



Your Guide

to Medicare's Durable Medical Equipment,
Prosthetics, Orthotics, & Supplies (DMEPOS)
Competitive Bidding Program



C E N T E R S F O R M E D I C A R E & M E D I C A I D S E R V I C E S

The information in this guide was correct when it was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.Medicare.gov) to get the most current information, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

“Your Guide to Medicare’s Durable Medical Equipment Prosthetics, Orthotics, & Supplies (DMEPOS) Competitive Bidding Program” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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SECTION

Introduction

1

What's Medicare's DMEPOS Competitive Bidding Program?

Medicare's Competitive Bidding Program for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) changes the amount Medicare pays for certain DMEPOS items and makes changes to which suppliers Medicare will pay to supply these items to you. The first phase of the program is already in effect in 9 areas of the country. **Starting July 2013**, Medicare is scheduled to expand the competitive bidding program to more areas.

The program replaces the outdated, inflated fee-schedule prices Medicare is currently paying with lower, more accurate prices. Under this program, suppliers submit bids to provide certain medical equipment and supplies at a lower price than what Medicare pays for these items now. Medicare uses these bids to set the amount it will pay for those equipment and supplies under the competitive bidding program. Qualified, accredited suppliers with winning bids are chosen as Medicare contract suppliers. The program:

- Helps you and Medicare save money
- Ensures that you have access to quality medical equipment, supplies, and services from suppliers you can trust
- Helps limit fraud and abuse in the Medicare Program

Using a Medicare contract or grandfathered supplier

If you have Original Medicare, live in one of the competitive bidding areas, and use equipment or supplies included under the program (or get the items while visiting a competitive bidding area), you generally must use Medicare contract suppliers if you want Medicare to help pay for the item. If you live in one of the areas where the program is expanding and you're renting oxygen or certain other durable medical equipment (DME) at the time the program starts, you'll be able to continue renting these items from your current supplier if that supplier becomes a contract supplier or decides to participate in the program as a "grandfathered" supplier. If you live in (or get these items while visiting) these areas and don't use a Medicare contract or a grandfathered supplier, Medicare won't pay for the item, and you may have to pay full price. It's important to know if you're affected by this program to make sure Medicare will help pay for your item and to avoid any disruption of service.

Am I affected if I'm in a Medicare Advantage Plan?

The competitive bidding program applies to Original Medicare only. If you're enrolled in a Medicare Advantage Plan (like an HMO or PPO), your plan will notify you if your supplier is changing. If you're not sure, contact your plan.

SECTION

Areas & items included in the new program

2

Who will be affected by this program, and in what areas?

Round 1 of this program is already in effect in certain ZIP codes in these states: California, Florida, Indiana, Kansas, Kentucky, Missouri, North Carolina, Ohio, Pennsylvania, South Carolina, and Texas. The **items** included in the Round 1 areas are:

- Oxygen, oxygen equipment, and supplies
- Standard power wheelchairs, scooters, and related accessories
- Complex rehabilitative power wheelchairs and related accessories (Group 2 only)
- Enteral nutrients, equipment, and supplies
- Continuous positive airway pressure (CPAP) devices, respiratory assist devices (RADs), and related supplies and accessories
- Hospital beds and related accessories
- Walkers and related accessories
- Support surfaces (Group 2 mattresses and overlays in Miami-Fort Lauderdale-Pompano Beach only)

Who will be affected by this program, and in what areas? (continued)

Round 2 is scheduled to start in July 2013. You may be affected by this program if you live in (or need competitive bid items while visiting) certain ZIP codes in the areas below and on page 9:

