



NATIONAL PROVIDER ENROLLMENT CONFERENCE

61.5 Million Patients, 2.8 Million Providers, **ONE** Mission

August 28 - 29, 2024

DME Enrollment

Presented by

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Session Overview



1. The National Provider Enrollment Contractors (NPEs)

9. Q&A

2. Enrollment Regulations

10. Fingerprinting

3. How Enrolling Works

11. Appeals and Rebuttals

4. Liability Insurance Requirements

12. Non-billing Deactivations

5. Surety Bond Requirements

13. Tips and Reminders

6. Licensure

14. What's New?

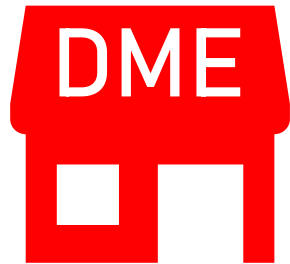
7. Accreditation

15. Resources

8. Site Visits

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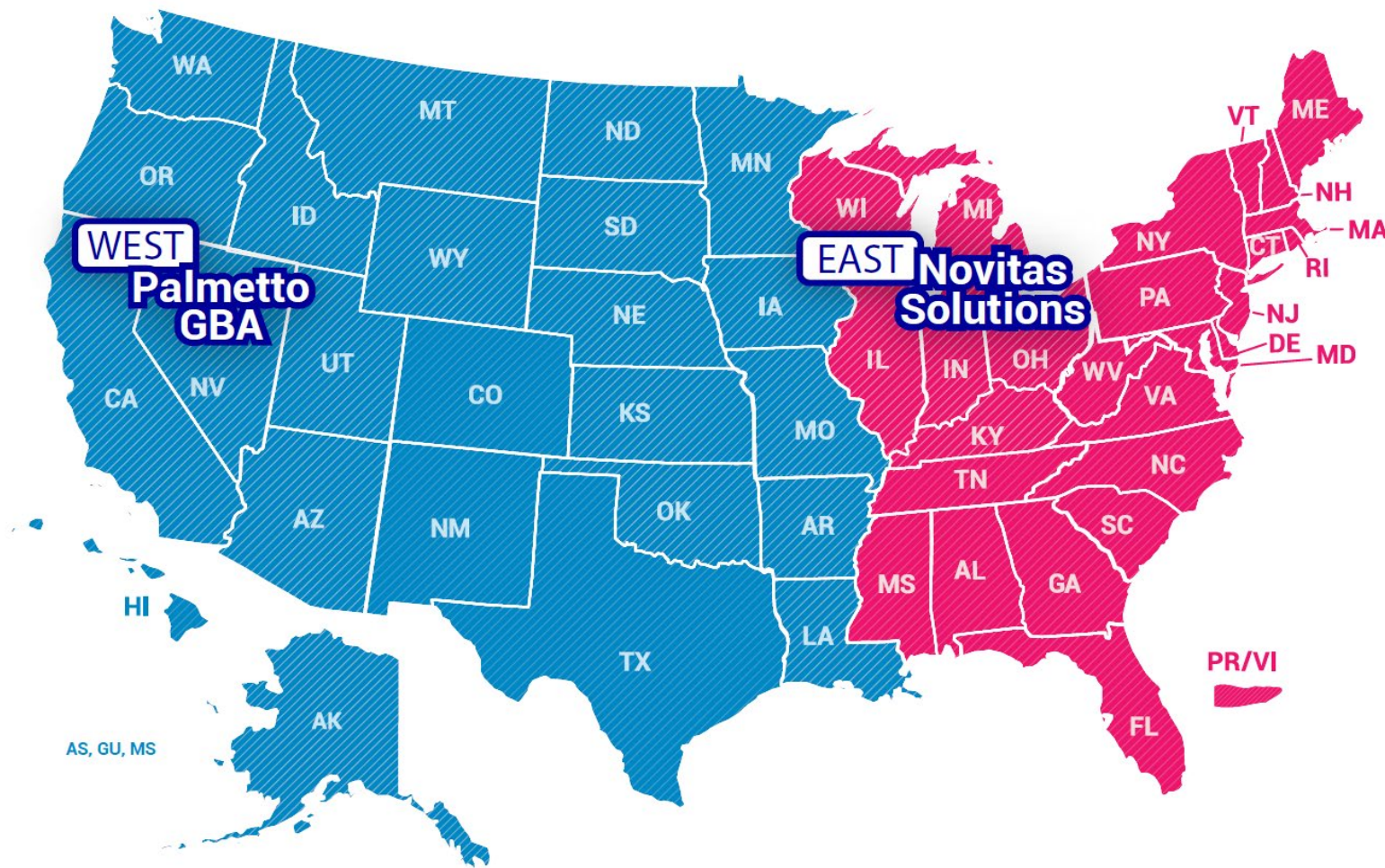
By the Numbers



