

Centers for Medicare and Medicaid Services
Special Open-Door Forum:
Home Oxygen Therapy Provider Documentation Manual
Moderator: Jill Darling
Thursday, May 10, 2018
2:00 p.m. ET

Operator: Good afternoon my name is (Sean) and I'll be your conference facilitator today. At this time, I'd like to welcome everyone to the Centers for Medicare and Medicaid Services Special Open-Door Forum Home Oxygen Therapy Provider Documentation Manual.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question-and-answer session. If you'd like to ask a question during this time, simply press star then the number one on your telephone keypad. If you'd like to withdraw your question please press the pound key. Thank you.

Jill Darling please go ahead.

Jill Darling: Thank you, (Sean). Good morning and good afternoon everyone. I'm Jill Darling in CMS Office of Communications and welcome to today's Special Open-Door Forum. I have one quick announcement and then we'll – I will hand the call off to begin today's presentation.

This Special Open-Door Forum is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen in but please refrain from action during the Q&A portion of the call. If you have any inquiries, please contact CMS at press@cms.hhs.gov and now, I will hand the call over to Melanie Combs-Dyer who is the Group Director of the Provider Compliance Group.

Melanie Combs-Dyer: Thank you, Jill. My name is Melanie Combs-Dyer. I am the director of the Provider Compliance Group at CMS and I am with two other presenters here today at CMS. Connie Leonard is the Deputy Director of the Provider

Compliance Group and (Kristal Vines) is a Health Insurance Specialist in the Provider Compliance Group.

The purpose of today's Special Open-Door Forum call is to invite physicians, practitioners, suppliers and all other interested parties to provide feedback on the first draft chapter of a new provider documentation manual that we have created. The manual along with a checklist for physicians and practitioners and a checklist for suppliers are posted to our website.

The goal of this new provider documentation manual is to reduce provider burden and to eliminate the need for providers and suppliers to access many separate Medicare websites to determine what is required.

At this time, I'll turn the call over to (Kristal Vines).

(Kristal Vines): Thank you. Hi, this is (Kristal). Connie and I will be co-presenting the provider documentation manual presentation for home oxygen therapy. But first, I want to instruct everyone on how to access the manual, the checklist, and the open-door forum slide presentation.

First, visit CMS.gov and select the yellow tab at the top that says research data and statistics. On that page under the monitoring program heading, which is in blue, select Medicare fee-for-service and compliance programs. On that page select the tab on the left column that says reducing provider burden. On that page, you will see a heading that says recent initiatives.

About midway through the page are four links that are titled the home oxygen therapy manual, the physician checklist, the supplier checklist and lastly, the slides for the open-door forum.

Slide two, what we heard from the providers is that CMS requirements are excessive, documentation requirements are hard to find, and providers are afraid of audit.

Slide three, the purpose of the provider documentation manual is to make it easier to find documentation requirements. We plan to do this by eliminating the need for providers and suppliers to access many separate CMS documents

to determine what is required for Medicare payment. Also, instead of finding multiple Internet-only manuals, regulations, local coverage determinations and national coverage determinations, you can go to one place, like one-stop shop.

Slide four, what the provider documentation manual is not? It is not required. It does not replace policy or coverage manuals and does not create any new requirements.

Slide five, the provider documentation manual is a long-term project. The first chapter in the manual is home oxygen therapy. All coverage and payment documentation requirements will be in one place. Each topic will have a self-audit check list so you know what is required. It will reference and allow you to easily find other online resources.

Slide six, we want your feedback. At the end of this presentation, we will open the call for questions. In addition, comments can be sent to our provider documentation manual mailbox. And after considering all comments, we will published the home oxygen therapy chapter of the provider documentation manual.

I will now hand off the presentation to Connie Leonard, the Deputy Director of PCG.

Connie Leonard: Thank you, (Kristal). Slide 7 through 10 include a snapshot of the actual checklist that we also have posted to to the website. So it's a little small on the slide presentation. You can just click on the right document on that website that (Kristal) discussed just a few minutes ago.