Midwest	Northeast
Akron, OH	Albany-Schenectady-Troy, NY
Chicago-Joliet-Naperville, IL-IN-WI	Allentown-Bethlehem-Easton, PA-NJ
Columbus, OH	Boston-Cambridge-Quincy, MA-NH
Dayton, OH	Bridgeport-Stamford-Norwalk, CT
Detroit-Warren-Livonia, MI	Buffalo-Niagara Falls, NY
Flint, MI	Hartford-West Hartford-East Hartford, CT
Grand Rapids-Wyoming, MI	New Haven-Milford, CT
Huntington-Ashland, WV-KY-OH	New York-Northern New Jersey-Long Island, NY-NJ-PA
Indianapolis-Carmel, IN	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD
Milwaukee-Waukesha-West Allis, WI	Poughkeepsie-Newburgh-Middletown, NY
Minneapolis-St. Paul-Bloomington, MN-WI	Providence-New Bedford-Fall River, RI-MA
Omaha-Council Bluffs, NE-IA	Rochester, NY
St. Louis, MO-IL	Scranton-Wilkes-Barre, PA
Toledo, OH	Springfield, MA
Wichita, KS	Syracuse, NY
Youngstown-Warren-Boardman, OH-PA	Worcester, MA
West	
Albuquerque, NM	Phoenix-Mesa-Glendale, AZ
Bakersfield-Delano, CA	Portland-Vancouver-Hillsboro, OR-WA
Boise City-Nampa, ID	Sacramento-Arden-Arcade-Roseville, CA
Colorado Springs, CO	Salt Lake City, UT
Denver-Aurora-Broomfield, CO	San Diego-Carlsbad-San Marcos, CA
Fresno, CA	San Francisco-Oakland-Fremont, CA
Honolulu, HI	San Jose-Sunnyvale-Santa Clara, CA
Las Vegas-Paradise, NV	Seattle-Tacoma-Bellevue, WA
Los Angeles-Long Beach-Santa Ana, CA	Stockton, CA
Oxnard-Thousand Oaks-Ventura, CA	Tucson, AZ
	Visalia-Porterville, CA

South

Asheville, NC	Knoxville, TN
Atlanta-Sandy Springs-Marietta, GA	Lakeland-Winter Haven, FL
Augusta-Richmond County, GA-SC	Little Rock-North Little Rock-Conway, AR
Austin-Round Rock-San Marcos, TX	Louisville/Jefferson County, KY-IN
Baltimore-Towson, MD	McAllen-Edinburg-Mission, TX
Baton Rouge, LA	Memphis, TN-MS-AR
Beaumont-Port Arthur, TX	Nashville-Davidson-Murfreesboro-Franklin, TN
Birmingham-Hoover, AL	New Orleans-Metairie-Kenner, LA
Cape Coral-Fort Myers, FL	North Port-Bradenton-Sarasota, FL
Charleston-North Charleston-Summerville, SC	Ocala, FL
Chattanooga, TN-GA	Oklahoma City, OK
Columbia, SC	Palm Bay-Melbourne-Titusville, FL
Deltona-Daytona Beach-Ormond Beach, FL	Raleigh-Cary, NC
El Paso, TX	Richmond, VA
Greensboro-High Point, NC	San Antonio-New Braunfels, TX
Greenville-Mauldin-Easley, SC	Tampa-St. Petersburg-Clearwater, FL
Houston-Sugar Land-Baytown, TX	Tulsa, OK
Jackson, MS	Virginia Beach-Norfolk-Newport News, VA-NC
Jacksonville, FL	Washington-Arlington-Alexandria, DC-VA-MD-WV

These **items** are included in the **Round 2 program**:

- Oxygen, oxygen equipment, and supplies
- Standard (power and manual) wheelchairs, scooters, and related accessories
- Enteral nutrients, equipment, and supplies
- Continuous Positive Airway Pressure (CPAP) devices, respiratory assist devices (RADs), and related supplies and accessories
- Hospital beds and related accessories
- Walkers and related accessories
- Negative pressure wound therapy pumps, related supplies, and accessories
- Support surfaces (Group 2 mattresses and overlays)

To check if an item you use is included in the program, visit [Medicare.gov/supplier](https://www.medicare.gov/supplier), or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

SECTION

What Medicare will pay

3

Do I have to get any new supplies or equipment from a Medicare contract supplier when Round 2 starts?

If the equipment or supplies ordered by your doctor or treating health care provider are included in the competitive bidding program where you live or visit, you generally must get your equipment or supplies from a Medicare contract supplier for Medicare to pay for the item. However, in certain cases, your doctor or treating health care provider can sometimes supply:

- A walker or folding manual wheelchair when you're getting other medical care even if he or she isn't a Medicare contract supplier.
- If you're hospitalized and need one while you're admitted or on the day you're discharged from the hospital.

You may also be able to continue to rent some types of medical equipment from your current supplier, if that supplier chooses to be a grandfathered supplier. In these situations, Medicare will still help you pay for these items.

