

Compliance With The DMEPOS Quality Standards: What You Need To Know

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OBJECTIVES

- UNDERSTAND THE ACCREDITATION REQUIREMENTS TO OBTAIN OR RETAIN YOUR MEDICARE PART B DMEPOS ENROLLMENT NUMBER
- UNDERSTAND WHAT YOU NEED TO DO TO MEET THE INTENT OF THE QUALITY STANDARDS

HOW DO I PREPARE?

- READ AND UNDERSTAND THE MEDICARE DMEPOS REQUIREMENTS,
- KEEP INFORMED,
- GET ASSISTANCE, and
- INVOLVE ALL STAFF

WHAT IS DMEPOS ACCREDITATION?

- Established by the Medicare Modernization Act of 2003 (MMA)
- Required to obtain or retain your Medicare Part B DMEPOS Enrollment/Supplier Number
- Accomplished through compliance with CMS' DMEPOS Quality Standards

IMPORTANT DATES

- JANUARY 31, 2009
 - Application Deadline
- OCTOBER 1, 2009
 - Accreditation Deadline
 - Your enrollment number will be deactivated on that day if no accreditation decision has been given

KEY POINTS TO REMEMBER

- It will take an average of **NINE MONTHS** from application submission to accreditation decision
- If you don't have your **COMPLETED** application in by **JANUARY 31, 2009**, you may be unable to complete the accreditation process, in time, by the **OCTOBER 1, 2009** deadline

KEY POINTS TO REMEMBER

- SENDING IN AN APPLICATION WITH A CHECK TO THE ACCREDITING ORGANIZATION (AO) DOES NOT START THE CLOCK
 - The application must be COMPLETE
 - All information that has been asked must be attached to the application

KEY POINTS TO REMEMBER

- ACCREDITATION IS COMPLEX
- ACCREDITATION IS COMPREHENSIVE AND DIFFICULT
- ACCREDITATION IS NOT A LICENSING APPLICATION
- ACCREDITATION TAKES PREPARATION
 - Not just buying policies and procedures from a consultant
 - All staff need to be involved

KEY POINTS TO REMEMBER

- Refer to DMEPOS Accreditation presentation slides regarding the steps in the accreditation process that are posted on the CMS' website:
<http://www.cms.hhs.gov/MedicareProviderSupEnroll>

DMEPOS QUALITY STANDARDS

Section I *Supplier Business Service* *Requirements*

Section I

- Administration
- Financial Management
- Human Resources Management
- Consumer Services
- Performance Management
- Product Safety
- Information Management

Administration

The supplier shall have one or more individuals who perform leadership functions with the authority, responsibility and accountability to direct the organization and its key activities and operations

Administration

- This can be met by one person or several
 - Owner, Governing Body, CEO
- The leadership ensures that the supplier complies with standards, laws, regulations and is responsible for all of the operation
- Communication should be evident in your organizational chart that this person(s) has the legal authority to make all decisions and is accountable for those decisions. The leadership relays all rules, policy and procedures to the staff and contractors

Administration

- The supplier must provide quality equipment, items, and services to beneficiaries
- The supplier must have a physical location and display all licenses, certificates and permits
- The supplier must only provide DMEPOS that meet FDA regulations
 - To find out more about your FDA reporting requirements, go to the web site at: www.fda.gov under Medical Devices
 - You need copies of all manufacturer requirements, warranties and instructions on-site

Administration

- You must have a maintenance plan for all of your equipment
 - Need to show evidence that all of your equipment has been maintained
 - Logs, equipment calibration, temperature checks for refrigerated items, if necessary
 - You must keep a tracking system of all of your equipment by model, serial or other identifying number
 - You need to know where all of your equipment is especially for re-call purposes, and also for theft

Administration

- Compliance with Medicare laws, regulations, manuals, and contractor policies and articles
 - For example:
 - The enrollment standards under 42 CFR §424.57
 - The Department of Transportation (vehicles)
 - The OSHA (infection control, fire, and safety)
 - Business licenses in ALL States
 - Local fire codes
 - Local Coverage Determinations (LCD)
 - National Coverage Determinations (NCD)
 - Internet Only Manuals (IOM)
 - Claims Processing,
 - Benefit Policy,
 - Program Integrity

