are with a winning bidder or non winning bidder

Likewise, if you use portable equipment, your new provider might not offer the exact same device that you are used to, but it should be similar. For example, if you use a lightweight liquid system, you do not have to change to compressed oxygen as long as you have the support of your prescribing physician. If you and your physician agree that liquid is best for you, the new provider MUST offer it to you. As another example, if you currently use an Inogen portable oxygen concentrator, your new provider cannot swap that for large, bulky e-cylinders. The provider could switch you to a portable concentrator from another manufacturer, but you are entitled to that similar oxygen system.

Oxygen conserving devices (OCDs) are also part of this puzzle. Your current provider may

use one brand of OCD, while a new, winning bidder may use another brand of OCD. They are within Medicare rules to use devices they believe are appropriate for the equipment provided. Other accessories/supplies fall under the same basic rules of flexibility.

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### CFC-free inhalers out by end of year

NHOPA recently was reminded that CFC-free (chlorofluorocarbon) inhalers will be phased out of the market by the end of 2008. NHOPA wanted to pass on a reminder to our members and readers.

A detailed article on CFC-free inhalers and the history previously appeared in the March 2006 NHOPA Newsletter. To provide a brief synopsis, the phased out of CFC inhalers are under the Montreal Protocol, signed by 24 countries and the European Economic Community. The Montreal Protocol's full title is the Montreal Protocol on Substances that Deplete the Ozone Layer. This document called for a phase down use of CFC's, halons and other man made ODCs (ozone depleting chemicals) by 2000. Several extensions have been given and the current US timeline for CFC inhaler phase out is Dec 31, 2008.

CFC's are "are a class of volatile organic compounds that have been used as refrigerants, aerosol propellants, foam blowing agents, and as solvents in the electronic industry. They are chemically very unreactive, and hence safe to work with. In fact, they are so inert that the natural reagents that remove

most atmospheric pollutants do not react with them, so after many years they drift up to the stratosphere where short-wave UV light dissociates them" (From [www.cartage.org.lb](http://www.cartage.org.lb)). The oxygen community is most familiar with CFCs as a propellant in inhalers. CFCs non-reactivity, desirable to industry, allows them to drift for years in the environment until they eventually reach the stratosphere. The intense UV solar radiation in the stratosphere severs chlorine off of the CFCs. These unattached chlorines catalytically convert ozone molecules into oxygen molecules decreasing the ozone.

CFCs inhalers have gradually been replaced with inhalers that are CFC-free and range from dry powder inhalers (DPI) to breath actuated inhalers. Some inhalers use the non-ozone depleting propellant hydrofluoralkane or HFA. Examples of inhalers that use this type of propellant include Flovent HFA, Ventolin HFA, Xopenex HFA and Proventil HFA. Maxair is a CFC-free inhaler that uses breath-actuation. DPIs do not rely on propellants. Examples of DPIs are Advair, Serevent, and Pulmicort. Flexhaler. The CFC-free ruling also applies to any generic inhalers that are produced.

As a reminder, if you are still using a CFC inhaler you will need to have your physician write a new prescription for a CFC-free inhaler before the end of 2008. This will assure that you have continuous access to your medications. As always ask your physician what medications are best for you.

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### Members Respond

**Roger Smies Sr** responded to Jacqueline Dobson's inquiry on designing an addition for a client whose children use oxygen. Roger wrote "It sounds like they are using liquid oxygen. I have been on liquid oxygen for over ten years. The hoses are a problem, no matter what you do. So I just eliminated the hose. Walgreens Health Initiative furnished me with two Helios universal reservoirs and a Helios portable unit, which I can strap on. They refill the reservoirs once a month. In the morning when I get up I fill my portable for approximately 8 hours of use on a 2 lpm setting. Approximately 8 hours before I go to bed I again top off my portable. Guess what? No hoses lying around the house. The other advantage of this system is using my van; I can go camping for 30 days at a time, or take a

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The National Home Oxygen Patients Association is devoted exclusively to improving the lives of people across the country who require supplementary oxygen on a regular basis.

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#### Executive Committee

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30 day road trip. Walgreens Health Initiative is all over the U.S.A, so no problem getting a refill on the road. Hope this information is some help to some of your readers.”