I live in a ZIP code that will be part of this program when it starts. Do I have to change suppliers if I'm already renting equipment from a supplier that isn't a Medicare contract supplier?

If you're already renting certain medical equipment or receiving oxygen or oxygen equipment that's paid on a monthly basis when the program starts, you may be able to stay with your current supplier. Suppliers that aren't Medicare contract suppliers can choose to become grandfathered suppliers. This means a supplier may continue to rent equipment to you if you're renting the equipment when the program starts. This rule applies only to oxygen, oxygen equipment, and certain rented equipment. You may continue using the grandfathered supplier until the rental period for your equipment ends. If you start renting additional equipment from a grandfathered supplier after the program starts, Medicare won't pay for the new equipment. If you're renting equipment that's eligible for grandfathering, your supplier will let you know in writing 30 business days before the program begins whether it will or won't become a grandfathered supplier.

Where can I find a list of DMEPOS suppliers I can use in my area?

For a list of suppliers you can use in your area, go to [Medicare.gov/supplier](https://www.medicare.gov/supplier). You can also get this information by calling 1-800-MEDICARE (1-800-633-4227). A customer service representative can help you find a supplier. TTY users should call 1-877-486-2048.

I live in a Round 2 area. What happens if my supplier decides NOT to become a grandfathered supplier?

You have a decision to make first. You need to decide whether to continue to rent from your current supplier and pay all the costs or switch to a Medicare contract supplier. A non-contract supplier that decides not to become a grandfathered supplier is required to notify you and pick up the item from your home after the program begins. Your supplier must notify you 3 times before it can pick up the item:

1. The supplier must send you a letter at least 30 business days before the program begins telling you that it will no longer provide rental items to you after a certain date. This letter will tell you the date on which a Medicare contract supplier must begin to furnish you with the rented item.
2. Before the supplier can pick up your equipment, it must call you 10 days prior to picking up the item.
3. The supplier must call you again 2 business days before picking up the item.

A supplier that isn't grandfathered isn't allowed to pick up a medically necessary item(s) before the end of the last rental month for which the supplier is eligible to get a rental payment, even if the end of the last rental month occurs on or after July 1, 2013. If you change to a Medicare contract supplier, your old supplier should work with the contract supplier so there isn't a break in service. Keep the pickup slip or other documentation from the supplier that shows you no longer have the item.

Example:

If your last rental month begins on June 27, 2013, your current supplier must continue to provide the equipment you need until July 28, 2013. Your current supplier must work with your new contract supplier to get equipment to you on July 28, 2013. It must make sure that there's no lapse in your treatment because of this change.

What should I do if I don't hear from my supplier about whether it plans to become a grandfathered supplier?

If you don't hear from your supplier, you should contact them. You need to find out if it's a contract supplier or intend to be a grandfathered supplier. If it isn't, you'll need to find a Medicare contract supplier for Medicare to pay.

What about the certain medical equipment and supplies (like a walker) I get from my doctor or hospital?

Medicare will pay for certain items, like a walker or folding manual wheelchair, you get from your doctor or treating health care provider (including physician assistants, clinical nurse specialists, and nurse practitioners), even if he or she isn't a Medicare contract supplier, as long as the item is supplied in the office during a visit for medical care and is medically necessary. If you're hospitalized and the hospital gives you a walker or folding manual wheelchair, Medicare will also pay for these while you're admitted or on the day you're discharged from the hospital.

If I have Medicaid and Medicare, will Medicaid cover an item I get from a non-contract supplier if Medicare doesn't cover the item?

If you have Medicare and Medicaid and live in a competitive bidding area, you'll have to get supplies and equipment from a Medicare-contract supplier. Medicaid will pay the cost-sharing amounts (deductibles and coinsurance) for those services.

- If you're a Qualified Medicare Beneficiary (QMB) only, Medicaid pays Medicare deductibles, coinsurance, and copayment amounts only. If Medicare denies payment, Medicaid won't pay for the item.
- If you're a Qualified Medicare Beneficiary (QMB) Plus, Specified Low-Income Medicare Beneficiary (SLMB) Plus, or other Full Benefit Dual Eligible (FBDE), you'll still be able to get supplies and equipment that Medicare doesn't cover, but your state Medicaid program does, from any Medicaid-participating provider.

Do I have to change doctors?

No. This program doesn't affect which doctors you can use.

What if I need a specific brand of item or supply?