The goal for the checklist is that it's a principal document that physicians, practitioners and supplier can use. And with that in mind, we tried really hard to keep the checklist to be one page, no more than one page front and back. When we first started this process, the checklist had several pages and so we kept taking things out and adding things back in and this is where we really need your feedback.

What do we leave out, what needs to be added back in? What do we have in that maybe doesn't need to be there? The goal is that this is a document that physician's offices and suppliers can use to make sure they're including everything that needs to be included in the medical record. This will not necessarily become part of the medical record or will not be able to be used in place of a medical record.

It's really just a checklist to go through what everything needs to be in the medical record. It goes in tandem in some ways for some of the templates that we're working on. The template can become part of the medical record. This and in some ways, this is a checklist document to making sure certain pieces of the documentation are there.

This is separate – it's a separate document to kind of make sure all the necessary pieces are in the actual medical record. So we can now go into a lot of detail on some of the topics. For example, if you look at the checklist, we don't really talk a lot about the certificate of medical necessity. That is a (genuine) form that has to be completed but we did not feel needed to be included in the checklist. If you feel differently, send comments that you can certainly want us to know.

So basically not reading the checklist line by line that kind of go in by topics. We focused on the written order prior to delivery. And in looking at the checklist today we looked at it several times over the past few months, I already noticed you know, a couple of slight changes that we can potentially make.

For example, the written order prior to delivery section is first and detailed written order section is last. So we've already had talked about putting those types together. They were information to be together in a checklist.

I noticed that we talked about physician evaluation for home oxygen equipment not requiring a face-to-face encounter and we give those particular (CPT) codes but we don't talk about when the face-to-face is required. And we probably should add a section for that.

That's the type of helpful information that we want to hear from you. We want to know what is in the checklist, what we missed, what's in there that doesn't need to be there, what more do we need to add, and also not just in the checklist which is primarily what we have on this slide presentation today but the actual manual section.

We did not want to just regurgitate everything that's in the Medicare benefit policy manual or claims processing manual or the FTEs. So we have links to those particular documents and we want to know from you, is that appropriate? Does that work for you? Does the links work? Because this our first go around with this type of a document, we want to hear from you.

Do you think it's a helpful document? All right. Is it something that you believe that your physician's office or supplier's office or the stakeholders will use to help them make sure that they're getting everything appropriate in the medical record?

We actually posted the supplier (question) anyway. The physician and the supplier checklists are basically the same document. We didn't want it to be separate, to have separate checklists and a separate document for each. We actually posted the draft section of the documentation manual and the two checklist on May 2nd and we're actually going to leave it open for comments until May 31st, 2018.

And we had a separate email box, provider documentation manual – all one word – @CMS.HHS.gov that is also on our website and we're hoping to get feedback from the physician and supplier community about how they like the provider documentation manual, if it's a good idea about whether – we had missed the mark and we need to include other particular types of items. How that it would best benefit the home oxygen therapy community.

What can we include in the manual section or in the checklist to make this a beneficial document for the physicians and suppliers? So once we get feedback from everyone, we are going to incorporate that and then hopefully in the next few months be able to get these documents in a publishable form on the CMS website.

If you are familiar where the CMS manuals are today, there is a separate manual section on the CMS.gov website. This will actually be another manual on that website that you'll be able to click to, to actually be able to access the provider documentation manual and the various chapters that we will have associated with it.

And with that, that was a really quick overview. But what we really want to do today is to hope to get some feedback, answer some of your initial questions, and get feedback and comments from you and to hopefully start the comments and feedbacks process.

And with that, I will turn it back over to (Sean). (Sean), could you please open the call...

Operator: Absolutely, as a reminder ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Please limit your question to one question and one follow-up to allow other participants time for questions. If you require any further follow-up, you may press star, one again to rejoin the queue. And one moment while we compile the Q&A roster.

And your first question comes from the line of Ashley D'Angelo from Medical Center of South Carolina – of North Carolina, sorry – your line is now open.

Ashley D'Angelo: Oh yes, hi. It's particularly about this supplier documentation checklist that was just discussed. Were you guys aware that the MACs have been doing these checklist for years? In particular, our MAC is CDF and we rely on their checklist every day to make sure that we have everything covered that we need and their checklist are really detailed.

