Why is ADP making changes to the application for funding of Home Oxygen Therapy?

ADP is implementing a new information technology system to improve reliability and cost effectiveness in documenting client transactions, claims adjudication, and vendor payments. This new system will support the Government of Ontario’s Green IT Strategy, improve system security and information management, and improve stakeholder accessibility by decreasing time required for obtaining funding, increasing automation of claims processing and improving stakeholder and client satisfaction.

What changes are being made to the application process?

None. ADP will still require a fully completed application form to be submitted to the Program for funding requests for clients requiring home oxygen therapy.

Please clarify the criteria for nocturnal oxygen (for clients without CPAP or for those clients who cannot tolerate CPAP therapy)?

There have not been any changes to the medical criteria, so there are no specific medical criteria for nocturnal oxygen for clients without CPAP or for those clients who cannot tolerate CPAP therapy. These clients will be assessed on a case-by-case basis, as was done previously. Additional documentation from the prescribing physician would have to be provided for consideration to ADP along with the application.

What changes are being made to the application form?

ADP has standardized the application forms across the Program with consistent client biographical blocks and signature blocks. Category specific information has been updated and device selection is entirely through a check box approach. ADP device codes and descriptions will no longer be required. Application forms will be available from the ADP website as required and are currently available at http://www.health.gov.on.ca/en/pro/programs/adp/information_technology/revisions_application.aspx

Why has the format Day/Month/Year been changed to Year/Month/Day?

The format has been changed to Year/Month/Day to meet current standards.

In Section 2 (Devices and Eligibility) under Funding Program Requested, the new application form states that this can be completed by the vendor, is this correct?

Yes, the Vendor of Record is now allowed to indicate the type of home oxygen funding program requested in Section 2 (Devices and Eligibility) of the new application form.
How will the Vendor of Record know which funding program should be indicated in Section 2?

For the Regular Home Oxygen Program or Exertional Hypoxemia, the funding program will be determined by the applicant’s medical test results. Refer to the Home Oxygen Program (HOP) Administration Manual for the eligibility criteria for the Regular Home Oxygen Program and for Exertional Hypoxemia. The Palliative Care Funding Program will be determined by the prescribing physician based on their assessment of the applicant.

In Section 2 (Devices and Eligibility) under Delivery Systems Requested, the new application form states that this can be completed by the vendor. Is this correct?

Yes, the Vendor of Record is allowed to indicate the type of delivery system requested in Section 2 of the new application.

Sleep Disorder Breathing is now indicated on the HOP form, in Section 2 (Devices and Eligibility) under Confirmation of Applicant’s Eligibility for Home Oxygen Funding. Does this mean that ADP will be providing funding for applicants who have nocturnal hypoxemia only?

No. The ADP has not made any changes to the medical eligibility criteria. To receive funding assistance, the applicant must demonstrate either hypoxemia at rest or hypoxemia on exertion, along with improved exercise tolerance with oxygen.

In Section 2 (Devices and Eligibility) under Confirmation of Applicant’s Eligibility for Home Oxygen Funding, if the physician indicates “Palliative”, is the physician required to provide a specific diagnosis?

Yes, a specific diagnosis must be provided by the physician.

In Section 2 (Devices and Eligibility), under Test Results, only the PaO2 is required. Previously the ADP required the following: Ph, PcO2, PaO2 and SaO2. Why has this been changed?

As part of the approval process, the ADP only requires information necessary to determine the applicant’s eligibility. Although the additional information is important for the physician to assess the applicant’s medical condition, it is not relevant to ADP’s approval process.

Under Section 2, Test Results, who is responsible for indicating that “ABG’s could not be taken due to medical risk”?

Only the prescribing physician can indicate that ABG’s could not be taken due to medical risk.

Is the prescribing physician required to provide a letter of support explaining why “ABG’s could not be taken due to medical risk”?

No. As part of the HOP’s mandatory service requirement, the Vendor of Record is required to maintain and update client files. The client’s file must contain the appropriate documentation that confirms the specific medical risk to the procurement of ABG’s.

Appropriate documentation may include the following:

- Letter of support from the physician outlining the medical risk; or
- A copy of medical records outlining the medical risk.
Appropriate documentation does not include any letters of support, client assessment or documentation from the Vendor of Record.

Confirmation that there is a medical risk to the procurement of ABGs must come from a qualified physician.

**What is the definition of “Medical Risk”?**

Medical Risk indicates that there is a reason as to why trying to obtain an ABG sample could be detrimental to the client. This may include, but is not limited to: high INR; client on blood thinners; contractures; dementia, etc.