If you need a specific item or brand of supply, or in a specific form, your doctor must prescribe the specific brand or form in writing. Your doctor must also document in your medical record that you need this specific supply for medical reasons. In these situations, a Medicare contract supplier is required to:

- Give you the exact brand or form of item you need
- Help you find another contract supplier that offers that brand or form you need it in
- Work with your doctor to find another brand or form that's safe and effective for you

What if I travel to one of the areas included in this program and need to get medical equipment or supplies?

If you travel to an area included in the competitive bidding program, you must get any medical equipment or supplies included in the program from a Medicare contract supplier if you want Medicare to help you pay for the equipment or supplies. Your out-of-pocket costs will be the same as when you're at your permanent home. You'll still be responsible for paying the 20% coinsurance after meeting your yearly Part B deductible.

If you permanently live in...	And travel to...	Medicare will help you pay for supplies furnished by...
An area participating in the program	A different area participating in the program	A Medicare contract supplier located in the area you traveled to for items included in the program*
An area participating in the program	An area NOT participating in the program	Any Medicare-approved supplier
An area NOT participating in the program	An area participating in the program	A Medicare contract supplier located in the area you traveled to for items included in the program*
An area NOT participating in the program	An area NOT participating in the program	Any Medicare-approved supplier

* If you don't use a Medicare contract supplier, the supplier may ask you to sign an "Advance Beneficiary Notice" (ABN). This notice tells you that Medicare probably won't pay for the item or service. The supplier will probably require you to pay for the full cost of the item.

SECTION

Cost

4

Does the competitive bidding program change what I pay for medical equipment and supplies?

Yes, you'll pay less. Under the competitive bidding program, contract suppliers can charge you only the competitively bid payment amount, which is less than the Medicare-approved amount (what Medicare currently pays). When Medicare pays less, you'll pay less too.

Do I still have to pay my deductible?

Yes. When the program begins, you'll still be required to pay your yearly Part B deductible whether or not you live in a competitive bidding area or the equipment or supplies ordered by your doctor are included in the program. Each year, you must pay the deductible before Medicare starts to pay its share. After the deductible is met, Medicare pays 80% of the Medicare-approved amount for equipment, supplies, and services.

How does Medicare pay for equipment or supplies if I have other insurance?

If you have other insurance that pays before Medicare, it may require you to use a supplier that isn't a contract supplier. In those cases, Medicare may make a secondary payment to that supplier. The supplier must meet Medicare enrollment standards and be eligible to get secondary payments from Medicare. For more information, check with your insurer, plan provider, or benefits administrator.

What if I get my medical equipment or supplies from a supplier who isn't a Medicare contract supplier?

If you live in one of the competitive bidding areas and get an item included in the program from a supplier who isn't a Medicare contract supplier, Medicare will most likely not pay for the item. In these situations, you may be asked to sign an "Advance Beneficiary Notice" (ABN). This notice tells you that Medicare probably won't pay for the item or service, and that you may be responsible for paying the entire cost.

If I travel to one of the areas in this program, will I pay the same amount that I'd pay at home?

Your out-of-pocket costs will be the same as when you're at your permanent home. You'll still be responsible for paying the 20% coinsurance after meeting your yearly Part B deductible.

It's important to know that for any equipment or supplies that are included in the competitive bidding program, the Medicare contract supplier can't charge you more than the 20% coinsurance and any unmet yearly deductible. If you suspect that you're paying more coinsurance than the Medicare-approved amount, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can also call the Fraud Hotline of the HHS Office of Inspector General at 1-800-447-8477. TTY users should call 1-800-377-4950.

SECTION

Item-specific information

5

What do I need to know if I buy diabetic supplies, like test strips or lancets?

Starting July 1, 2013, Medicare will implement a national mail-order program for diabetic testing supplies. The national mail-order program will include the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa.

This program is designed so you can continue getting quality supplies while saving money. The term mail-order includes all home deliveries. When it starts, you'll need to use a Medicare national mail-order contract supplier for Medicare to pay for your mail-order diabetic testing supplies that are delivered to your home. If you don't want your diabetic testing supplies delivered to your home, you can go to any local store that's enrolled with Medicare and buy them there.