And you can tell that they probably, I assumed – I would talk to them about it – but it looks like, you know, over the years, they've revised their checklist based on what is needed and they take them straight from the LCD and just looking at the checklist on lying here, it looks like there are a couple of things, for instance, like delivery information that's required that isn't on here.

So, you know, if I were you, I would maybe go back to the MACs and look at their checklist because we've had a lot of success with their checklist. That's all I have.

Connie Leonard: Thank you. We are aware that the DME MACs do have checklist out there and we actually have run our checklist through the DME MACs to get their feedback and comment before we posted it publicly. I'm happy that you have had success using the MAC checklist in the past. Certainly, the MAC checklists aren't necessarily going to go away. This is something that is going to be an addition but we'll definitely take a look to see if we need to add delivery information to our checklist. Thank you.

Operator: And as a second reminder, if you would like to ask a question, please press star then one on your telephone keypad. Again, that's star one on your telephone keypad.

And there are no further questions at this time. I'll turn the conference back to the presenters. Oh pardon the interruption, we do have a question from the line of (Rick Finck) with Genesis Healthcare. Your line is open.

(Rick Finck) with Genesis Healthcare. Your line is open.

(Rick Finck): I'm sorry, I had it on mute. We – Genesis Healthcare is a provider of nursing homes. And there's a lot of confusion from the state programs that we're dealing with – oh with regards to the mention of oxygen and home. When does the nursing home constitute the home for the patient?

Is their home like in all the research that I'm doing to make sure that we're not doing anything wrong and we're trying to be compliant with everything – we haven't done anything yet – is that as long as the patient is skilled in the nursing home, it was intended that the services are part of the per diem and not ancillary under any sort of oxygen home-based program.

Is there any sort of clarification in your rules because there's confusion with the Medicaid system to some degree disallowing oxygen saying it can be billed under these types of arrangements and I don't believe it's correct.

Melanie Combs-Dyer: This is Melanie Combs-Dyer and I will try to answer at least part of your question. We only represent the Medicare fee-for-service program. We do not represent Medicaid. So my answer is only for Medicare fee-for-service beneficiaries.

It is my understanding that if a Medicare beneficiary is in a skilled nursing stay that all of the oxygen and other durable medical equipment would be covered and paid for all bundled in to the SNF payment and there would be no separate payment for any type of DME.

However, if the patient is not in a skilled nursing stay and they are in a nursing home, the nursing home is considered their home and they do qualify for our durable medical equipment oxygen so as long as all of the other coverage requirements are met. Does that answer your question (Rick)?

(Rick Finck): Yes it does.

Melanie Combs-Dyer: Thank you.

Operator: And your next question comes from the line the (Brenda Laughlin) with Strategic Health. Your line is open.

And we did lose (Brenda's) line. Again, if you have a question, star then one on your telephone keypad.

And you do have one question from the line of Valerie Chang with Hawaii COPD Coalition. Your line is now open.

Valerie Chang: Hi, this is Valerie and we were just wondering what it would take to have the home oxygen therapy order template R4.0 dated 09/05/2017 made the preference where it has the range of saturation over the liter flow rate as a patient and all the other patients who we've spoken with, that would be so helpful to have a liter flow range instead of static numbers as liter flow rates and it would really solve a lot of the issues that patients are facing. Thank you.

Connie Leonard: Valerie, are you looking for a policy change or is it a document that is – we already have that you'd like to have standardized?

Valerie Chang: It's a document that Medicare has come out with.

Connie Leonard: OK.

Valerie Chang: And its optional document but we wish that it would be the preferred document and the current one become the optional one. Because it emphasizes the liter flow ranges so that the patient would be told to keep their – I mean the saturation range so that the patient would be told to stay like in the 92 to 94 percent saturation instead of a two-liter flow rate which could be totally inadequate when the person is exercising or something. Thank you.

Connie Leonard: And you said that was an R4.0?