74K

DME Suppliers
in Medicare

National Provider Enrollment (NPE) East/West



The National Provider Enrollment Contractors



NPWEST

Website:

www.palmettogba.com

Toll-free customer service number:

866-238-9652 (10 AM – 6 PM EST)

Web Submission Tool:

https://www4.palmettogba.com/npew_webform_submission/

Mailing Address:

Palmetto GBA, AG-495
PO Box 100142
Columbia, SC 29202-3142

NPEAST

Website:

www.novitas-solutions.com

Toll-free customer service number:

866-520-5193 (9 AM – 5 PM)

Online Status Tool (855/588 status, paper and web)

Development Fax:

888-213-2710

Mailing Address:

Novitas Solutions, Inc.
PO Box 3704
Mechanicsburg, PA 17050

Enrollment Regulations & Policies



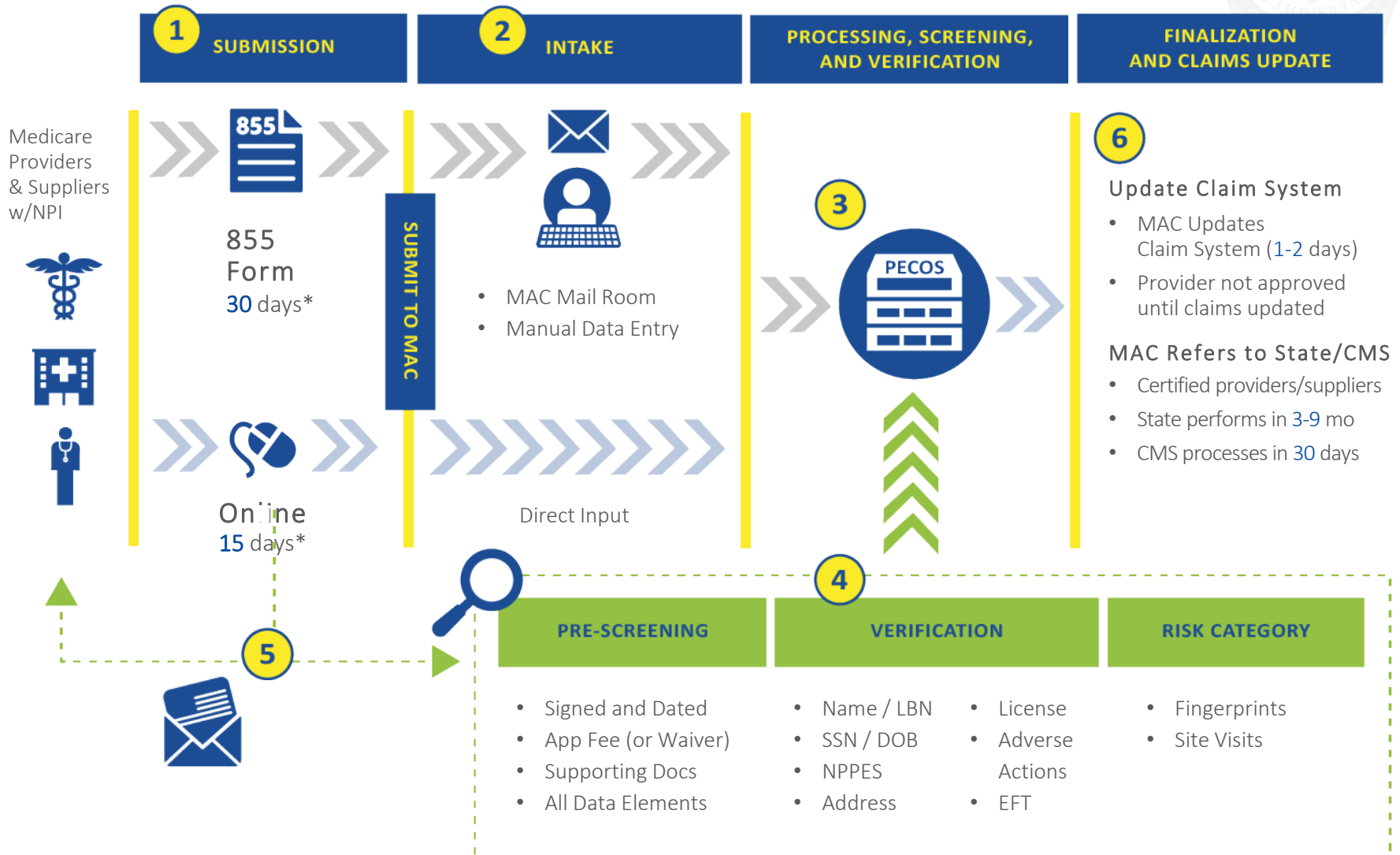
42 CFR 424.57 - Special payment rules for items furnished by DMEPOS suppliers and issuance of DMEPOS supplier billing privileges