Medicare's allowed payment amount will be the same for mail-order and non-mail-order diabetic testing supplies when the program starts. National mail-order contract suppliers can't charge you more than any unmet deductible and 20% coinsurance. Local stores also can't charge more than the deductible and 20% coinsurance if they accept assignment, which means they accept Medicare's allowed amount as payment in full. Local stores that don't accept Medicare assignment may charge more than 20% coinsurance and any unmet deductible. Therefore, if you get your supplies from a local store, check with the store to find out what your copayment will be.

Here are some other points to remember:

- This new program doesn't require that you change your testing monitor. If you're happy with your current monitor, look for a mail-order contract supplier or local store that can provide the supplies you need.

What do I need to know if I buy diabetic supplies like test strips or lancets (continued)?

- If you switch suppliers, you might need to get a new prescription for testing supplies or arrange to have your current prescription transferred. Plan ahead before you run out of supplies.
- Contract suppliers can't make you switch to another glucose monitor and testing supplies brand. Contract suppliers must furnish the brand of testing supplies that works with your monitor. If the contract supplier doesn't carry your brand of testing supplies, you can ask the contract supplier about other brands they offer. However, the supplier can't start this conversation.
- Medicare has rules to protect you from uninvited supplier phone calls. If you believe you've been pressured to switch suppliers, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

What do I need to know if I use enteral nutrients, supplies, and equipment?

- If you're getting these supplies or equipment in a skilled nursing facility (SNF) or nursing facility, you don't need to do anything. The facility will make sure that you get your Medicare-covered enteral nutrients, supplies, and equipment.
- If you permanently live in one of the Round 2 areas, starting on July 1, 2013, you'll always need to get your enteral nutrients and supplies (feeding supplies) from a Medicare contract supplier for Medicare to pay. If your current supplier isn't a contract supplier, then you'll have to change to a contract supplier for Medicare to help pay.
- Depending on how long you've been renting your enteral nutrition equipment (feeding pump), you might not need to get the equipment from a contract supplier.
 - If you've been renting an enteral infusion pump on a continuous basis for **more than 15 months**, your supplier must continue to provide you with the pump as long as it is medically necessary, even if the supplier isn't a contract supplier. If your current supplier isn't a contract supplier, your supplier can't pick up the pump from you because Medicare is still covering it.

What do I need to know if I use enteral nutrients, supplies, and equipment? (continued)

- If you've been renting an enteral infusion pump for **less than 15 months**, and your current supplier isn't a Medicare contract supplier under the new program, then you'll have to change suppliers for Medicare to pay. However, your current supplier isn't allowed to pick up any equipment or supplies from you until the last day of the last rental month that began before July 1, 2013. Your current supplier and your Medicare contract supplier must work together and coordinate to make sure you have the equipment you need. For example, if you've paid for a rental pump with your current supplier through the end of December, they must continue to provide the equipment you need through December 31 and make sure they work with your new contract supplier so you don't have any interruptions in service.

What do I need to know if I use a walker or a wheelchair?

- If you need a replacement walker or power mobility device, you may need to find a contract supplier for Medicare to help you pay for the item.
- If you're renting these types of equipment from a non-contract supplier when the program starts on July 1, 2013, you may have the choice to stay with your current supplier if your supplier chooses to become a grandfathered supplier. Your supplier will let you know in writing 30 business days before the program begins whether it will or won't become a grandfathered supplier. See page 6.

What do I need to know if I use a walker or a wheelchair? (continued)

- When you switch to a Medicare contract supplier from a non-contract supplier, your current supplier and your new Medicare contract supplier must work together and coordinate to make sure you have the equipment you need.
- You can use any Medicare-enrolled supplier (including a non-contract supplier) to make repairs to a walker or power mobility device that you currently own, including replacement of parts needed for the repair. See page 25.

What do I need to know if I use oxygen, oxygen equipment, and supplies?

- If your current supplier is a Medicare contract supplier, you don't have to do anything. You'll continue to get your oxygen or oxygen equipment as usual, and Medicare will continue to pay.
- If you're renting these types of equipment from a non-contract supplier when the program starts on July 1, 2013, you may have the choice to stay with your current supplier if your supplier chooses to become a grandfathered supplier. Your supplier will let you know in writing 30 business days before the program begins whether it will or won't become a grandfathered supplier. See page 6.
- When you switch to a Medicare contract supplier from a non-contract supplier, your current supplier and your new Medicare contract supplier must work together and coordinate to make sure you have the equipment you need.