Administration

- Compliance with disclosure of ownership and control information
 - You should become very familiar with the regulations under 42 CFR §420.201 – 206
 - These rules will outline a conflict of interest
 - You must disclose any Federal offenses related to Medicare, Medicaid or Social Services Programs

Administration

- Establish business practices to ensure compliance with laws and regulations
 - Designate one person to address compliance issues
 - That person has to have the knowledge, skills and education in order to be accountable in this position
 - Typically a Risk Management or Compliance Officer
 - A compliance plan should include:
 - All training,
 - Issues addressed, and
 - How you determined conflicts of interests

Financial Management

- Develop an operating budget
- Produce periodic financial statements
- Develop a method for tracking actual revenues and expenses
- Take into account any ABN's that are issued for upgrades
- Knowledge of proper billing practices – surveyors will look at claims:
 - Did you bill before you had the prescription?
 - Did you omit the modifier or incorrectly code the claim?

Human Resources Management

- Start out with job descriptions
- Contractual relationships – will need to see their compliance, as well as accreditation
- Educational requirements for the job, to include orientation to the duties and OSHA requirements
- Performance evaluations: employees and contractors
- Background checks, if required by your State law
- Written Verification of all of your professional licenses, certificates
 - CDL for van drivers, if necessary
- Any health requirements: TB, HBV, Drug screen

Consumer Services

- Provide written or pictorial and oral instructions on:
 - Use and Maintenance,
 - Potential hazard avoidance, and
 - Infection control practices
- Provide supplier contact information 24 hours/day

Consumer Services

- Document the make and model or any other identifier in the beneficiary's record
- If you cannot or will not provide the equipment, you must notify the physician within 5 calendar days
- You must notify the beneficiary of all complaints within 5 calendar days
 - Within 14 calendar days, you must provide written notification to the beneficiary of the result of your investigation
 - Your complaints must be logged and records kept

Performance Management

- Measures outcomes:
 - Target high volume (diabetic supplies), problem prone (PMD), high risk (complex rehab or ventilators)
 - Consumer services
 - Billing practices
 - Adverse events
- This is not a finger pointing exercise, it is about improvements – just like accreditation

Performance Management

- Requirements
 - Beneficiary Satisfaction Surveys
 - Timeliness
 - Business Practices
 - Billing and Coding Errors
 - Adverse Events
 - Hospitalizations of beneficiary due to injury, accidents or sign and symptoms of infection
- All customers need to be asked

Product Safety

- Maintenance plan for equipment
 - Includes all inventory
 - Repairs completed
 - Discontinued, obsolete or not patient ready supplies
 - Separate the clean and dirty (used) supplies
- Investigate any injuries or infections
 - Check the OSHA requirements for injury reporting under the Medical Devices Reporting Act

Product Safety

- Contingency plan for emergencies
 - Make certain that it is specific for your geographical area and that it considers:
 - Patient care/services
 - Risk assessment
 - Data storage
 - Communications
- Verify that all products have not been adulterated

Information Management

- Meets HIPPA requirements for privacy and security
 - Think of natural disasters
 - Think of all media – electronic, fax and paper
 - Including marketing materials – are they misleading? Do they represent your population for translation?
 - Think of back-up methods
- Evaluate the effectiveness of your systems

DMEPOS QUALITY STANDARDS

Section II

Supplier Product-Specific Service Requirements

Intake & Assessment

- The beneficiary's record must contain any pertinent information that is necessary and required to determine medical necessity
 - Certificates of Medical Necessity (CMN)
 - Prescriptions
 - Face-to-face Evaluations
 - Physical Assessments
 - Telephone communications between the physician and the beneficiary

Delivery & Set-up

- Provide the equipment in the time scheduled
- Perform any adjustments
- Provide or arrange for a loaner-except for orthotics and prosthetics
- Equipment delivered has to be consistent with what was ordered and meets the identified beneficiary needs
 - A person that is delivering the equipment must be knowledgeable

Training/Instruction

- Provide instructions on the features, routine use, troubleshooting, cleaning, infection control practices and general maintenance
- Provide written instructions for initial equipment
- Document in the beneficiary record that the patient/caregiver received and understood the instructions
 - The instruction need to be tailored to the patient or caregiver's ability, needs, learning preferences, and primary language
- Ensure that the beneficiary/caregiver can use all the equipment safely