- 42 CFR 424.57(c) - DME Supplier Standards
 - 30 supplier standards
 - All supplier locations where Medicare beneficiaries are serviced must have billing privileges
 - Exceptions – warehouses, repair facilities

IOM Publication 100-08, Medicare Program Integrity Manual (PIM)

- Chapter 10 – Medicare Enrollment

How Enrollment Works



Liability Insurance Requirements



Minimum \$300,000 in coverage

Covers place of business, customers, and employees

Must cover product liability

NPE listed as a policy holder

Failure to maintain Liability Insurance will result in denial or revocation!

Most Frequent Issues with Insurance



- Failure to list one of the NPEs (NPWEST/NPEAST) as certificate holder on the policy
- Sending the wrong policy (i.e., professional liability/ medical malpractice insurance instead of general liability)

See 42 CFR 424.57(c)(10)

Surety Bond Requirements



Minimum coverage of \$50,000

Liable for unpaid claims, Civil Monetary Penalties, or assessments

Pay CMS within 30 days of written notice

Failure to maintain Surety Bond will result in denial or revocation!

Surety Bond Exemptions



- **Government-operated entity** if they have provided CMS with a comparable surety bond under State law
- **Physical and occupational therapists** in private practice if the business is solely-owned by the physical or occupational therapist, the items are furnished only to the physical or occupational therapist's own patients as part of his or her professional service, and the business is only billing for orthotics, prosthetics, and supplies
- **State-licensed orthotic and prosthetic personnel** in private practice making custom-made orthotics and prosthetics if the business is solely-owned and operated by the orthotic and prosthetic personnel, and the business is only billing for orthotics, prosthetics, and supplies
- **Physicians and non-physician practitioners** if the items are furnished only to the physician or non-physician practitioner's own patients as part of his or her physician service