What do I need to know if I use oxygen, oxygen equipment, and supplies? (continued)

- Under current rules for oxygen, Medicare pays suppliers a monthly fee for furnishing all medically necessary oxygen and oxygen equipment, including accessories and supplies, like tubing or a mouthpiece. Assuming that you've met your yearly Part B deductible, Medicare pays 80% of the allowed amount, and you pay 20%. After 36 months of continuous use, Medicare stops making rental payments for the oxygen equipment, but, in almost all circumstances, you'll continue to get the oxygen equipment, accessories, and supplies from the same supplier with no rental charge until the end of the reasonable useful lifetime of the oxygen equipment (generally 5 years after the date that the equipment was delivered to you). If you've been renting your equipment for 27-35 months and you switch to a Medicare contract supplier, you may have to pay for renting the equipment for a few months longer than expected (from 1-9 months beyond the 36 month period) before your rental payments stop. This will result in additional months of coinsurance.

However, the amount you pay will be lower than before because it will be based on the new payment rates under the competitive bidding program. Talk with your new supplier about how this affects you, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.

- If you've been renting your equipment for 36 months, you don't need to do anything. Your current supplier must continue to furnish your equipment at no additional rental charge until the equipment needs to be replaced because it has reached the end of its reasonable useful lifetime. When your old equipment needs to be replaced because it's too old, you'll need to get replacement equipment from a contract supplier.

What do I need to know if I rent Continuous Positive Airway Pressure (CPAP) Devices, Respiratory Assist Devices (RADs), Hospital Beds, Negative Pressure Wound Therapy Pumps, or Mattress and Mattress Overlay Pressure Reducing Support Surfaces?

- If your current supplier is a Medicare contract supplier, you don't have to do anything. You'll continue to get your equipment as usual, and Medicare will continue to help pay.
- If you're renting these types of equipment from a non-contract supplier when the program starts on July 1, 2013, you may have the choice to stay with your current supplier if your supplier chooses to become a grandfathered supplier. Your supplier will let you know in writing 30 business days before the program begins whether it will or won't become a grandfathered supplier. See page 6.
- When you switch to a Medicare contract supplier from a non-contract supplier, your current supplier and your new Medicare contract supplier must work together and coordinate to make sure you have the equipment you need.
- Under current Medicare rules, you own these types of equipment after renting them for 13 months. When you switch to a Medicare contract supplier instead of using a grandfathered supplier or other non-contract supplier, your 13-month rental period will start over, so you won't own the equipment until after the new rental period ends. This will extend your rental period and result in additional months of coinsurance. However, the amount you pay will be lower because the amount will be based on the new payment rates under the new program.
- Once you own the equipment, you must get replacement supplies and accessories for the equipment from a contract supplier for Medicare to help you pay for these items. You may get repairs for the equipment you own from any Medicare-approved supplier (even a non-contract supplier), including replacement parts needed for the repair. See page 25.
- If you already own your equipment, you'll need to use a Medicare contract supplier for your replacement supplies and accessories, like masks used with the CPAP device. This means you'll need to change suppliers after July 1, 2013, if you're currently getting these items from a supplier that doesn't become a contract supplier.

What do I need to know if I need to repair and replace equipment I own?

- If you own medical equipment that's included in the program, you can use any Medicare-approved supplier (even a non-contract supplier) for repairs or replacement parts needed for the repair of your equipment. Before your equipment is serviced, make sure the supplier is enrolled in Medicare so the service is covered. A “Medicare-enrolled” supplier means any supplier that can submit claims to Medicare.
- If you need to replace your medical equipment, you must use a Medicare contract supplier for Medicare to help pay for the equipment.
- Medicare doesn't pay for repairs that are covered under a manufacturer's or supplier's warranty. If you need warranty repairs, follow the warranty rules.
- If you're renting medical equipment, the cost of needed repairs is included in the rental payments. The supplier renting you the equipment must fix it at no additional charge to you.
- Supplies like blood glucose strips and lancets, CPAP tubing and masks, and enteral nutrition solutions are replacement items. These items must be provided by a contract supplier for Medicare to pay.

Where can I get more information about the DMEPOS Competitive Bidding Program?