The physician must write a letter explaining why the ABG need should be waived. The letter is to be on the physician’s letterhead and is to be kept in the client’s file, with the vendor, as part of the VOR policies around record keeping. During an audit, ADP would expect to find the documentation in the client’s files as to why the ABG needs were waived.

**In Section 2 (Devices and Eligibility), under Independent Exercise Assessment, if the physician prescribing the home oxygen is a Repirologist or Internist are they also required to complete the Independent Exercise Assessment Test Result Confirmation?**

No. The Independent Exercise Assessment Test Result Confirmation only needs to be completed if the physician prescribing/signing the form is not a Respirologist or an Internist.

**Will the vendor be required to keep a copy of the Independent Exercise Assessment in their client files?**

Yes, this is a requirement as part of ADP’s Policies and Procedures for maintaining client records. The vendor may be required at any time to provide a copy of the Independent Exercise Assessment to the Program.

**Where can the vendor get a hard copy of the HOP Exercise Assessment Form?**

There is no longer a need for a hard copy of the HOP Exercise Assessment Form as all of the required information is now included within the application form.

**In Section 2 (Devices and Eligibility), under Independent Exercise Assessment, can the Regulated Health Professional employed by the vendor record the test results?**

No. Only the Regulated Health Professional or the Pulmonary Function Technologist delegated by an Independent Health Facility physician and employed by the Independent Health Facility can conduct and record the results of the testing. The Regulated Health Professional employed by the Vendor of Record can not complete this section.

**Under Section 2, Independent Exercise Assessment, there is no allowance for a summary of the test results. How will ADP determine if the applicant demonstrates an improvement in exercise tolerance on Oxygen?**

Based on the information recorded on the application form, the new information technology system will calculate if the applicant meets the criteria for Exertional Hypoxemia funding.
Under Section 2, **Independent Exercise Assessment**, what does the field “Registration #” refer to?

The Independent Health Facility Registration # indicates that the Independent Health Facility is licensed by the Ministry of Health and Long Term Care.

**Under Section 2, Independent Exercise Assessment**, what does the vendor do if they are not able to get the Registration # of the Independent Health Facility?

If the vendor is not able to obtain the Registration # of the Independent Health Facility, leave the field blank and submit the application.

If applying under the Exertional Program, and the client, when exerted on room air by vendor staff experiences desaturation to < 80%, does the client still have to go for an Independent Exercise assessment?

When applying for funding under the Exertional Program, all clients have to have their testing carried out by an Independent Health Facility, even if, when tested by the vendor staff they experience desaturation to < 80% during exertion on room air.

**Can a walk test be done on room air to satisfy the compressed air section?**

As part of the Independent Exercise Assessment the client is to be exerted on Compressed Air and Oxygen as part of the single blind study.

**Does a Respirologist or Intensivist have to sign the IEA form if a full IEA was not performed?**

Individuals who are applying for funding under the Exertional Program must go to an independent facility to have their testing done. If at the independent facility the client is exerted on room air and their saturations drop to < 80% a full IEA does not have to be completed, meaning that there does not have to be a C/A and Oxygen comparison done.

If the prescribing physician (meaning the physician who is signing the application form) is a respirologist or an intensivist, then the IEA does not have to be signed by a facility physician. If however, the prescribing physician is not a respirologist or intensivist, then the IEA has to be signed off on by a facility respirologist or intensivist, even if on room air the exertional saturation falls below 80%.

**Does the independent health facility have to provide their documentation of the IEA test results?**

The independent health facility no longer has to provide their own IEA testing forms. Instead they fill in the IEA section on the HOP form, and the ADP adjudication process will do the calculations.

**There is no longer a requirement to provide the specific device code on the HOP application. This information was required for data collection of the type of oxygen delivery systems provided to HOP clients. How is ADP now going to collect this information?**

ADP will begin collecting data on the types of oxygen delivery systems provided through the invoices submitted by the Vendors of Record. The Vendors of Record must ensure that the device code used on the invoice accurately reflects the type of delivery system provided to their client.

**What happens if the vendor cannot submit the old HOP application forms prior to June 30 2011?**
Vendors are requested to make every effort to meet the June 30, 2011 deadline.

**Can you define the following- Power of Attorney, Legal Guardian and Public Trustee?**

Refer to the following:

1. The Policies and Procedures Manual for the Assistive Devices Program; and

**Will the new application form speed up the time in which the vendors will receive payment?**

Providing that all of the information on the application form has been completed correctly, and the client meets the funding criteria for oxygen it is expected that over time the processing and payment time lines will be reduced significantly.