Surety Bond Cancellations



- **NPEs are notified directly by surety companies if bond is cancelled**
 - Notices usually received 30+ days in advance of cancellation date
 - NPE development for new surety bond
 - If surety bond company sends a post-dated cancellation, the NPEs will develop for updated surety bond
 - If surety bond company sends a future-dated cancellation, development will not occur because supplier is still active and in compliance
- **Reminders:**
 - Ensure premium is paid promptly, and
 - Send new surety bond with no gaps in coverage
- **Full regulation found at 42 CFR 424.57(d)**

Licensure



- Depends on state and products/services you plan to furnish
- Submit license(s) with your application
- [DME Licensure Database](#)
 - Developed and maintained by NPWEST
 - Linked on NPEAST website
 - Updated quarterly

Accreditation



- **What is Accreditation?**
 - An evaluative process in which a healthcare organization undergoes an examination of its policies, procedures and performance by an external organization ("accrediting body") to ensure that it is meeting predetermined criteria.
- **CMS DMEPOS Quality Standards**
 - Established and implemented by Medicare Modernization Act of 2003
 - All suppliers must comply with the Quality Standards to receive and maintain accreditation and Medicare billing privileges, unless exempt
 - CMS-approved Accreditation Organizations (AOs) are responsible for assessing suppliers' compliance with the Quality Standards
 - CMS Quality Standards are cited in Supplier Standards 22-25 (*See 42 CFR 424.57(c)(22), (23), (24), and (25)*)

CMS-Approved AOs



- Accreditation Commission for Health Care, Inc.
- American Board for Certification in Orthotics & Prosthetics, Inc.
- Board of Certification Accreditation International
- Community Health Accreditation Program
- Health Care Quality Association on Accreditation
- National Association of Boards of Pharmacy
- The Compliance Team, Inc.
- The Joint Commission

CMS DMEPOS Quality Standards



CMS Quality Standards:

<https://www.cms.gov/files/document/final-dmepos-quality-standards.pdf>

Quality Standards Medicare Learning Network (MLN) Article:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/DMEPOSQuality/DMEPOSQualBooklet-905709.html>

- **Section 1:** Business Standards
- **Section 2:** Service Standards
- **Appendix A:** Respiratory Equipment, Supplies, and Services
- **Appendix B:** Manual Wheelchairs and Power Mobility Devices, including Complex Rehabilitation and Assistive Technology.
- **Appendix C:** Custom-Fabricated, Custom-Fitted and Custom-Made Orthotics, Prosthetic Devices, Somatic, Ocular and Facial Prosthetics, and Therapeutic Shoes and Inserts

Accreditation Exemptions



- **Eligible Professional** (as defined in section 1848(k)(3)(B))
 - Examples include:
 - Nurse Practitioner
 - Occupational Therapist
 - Physical Therapist
 - Physician
 - Physician Assistant
- **Other Persons** (section 154(b) of MIPPA)
 - Examples include:
 - Optician
 - Orthotist
 - Prosthetist
 - Qualified Audiologist

Accreditation Exemptions



■ Pharmacies

- Pharmacy has been enrolled in Medicare as a DMEPOS Supplier for at least five years.
- Pharmacy has not had an un-rescinded, final adverse action during the past five years.
- Pharmacy's Medicare billing for DMEPOS (other than drugs and pharmaceuticals not subject to accreditation) is less than 5% of pharmacy sales for the previous three calendar/fiscal years.
- Pharmacy must continue to be in compliance with the CMS Quality Standards.
- Each Pharmacy location (individual PTAN) must submit for exemption individually.