If you're currently renting or need durable medical equipment (DME) or supplies and have any questions about what's covered or about suppliers, you can get information by:

- Visiting [Medicare.gov/supplier](https://www.Medicare.gov/supplier) to find Medicare contract suppliers in your area and information about the program.
- Calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Calling your State Health Insurance Assistance Program (SHIP) for free health insurance counseling and personalized help understanding these changes. For the phone number of the SHIP office near you, visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts). You can also call 1-800-MEDICARE.

SECTION

Rights & protections

6

What if I have a complaint?

You may file a complaint with your supplier. The supplier must let you know they received your complaint and are investigating it within 5 calendar days. Within 14 days, the supplier must send you the result and their response in writing. You may also make a complaint by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Complaints that can't be resolved by a 1-800-MEDICARE customer service representative will be referred to the appropriate office.

Are there rules for how Medicare contract suppliers can advertise?

Yes. The same marketing rules and regulations for Original Medicare apply to the new competitive bidding program. For example, suppliers can't misuse symbols, emblems, or names in reference to Social Security or Medicare.

In addition, Medicare has specific standards for marketing to people with Medicare. Suppliers can't make uninvited contact with you by phone, internet, email, instant message, or in person about supplying a Medicare-covered item unless one of these situations applies:

- You've given written permission to the supplier to contact you about a Medicare-covered item that you need to rent or purchase.
- The supplier is coordinating delivery of the item.
- The supplier is contacting you about furnishing a Medicare-covered item other than a covered item you already have, and the supplier has furnished at least one covered item to you during the previous 15-month period.

Are there rules for how Medicare contract suppliers can advertise? (continued)

For more information about your rights and protections, visit [Medicare.gov](https://www.Medicare.gov) to view the booklet, “Your Medicare Rights and Protections,” or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

What other rules must Medicare contract suppliers follow?

All Medicare contract suppliers have to meet special competitive bidding program requirements, federal quality standards, and state licensure requirements as well as, be in good standing with Medicare and be accredited by an Independent Accreditation Organization. Here are some of the rules Medicare contract suppliers must follow:

- They must accept assignment for all contract items. This means they can't charge you more than the Medicare-approved amount.
- They must offer the same brands of equipment to Medicare and non-Medicare customers.
- They must make competitively bid items and supplies available throughout the entire competitive bidding area.
- They can only furnish equipment that meets all applicable Food and Drug Administration regulations, effectiveness, and safety standards.
- They must maintain equipment according to manufacturer's guidelines.
- They must furnish all equipment using educated professionals who meet applicable licensure requirements.
- They must make available a competent professional to provide or arrange for necessary repairs or replacement of existing equipment.
- They must furnish safe operating equipment that's consistent with the doctor's prescription.
- They must provide appropriate instructions and training on the safe use and maintenance of the equipment.
- They must be aware of changes in your medical needs and work together with your doctor.

What other rules must Medicare contract suppliers follow? (continued)

Note: If you use respiratory equipment, your contract supplier must also:

- Provide access to respiratory services 24 hours a day, 7 days a week
- Make sure all equipment is provided by educated professionals who follow nationally recognized guidelines for safe and effective patient care

If you use respiratory equipment and need assistance, a knowledgeable professional will come to your home, if necessary, to provide additional equipment or to troubleshoot issues with existing equipment.

Can a Medicare contract supplier work with other suppliers to get what I need?

Your Medicare contract supplier may work with other suppliers (subcontractors) to provide you and other customers with certain services, like delivering or installing equipment. Your Medicare contract supplier (not the sub-contractor) should work with you directly when making arrangements for services.

Sub-contractors shouldn't market to you directly. If you have questions about the sub-contractor, talk to your Medicare contract supplier. You can find their phone number by visiting [Medicare.gov/supplier](https://www.Medicare.gov/supplier) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Who do I contact if I don't think a supplier is following these rules?

If you don't think a supplier is following these rules, you can file a complaint with the Competitive Acquisition Ombudsman. The Competitive Acquisition Ombudsman must respond to individual and supplier inquiries, issues, and complaints.

The Ombudsman reviews the concerns raised by people with Medicare through 1-800-MEDICARE and through your State Health Insurance Assistance Program (SHIP).

Visit [Medicare.gov/Ombudsman/resources.asp](https://www.Medicare.gov/Ombudsman/resources.asp) for information on inquiries and complaints, activities of the Ombudsman, and what people with Medicare need to know.

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services

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Baltimore, Maryland 21244-1850

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