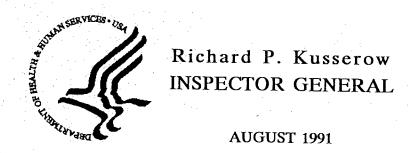
# Department of Health and Human Services OFFICE OF INSPECTOR GENERAL

# TRENDS IN HOME OXYGEN USE



# OFFICE OF INSPECTOR GENERAL

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services' (HHS) programs as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by three OIG operating components: the Office of Audit Services, the Office of Investigations, and the Office of Evaluation and Inspections. The OIG also informs the Secretary of HHS of program and management problems and recommends courses to correct them.

## OFFICE OF AUDIT SERVICES

The OIG's Office of Audit Services (OAS) provides all auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations in order to reduce waste, abuse, and mismanagement and to promote economy and efficiency throughout the Department.

# OFFICE OF INVESTIGATIONS

The OIG's Office of Investigations (OI) conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or to HHS beneficiaries and of unjust enrichment by providers. The investigative efforts of OI lead to criminal convictions, administrative sanctions, or civil money penalties. The OI also oversees State Medicaid fraud control units which investigate and prosecute fraud and patient abuse in the Medicaid program.

# OFFICE OF EVALUATION AND INSPECTIONS

The OIG's Office of Evaluation and Inspections (OEI) conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The findings and recommendations contained in these inspection reports generate rapid, accurate, and up-to-date information on the efficiency, vulnerability, and effectiveness of departmental programs.

This report was prepared by the Philadelphia regional office under the direction of Joy Quill, Regional Inspector General and Robert A. Vito, Deputy Regional Inspector General. Project Staff:

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MANAGEMENT ADVISORY REPORT



### **PURPOSE**

This report identifies trends in the use of home oxygen systems for the Medicare program.

### **BACKGROUND**

This study was requested by HCFA staff in connection with their examination of the Medicare fee schedule for oxygen services during budget deliberations.

- Liquid oxygen systems provide the highest purity of oxygen. They are prescribed for patients requiring a large amount of oxygen, generally more than four liters per minute (LPM).
- Gaseous tank systems are supplied to patients who require up to two LPM or do not require a continuous flow of oxygen.
- Concentrators are stationary machines which operate electronically to generate higher concentrations of oxygen from room atmosphere. They are designed for patients requiring a continuous flow of oxygen of up to four LPM and who are house-bound or have minimal portability needs.

Our inspection focused only on trends in the use of home stationary systems. We did not analyze costs or reimbursement.

### METHODOLOGY

We started with the 1 percent file of the Part B Medicare Annual Data (BMAD) files, including local carrier codes. They provided consistent data for the entire 4-year period of the inspection, from 1986 through 1989, and they had been validated by an independent consultant and by HCFA. As a further step, we contacted Medicare carriers representing seven States to refine and independently validate the data.

We limited our review to non-purchased home stationary equipment and contents.

### **FINDING**

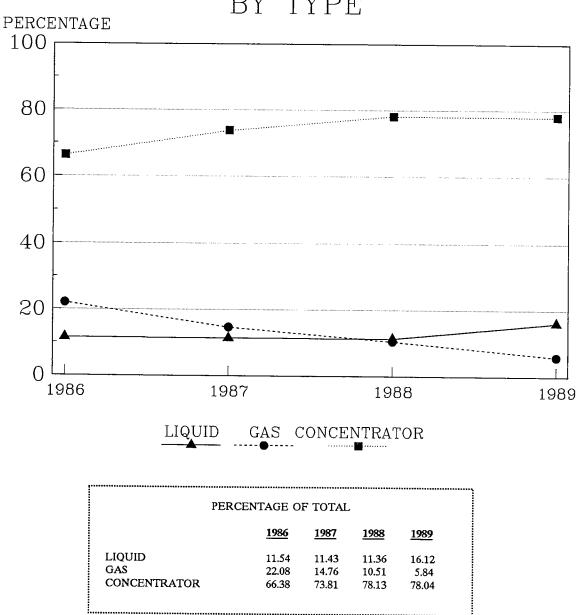
There has been a shift towards use of oxygen concentrators.

Oxygen concentrator usage has increased since 1986, both in absolute terms and as a percentage of total services for all types of systems.

### Relative Usage

The changes in relative usage are shown below:



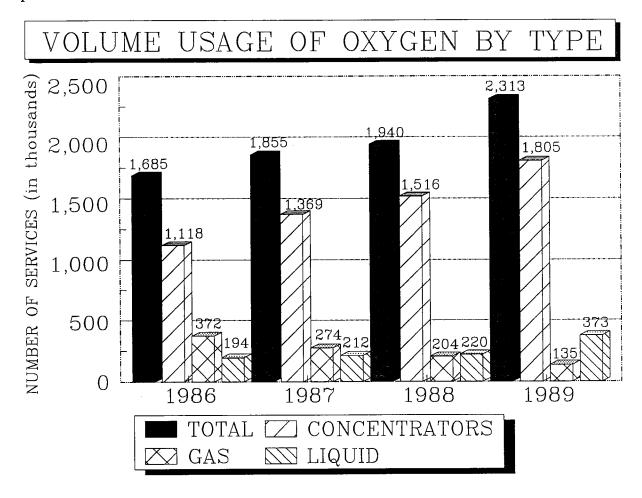


From 1986 to 1988, oxygen concentrator usage increased, while gaseous system usage decreased, and liquid system usage remained constant.

In 1989, oxygen concentrator usage remained constant at the 1988 level, while gaseous system usage continued decreasing, and liquid system usage increased.

### Growth in Volume

The actual number of home oxygen services rose throughout the 4-year period of our review. Total usage grew from 1,685,000 to 2,312,900, an increase of 37 percent. Oxygen concentrators were the most frequently used delivery system during that period.



As shown above, services for concentrators and liquid systems increased in absolute terms, while gaseous systems declined in the same period.

### **CONCLUSION**

From 1986 to 1989 the use of home stationary oxygen equipment and contents has increased in absolute terms. Oxygen concentrator usage increased both in absolute terms and as a percentage of total services. We hope this information will be helpful to HCFA as they consider possible adjustments to the fee schedule.