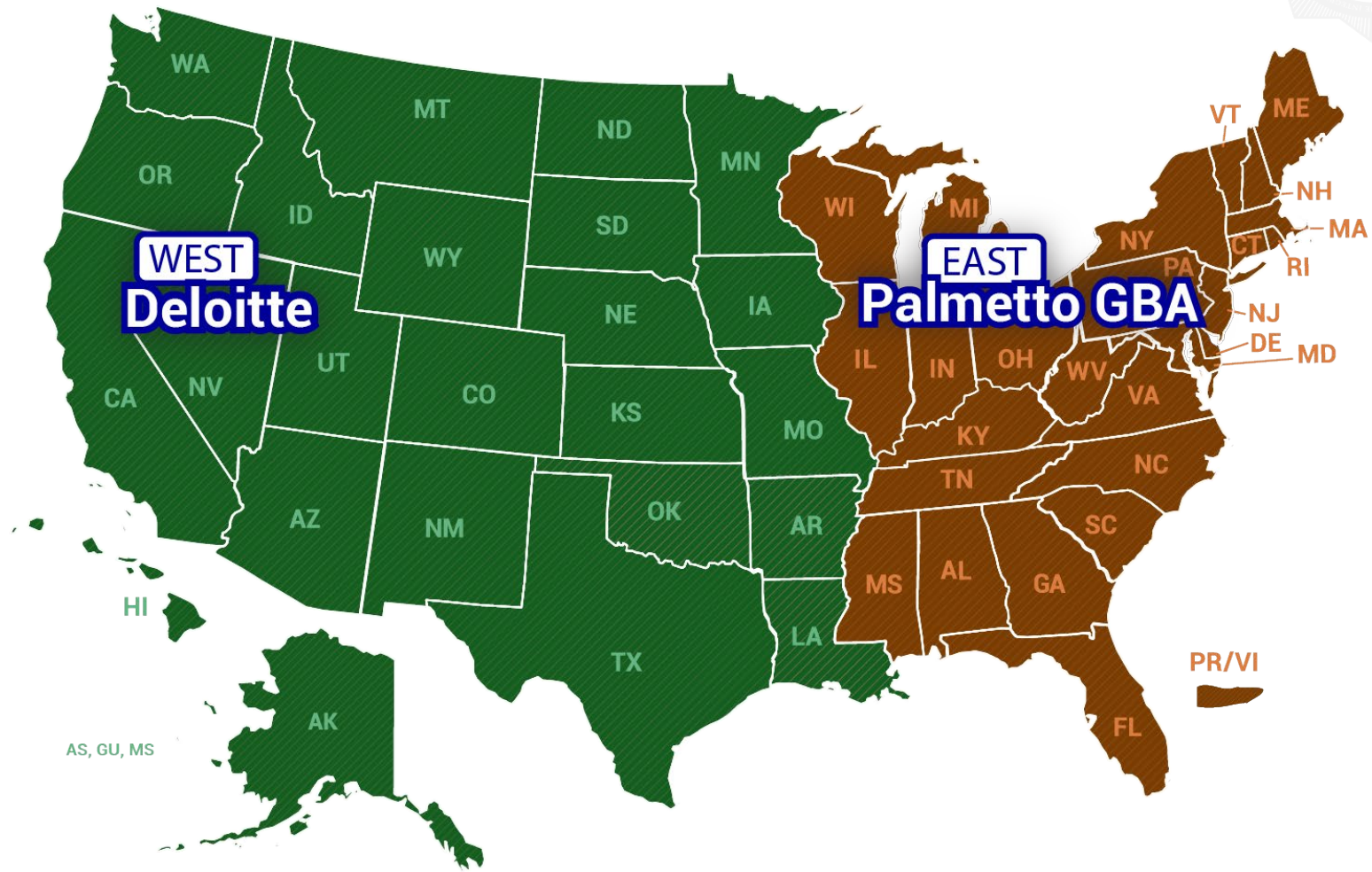


Accreditation Survey Expectations



QUESTIONS & ANSWERS

National Site Visit Contractor (NSVC)



Site Visits | National Site Visit Contractors (NSVCs)



- All enrollment site visits conducted by the NSVCs
- Required for DME Suppliers during:
 - initial enrollment, revalidation, change of physical address, reactivations, change in TIN with no change in ownership, change in ownership
- CMS has the authority to perform site visits on all suppliers
- Verifies compliance with DMEPOS Supplier Standards
- Separate from AO surveys

What to expect during a site visit?