*Roger thanks for sharing your great information! Thumbs up for keeping on the go!*

**Hazel Horti** responded to Dale Cox’s response “he has ‘never heard of anyone stringing their oxygen hose along the side of the pool’, and says he ‘thinks it would be a hassle’. I have been parking my Companion 500 liquid oxygen tank alongside the pool for the past 6 years with no problem whatever. The 35’ hose simply floats along beside me and with the tank parked at mid point, reaches from one end of the 75 foot pool to the other. It is true that an outside lane is needed to accommodate this system. I have been hesitant to float my Helios in case it tipped over or otherwise got dunked as I’ve been cautioned not to immerse it. To protect my nose I make face shields out of thin heat softenable plastic sheet, the kind used to make those virtually unopenable, sealed packages. Costco sells swim suits that enclose a body shape of this material. The [chest] part can be cut into very comfortable face coverings, held on by an elastic strap around the head. Because they are transparent everywhere they do not limit peripheral vision like a snorkel mask. These would not work for free style swimmers but for a back stroker like me, they help me to avoid other swimmers and to keep the water out of my nose.”

*Hazel as always thanks for your feedback. Keep on swimming!*

**Katie Somple**, Napa Valley wrote “My mother recently passed away due to a heart attack brought on by oxygen deprivation. She was a veteran user of oxygen via concentrator and portable tanks. She was extremely sensitive to the flow of oxygen coming through her breathing tube at all times. Unfortunately she was diagnosed with brain cancer, which made her less aware of the oxygen level in her tanks, which were stored in the hallway for ease of getting around the house on a long tube. Upon returning exhausted from a radiology appointment she was not aware that her portable tank, which we used to transport her to the clinic, was out of oxygen. In the panic of her resulting symptoms of what appeared to be

a heart attack she was not aware, nor were her attending children or spouse, that her oxygen supply had run out. Had there been an audible alarm based on low pressure attached to her oxygen tank my mother’s heart attack and death could have been prevented.

Please comment on why the use of audible alarm systems are not in common use on portable oxygen tanks used at home, especially for seniors who are less aware and can become confused about their air supply when it is most needed.”

*Katie, first we send our sympathy to you and your family. Thanks for a great question but unfortunately there is no answer to your question at this time. NHOPA has requested feedback from various manufacturers but as of press time there has been no response.*

### **New Products**

***The following information on new products/companies available on the market is for informational purposes only. NHOPA does not specifically endorse ANY products. Contact your physician for further information regarding your healthcare or the specific company for product information.***

Respironics introduced the **EverFlo™ Q** which is an ultra quiet stationary concentrator. The unit, according to the website “combines the small size, light weight and low maintenance of our popular EverFlo oxygen concentrator, with the added value of an ultra-quiet sound level.” For more information go to [everfloq.respironics.com](http://everfloq.respironics.com).

**Oxyview® inline flow-meter** by Ingen Technologies has joined the products available for oxygen users. Oxyview, according to the Ingen website, is “the World’s First Patient In-Line Oxygen Flow-Meter . . . providing more confidence and assurance to patients using oxygen. Oxyview® is reusable, requires no batteries, works all the time in any position with all liquid or gas [oxygen] systems, and easily installs anywhere below the cannula nearest the patient where oxygen flow matters the most.” The unit may be purchased directly from the company by calling 800-259-9622. More information may be found at the company’s website at [www.ingen-tech.com](http://www.ingen-tech.com).

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The **Walt Disney Company** has banned smoking from all their facilities. Seven years ago smoking was banned in all their theme parks. Recently they banned smoking in all 22 Disney hotels and resorts, including timeshares.

In case you missed these while you were away....

THE YEAR'S BEST [actual] HEADLINES OF 2007

(Anonymous – Rec'd via email)

Crack Found on Governor's Daughter [Imagine that!]

Something Went Wrong in Jet Crash, Expert Says [No, really?]

Police Begin Campaign to Run Down Jaywalkers [Now that's taking things a bit far!]

Is There a Ring of Debris around Uranus? [Not if I wipe thoroughly!]

Panda Mating Fails; Veterinarian Takes Over [What a guy!]

Miners Refuse to Work after Death [No-good-for-nothing' lazy so-and-so!]

Juvenile Court to Try Shooting Defendant [See if that works any better than a fair trial!]

War Dims Hope for Peace [I can see where it might have that effect!]

If Strike Isn't Settled Quickly, It May Last Awhile [You think?]

Cold Wave Linked to Temperatures [Who would have thought!]

Red Tape Holds Up New Bridges [You mean there's something stronger than duct tape?]

Man Struck By Lightning: Faces Battery Charge [he probably IS the battery charge!]

Astronaut Takes Blame for Gas in Spacecraft [That's what he gets for eating those beans!]

Kids Make Nutritious Snacks [Taste like chicken?]

Local High School Dropouts Cut in Half [Chainsaw Massacre all over again!]

Hospitals are Sued by 7 Foot Doctors [Boy, are they tall!]

♦ *For up-to-date information and membership applications go to [www.homeoxygen.org](http://www.homeoxygen.org)* ♦