Follow-up

- Specific to the type of services and equipment that was given
 - All training and communication must be in the beneficiary's record
 - These must be documented with the:
 - Date,
 - Time, and
 - Signature of the person providing the service

DMEPOS QUALITY STANDARDS

APPENDIX A:

Respiratory Equipment, Supplies and Services

Appendix A

- Covered Items:
 - Oxygen and all supplies,
 - Home Invasive Mechanical Ventilators,
 - Continuous Positive Airway Pressure (CPAP),
 - Respiratory Assist Devices (RAD),
 - Intermittent Positive Pressure Breathing (IPPB),
 - Nebulizers

APPENDIX A

- In addition to meeting all of the Intake, Assessment, Delivery, Set-up, Training, and Follow-up in Section II, you must also be in compliance with:
 - Current version of the American Association for Respiratory Care Practice Guidelines for:
 - Oxygen
 - Ventilators
 - IPPB
- You can find a copy at:
<http://www.aarc.org>

DMEPOS QUALITY STANDARDS

APPENDIX B:

Manual Wheelchairs,
Power Mobility Devices, and
Complex Rehabilitative Wheelchairs
and Assistive Technology

Manual Wheelchairs, PMDs and Complex Rehabilitative Wheelchairs

- In addition to meeting all of the Intake, Assessment, Delivery, Set-up, Training, and Follow-up in Section II, you must also be in compliance with:
 - Verifying that seating, positioning and specialty assistive technology have been evaluated and documented in the beneficiary's record

Complex Rehab Wheelchairs and Assistive Technology

DEFINITION

- Group 2 power wheelchairs with power options,
- Group 3 and higher power wheelchairs, and
- Manual wheelchairs that can accommodate rehabilitative accessories and features

Complex Rehab Wheelchairs and Assistive Technology

Requirements

- Employ at least one Rehabilitative Technology Supplier (RTS) per location:
 - Certified Rehabilitative Supplier
 - Assistive Technology Professional
- The RTS must have at least one trained technician available to service each location:
 - Factory Trained by manufacturers
 - Experience in the rehab technology field
 - Completed at least 10 hours annually of CEUs specific to rehab technology
 - Able to program and repaired sophisticated electronics associated with PWC

Complex Rehab Wheelchairs and Assistive Technology

- The RTS must coordinate services with the prescribing physician to conduct a face-to-face evaluation
 - Refer to 42 CFR §410.38(c)(2)(i) and the LCD for more information on this evaluation requirement
- The RTS must provide the beneficiary with appropriate simulation and trial equipment when necessary

Complex Rehab Wheelchairs and Assistive Technology

- The RTS must maintain all assessment information in the beneficiary's record
- The RTS must assemble and set-up the equipment to verify that the final product meets the specifications of the prescribing physician
- If you do evaluate beneficiaries in your facility, you must provide a private, clean and safe room and a repair shop in close proximity
 - Chairs, examining tables are all accessible and safely anchored to prevent any falls
 - The area is free from contamination

DMEPOS QUALITY STANDARDS

APPENDIX C

Custom Fabricated and Custom Fitted Orthoses, Prosthetic Devices, External Breast Prostheses, Therapeutic Shoes and Inserts, and their Accessories and Supplies; Custom-Made Somatic, Ocular and Facial Prostheses

Appendix C

- Individuals supplying the items set out in this appendix must possess specialized education, training and experience in fitting and certification and/or licensing where required by law
- Definitions include those already defined in CMS manual provisions and according to regulations:
 - 42CFR §414.402, and
 - Medicare Benefit Policy Manual: Chapter 15, Section 120

Intake & Assessment

- In addition to meeting all of the Intake, Assessment, Delivery, Set-up, Training, and Follow-up in Section II, you must also be in compliance with:
 - Performing a comprehensive history to assess the beneficiary's need and use for the orthoses/prostheses
 - Determine the appropriate orthoses/prostheses specifications based on the assessment

Intake & Assessment

- Perform an in person functional clinical exam to determine sensory function, ROM, joint stability, skin condition, presence of edema/wounds, vascularity, pain, manual muscle testing, compliance, cognitive ability and medical history
- Establish goals and expected outcomes
- Assess the orthoses/prostheses for structural safety and ensure that manufacturer guidelines are followed prior to face-to-face fitting

Training/Instruction

- Use and maintenance,
- How to don and doff, adjustments,
- How to inspect the skin,
- How to use specific interface,
- How to report any problems if changes are noted,
- How to establish a wear schedule and schedule for tolerance.