1. Unannounced site visit conducted during business hours
2. An external and internal review, by an inspector
3. Photographs of the business
4. Inspector will possess a photo ID and a letter of authorization issued and signed by CMS
 - To verify an inspector is associated with a CMS ordered site visit contact your NPE

How to prepare for a Site Visit



- ✓ Adhere to posted hours of business (ensure posted hours match the hours reported on the 855S)
- ✓ Make certain that qualified staff is available to answer questions and have accessibility to files and documentation
- ✓ Have current licensure & certification prominently displayed
- ✓ Be able to provide inspector with accessibility to review Medicare beneficiary files if requested
- ✓ Provide proof of business records including warranties, delivery information, rental agreements
- ✓ Ensure sufficient inventory on-site or evidence of contractual agreements for volume of Medicare beneficiaries served

Fingerprinting



[CMSfingerprinting.com](https://cmsfingerprinting.com)

Applies to:

- New DMEPOS Suppliers
- Existing DMEPOS Suppliers reporting a change of ownership or new owner
- Revalidating DMEPOS Suppliers who had fingerprints waived during a PHE
- High risk suppliers

Excludes: Managing Employees, Officers, and Directors

5%(+) Ownership/Partners in a high risk supplier

- Letter will be sent to correspondence address giving 30 days to get fingerprinted
- Medicare phased rollout

If the supplier:

- Has a felony conviction
- Refuses fingerprinting

Then CMS may **deny** the application or **revoke** their billing privileges

Please note: if the fingerprints are unreadable, a 2nd set of fingerprints will be requested.

Appeals and Rebuttals



Chags Health Information Technology, Inc. (C-HIT)

Address:

P.O. Box 45266
Jacksonville
FL 32232

Email:

PEARC@c-hit.com

Phone:

800-245-9206

Fax:

866-410-7404

- C-HIT was awarded the CMS provider enrollment appeals and rebuttals contract in August 2023.
- In October 2023, C-HIT began rendering decisions for all corrective action plans, reconsideration requests and rebuttals for DMEPOS suppliers.
- C-HIT has experienced delays in rendering appeal and rebuttal decisions. CMS is actively working with C-HIT to eliminate decision backlogs and delays.

Appeals and Rebuttals



Corrective Action Plan (CAP)



- Must be received in writing within 35 days of the date of the denial or revocation letter (if eligible)

Reconsideration



- Must be received in writing within 65 days of the date of the denial or revocation letter
- Can submit a reconsideration if CAP still being processed

Rebuttal



- Only submit in response to a deactivation (not denial or revocation)
- Must be received within 15 days of the date of the deactivation letter

Non-Billing Deactivations



- DME suppliers are deactivated after 13 months of non-billing if:
 - Enrolled in the Medicare program for at least 13 months
 - No Medicare or Medicaid billing activity in the last 13 months
 - No revalidation completed in last 13 months, no due date in next month, or no revalidation in progress in last 3 months
- CMS excludes certain DME suppliers: Pharmacy, Optician, Optometrist, and Hospital.

Non-Billing Deactivations



- NPEs issue a deactivation letter with rebuttal rights
 - Must submit a complete CMS-855S to reactivate
 - Effective date is based on the receipt date of the application



Tips and Reminders



- Use Internet-based PECOS for faster processing
 - Reduces administrative burden
 - Pre-populated with enrollment information on file for revalidations
 - Decreases development requests

CONTACTS



- To report system/navigation issues with PECOS, contact the External User Services (EUS) Help Desk at 1-866-484-8049
- Contact NPWEST or NPEAST for general enrollment questions

Tips and Reminders



- Submit the fee (includes physicians and non-physician practitioners enrolled as DME suppliers)
 - The fee for CY2024 is \$709
 - Credit card, debit card, or electronic check
 - New locations, additional locations, revalidations, and reactivations
 - <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do>

Applications are not processed until funds are cleared!