Valerie Chang: It is R4.0 dated 09/05/2000 – oh, I'm sorry I printed it as – no, it's dated 09/05/2017 home oxygen therapy order template draft.

Connie Leonard: Oh OK.

Valerie Chang: R4.0.

Connie Leonard: Got you. Thank you very much. So that is a home oxygen therapy order template that we are working on finalizing. I believe it has go through the paper reduction process. But hopefully sometime in the near future, that actually will be a finalized document and will be something that providers will be able to use and suppliers will be able to use.

Melanie Combs-Dyer: This is Melanie. I just want to make sure that I'm understanding Valerie's point. If I open up that template, the version 4.0, and I look at the target O2 sat rate, it asked for a percentage or a range, blank percent to blank percent.

Valerie Chang: Right.

Melanie Combs-Dyer: Tell me you – is that where you're looking to make a change?

Valerie Chang: No, no. We think that that's wonderful and it's much better than right now patients are being told, "OK, use two liters or use one liter" and they're not being given the permission to adjust based on their activity level and based on what their saturation is on the oximeter. And we think that having a saturation range and having being told what the their saturation range is, is a much, much better way of prescribing this very, very important treatment which is oxygen.

And that's actually how the more active patients are trying to use their oxygen anyway.

Melanie Combs-Dyer: So – this is Melanie again. The template version 4.0 that's on the CMS website today has both the flow rate, a liters per minute oxygen percentage and it has the saturation range. Are you suggesting that CMS should take off the flow rate and not include that on the order?

Valerie Chang: May be make that an optional less preferred thing because really, in actual practice the saturation range is much more helpful to patients.

Melanie Combs-Dyer: So the way that the template -- the way that the template works is we suggest all of these data elements but it's really up to the physician or practitioner, ordering practitioner, to fill in the spots that are appropriate. And we believe that sometimes, it might be appropriate for them to fill in the flow rate and sometimes it might be appropriate to put in the O2 saturation range. Is that your understanding?

Valerie Chang: As a practical matter from all the patients I've spoken with and met online, the doctors only give one static number that is unchanged and it's like two for everything and that actually does not meet patient needs when the patient is engaging in different activities such as sleeping or exercising or hiking or doing things that actually require higher levels of oxygen.

Melanie Combs-Dyer: So maybe there is some physician education that you're suggesting there.

Valerie Chang: Well, I think that as long as the flow rate is left there, that's all that's going to be filled in most of the time because that's the easy thing and – and it's a lot

easier for – for the doctor or the prescriber to just put a number in rather than recognizing that a target range would actually be more helpful to the patient.

Melanie Combs-Dyer: OK. Thank you for your comment Valerie. We really appreciate it.

Valerie Chang: OK. I hope that's helpful.

Operator: And your next question comes from the line of Jody Schutt with Citrus Valley. Your line is open.

Jody Schutt: Hello. I have two questions on the check list on page seven. The first question is it says that the oxygen testing has to be done two days before the date of discharge. So that not including the discharge date because we typically include the discharge date and one day before but it seems this means two days before the discharge date.

The other question is it said that the patient must require an oxygen flow rate greater than four liters per minute. Does that mean that patients that need two liters or three liters that wouldn't be covered?

Connie Leonard: Thank you for this question Jody. We will make sure that we clarify in the final version to make sure that these sections are clearer and consistent with the policy.

Operator: And there are no further questions at this time, I'll turn the conference back to the presenters.

Connie Leonard: All right. I'd like to thank everyone for their comments today and I – and I'm going to ask everyone to please submit written comments. I'm sure once you further look in – look at the checklist and compare it maybe to the MAC checklist or some checklist that you might be using yourself or that one that suppliers that you've used (creative) and just come up with several possible solutions and questions for us.

And again, – that email box one last time is providerdocumentationmanual@cms.hhs.gov and we just ask that you submit the comments by May 31st, 2018. The more feedback that we get from the

community, the better documentation manual we can create. So if you could please save some time to go over these documents, we'd want them to be beneficial documents for the community.

Thanks everyone so much for participating today.

Operator: And this concludes today's conference, you may now disconnect.

END