Follow-up

- Access to a facility for modifications
- Review maintenance
- Beneficiary feedback to determine the effectiveness and satisfaction
- Review and make changes as necessary
- Continued follow-up as specific to the orthoses/prostheses or therapeutic shoes that were provided

Internet Resources

DME MAC Websites

- Jurisdiction A

National Heritage Insurance Company (NHIC)

<http://www.medicarenhic.com/>

- Jurisdiction B

National Government Services (NGS)

<http://www.ngsmedicare.com>

- Jurisdiction C

Cigna Government Services

<http://www.cignagovernmentservices.com/>

- Jurisdiction D

Noridian Administrative Services (NAS)

<https://www.noridianmedicare.com/>

AOPA

- <http://www.aopanet.org/>
- Ask the Expert
- Archived O&P Almanac Articles
- Information on Upcoming Events

Internet Only Manuals (IOM)

- From CMS homepage you can click on “Manuals” located, under “Top 10 Links” and then click on IOM on the left hand side. From the DME Center, under the listing “CMS Manuals and Transmittals” click on the link for Internet Only Manual System
- Or use:
<http://www.cms.hhs.gov/Manuals/IOM/list.asp>
- The following link provides some hints on how to use the IOM's:
<http://www.cms.hhs.gov/MLNProducts/downloads/on-linebrochure.pdf>

Internet Only Manuals (IOM)

- 100-04: Claims Processing Manual
 - Chapter 20: DMEPOS
 - Information on the 2-Day Rule
 - Chapter 30: Financial Liability Protections
 - Information on the use of ABN's
- 100-08: Medicare Program Integrity Manual
 - Chapter 5: Special DME Review Considerations
 - Information on Rx's/Orders
 - Information on documentation

Center for Medicare & Medicaid Services (CMS)

- <http://www.cms.hhs.gov/>
- DME Center
 - From CMS homepage click on the “Medicare” button. Scroll to the bottom of the page. Under the heading “Browse by Provider Type” click on DME Center,
 - or use: www.cms.hhs.gov/center/dme.asp
- One Stop for DMEPOS questions
 - Fee Schedules
 - SNF Excluded Codes List
 - Enrollment
 - Contacts, etc.

DME Pricing Data Analysis and Coding (PDAC)

- www.dmepdac.com
- Performs the functions formally handled by the SADMERC
 - National Pricing and Fee Schedule
 - Code verification
- PDAC began operation on August 18th.
- DME Coding System (DMECS):
www.dmepdac.com/dmecs/index.html
 - Search for codes or products by:
 - Manufacturer
 - L Code
 - Product Number
 - Product Name
 - Device
 - Crosswalk of old codes to new codes
 - Search for Medicare allowables
 - Search for Modifiers

Claim Adjustment Codes and Remittance Advance Codes

- Assist in reading RA's and MSN's
- Codes used on all HIPAA covered transactions.
- Provides the code and description of the code
- <http://www.wpc-edi.com/>
 - Click on “HIPAA Code Lists” on the left hand side
 - Click on the list of codes you wish to view

ICD-9 Codes

- Center for Disease Control (CDC)
 - www.cdc.gov/nchs/icd9.htm
 - Find and print out complete list of ICD-9 Codes
- www.medilexicon.com/icd9codes.php

Common Electronic Data Interchange (CEDI)

- www.ngscedi.com
- Enroll to submit claims electronically
- Answer questions about electronic claims submission

Office of Inspector General (OIG)

- www.oig.hhs.gov
- Information on Fraud
- Compliance Guidance
- Exclusion Program
 - Verify if some one is on Medicare's exclusion list

Palmetto GBA: National Supplier Clearinghouse (NSC)

- www.palmettogba.com
- Supplier Enrollment/Reenrollment
- Request Copy of PTAN Number
- Information on Standards and Compliance

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