Tips and Reminders



- Ensure your submission is complete
 - Include copies of ALL applicable federal and state licenses and certifications
- Revalidation is every 3 years
 - Letters will be mailed to the supplier's revalidation address when revalidation is due
 - CMS Revalidation List gives six to seven months advanced notice
<https://data.cms.gov/revalidation>

Tips and Reminders



- Report any change of information within 30 days
 - Ownership
 - Managing employees
 - Authorized Officials
 - Delegated Officials
 - Change of address
 - Change of insurance, surety bond, licensure

Failure to report within 30 days of the effective date of a change may result in revocation action!



855S FORM UPDATES



- Changed all references from National Supplier Clearinghouse (NSC) → National Provider Enrollment (NPE) contractor
 - Updated website and contact info
- Added “Chiropractor” as option for supplier type
- Added check boxes to collect accreditation exemption reason
- Added “Lymphedema Compression Treatment Items” to product list



LYMPHEDEMA COMPRESSION TREATMENT ITEMS

- Starting January 1, 2024, Medicare began to pay for lymphedema compression treatment items for Medicare Part B patients.
- You must be an enrolled DMEPOS supplier to get Medicare payment for furnishing these treatment items.
- How to report this item on your enrollment:
 - Obtain required licensure and accreditation
 - Submit application adding Lymphedema Compression Treatment Items under Section 2

SECTION 2: IDENTIFYING INFORMATION (Continued)

4. Products and Services Furnished by this Supplier (Continued)

Add/Remove	Product/Services	Fills orders, fabricates or fits items from own inventory	Contracts with another company for the purchase of items necessary to fill orders
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Insulin Infusion Pumps	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Insulin Infusion Pump Supplies	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Intermittent Positive Pressure Breathing (IPPB) Devices	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Intrapulmonary Percussive Ventilation Devices	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Limb Prostheses	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Lymphedema Compression Treatment Items	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Mechanical In-Exsufflation	<input type="checkbox"/>	<input type="checkbox"/>



☐ Add ☐ Remove **Lymphedema Compression Treatment Items**



EFT REQUIREMENTS

DME suppliers must submit CMS-588 EFT Authorization Agreement

- Compliance letters were sent in April 2024 to those receiving paper checks
 - Failure to respond will result in deactivation
- Submit EFT Form via PECOS
 - Include voided check or bank letter w/your LBN

See 42 CFR §424.510(e)(1)

Benefits to using EFT

- Reduces the amount of paper in the office
- Avoids the hassle of depositing Medicare checks
- Eliminates the risk associated with paper checks being lost or stolen
- Provides faster access to funds; many banks process direct deposits faster than paper checks.
- Allows easier reconciliation of payments with bank statements

Resources



[cms.gov](https://www.cms.gov)

- ordering and referring, DMEPOS accreditation, supplier standards
- MAC contacts: (search for Medicare enrollment contact")

[cms.gov/Revalidation](https://www.cms.gov/Revalidation)

- search all records online
- view and filter online spreadsheets
- export to Excel, or connect to with API

[PECOS.cms.hhs.gov](https://pecos.cms.hhs.gov)

account creation, videos, providers resources , FAQs

[888-734-6433](https://18887346433)

PECOS Help Desk

ProviderEnrollment@cms.hhs.gov

Provider Enrollment contact

FFSPProviderRelations@cms.hhs.gov

"ListServ" sign-up: Notice of program and policy details, press releases, events, educational material

[cms.gov MLN Matters® Articles](https://www.cms.gov/MLN/Matters)

articles on the latest changes to the Medicare Program and enrollment education products



Thank You

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Centers for Medicare & Medicaid Services



QUESTIONS & ANSWERS
