DMEPOS ENROLLMENT March 2019

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NATIONAL PROVIDER ENROLLMENT CONFERENCE

59 Million Patients, 2 Million Providers, ONE Mission





- NSC Basics
- Enrollment Standards
- Licensure and Accreditation
- Site Visits
- Supplier Standards
- Appeals
- Resources

NSC Basics



What is National Supplier Clearinghouse (NSC)

- The NSC is comprised of four core areas which seek to provide all encompassing oversight to DMEPOS suppliers, specifically geared towards their complex and unique regulatory requirements
- Operations Broken down into three teams
 - East Team FL, GA, SC, NC, VA, DC, MD, DE, NJ, CT, RI, MA, NY, VT, NJ, ME, PR, VI
 - Central Team-TX, OK, AR, LA, MS, AL, TN, KY, WV, IN, OH, PA, WV, MI
 - West Team MO, IL, IA, MN, KS, NE, SD, ND, NM, CO, WY, MT, ID, UT, AZ, NV, OR, WA, CA, GU, AS, MP
- Supplier Audit & Compliance Unit (SACU) the mission of preventing fraudulent and unqualified suppliers from enrolling in the Medicare program and revoking such suppliers' billing numbers who are already enrolled.
- Support Team
- Supplier Education and Ombudsman

NSC Basics



National Supplier Clearinghouse (NSC) roles:

- Ensuring that DMEPOS suppliers meet all Federal and State requirements to bill Medicare
- Enforcing Supplier Standards found in 42 CFR 424.57(c)
- Adhering to provisions in publication 100-08 IOM, Chapter 15 of the Program Integrity Manual
- Oversight of over 85,000 suppliers
- Maintaining the licensure database

Enrollment Standards

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Submit information to the NSC

- Internet-based PECOS application
- Paper form CMS 855S
- Application is reviewed for all DMEPOS supplier requirements
- An unannounced site inspection is conducted
- Billing privileges issued once a supplier has passed all checks

Enrollment Standards



How to accelerate the enrollment process

- Ensure your submission is complete approximately 67% of applications and 31% of revalidations require some level of development
- Use Internet-based PECOS
- Review application after submission Correct errors as soon as possible
- Submit the fee (includes physicians and non-physician practitioners)
- Include a copy of all applicable federal, state licenses and certifications

Enrollment Standards

Top reasons for development:

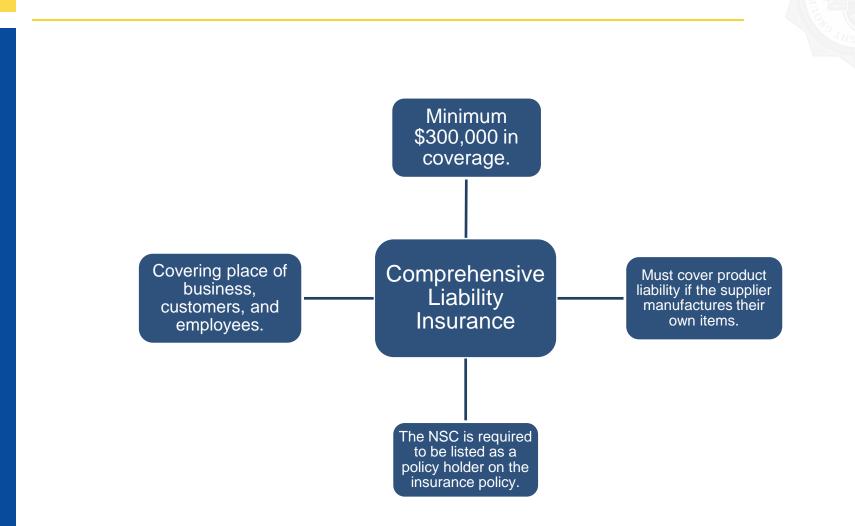
- Insurance/ Surety
- Ownership/ managing control section
- Authorized official signature section
- License
- Fee



Business Names

- The legal business name as reported with the IRS must match what is listed in NPPES when submitted to the NSC for processing
- If you choose to operate under a different name this name can be included on the 855S under the "Doing Business As" portion of section 2

Insurance Requirements

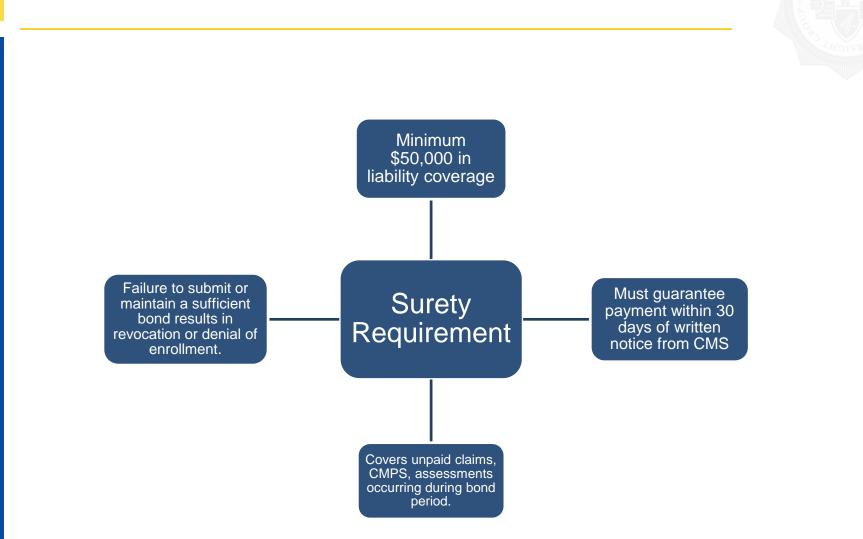


Insurance Requirements

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- Largest issues with insurance requirements\
 - Failure to list NSC on policy
 - Sending the wrong policy (i.e. professional liability/ medical malpractice insurance instead of general liability)

Surety Bonds

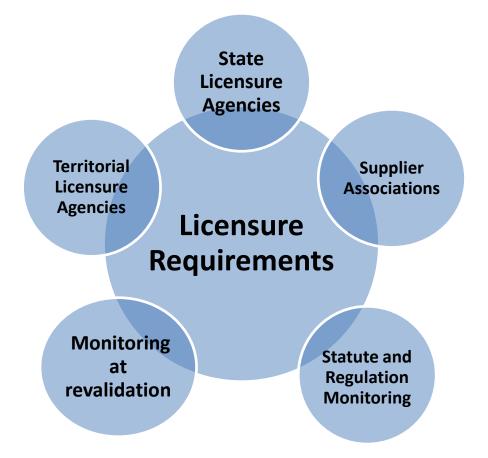


Licensure and Accreditation



- Database developed by Palmetto GBA by forming strong partnerships with state and territorial licensing agencies as well as state supplier associations.
- Routinely updated by NSC in house staff
- Building strong relationships with interested partners has allowed the NSC to look forward to potential legislative changes that may impact the supplier community rather than scrambling to make adjustments after the fact
- 19,991 external page views between May 1, 2017 and October 31, 2017
- Wide variety of users rely on the platform.
 - Suppliers
 - Law Enforcement
 - Competitive Bidding Implementation Contractor
 - CMS staff

Licensure and Accreditation



Licensure and Accreditation

CMS Approved Accrediting Organizations

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

Enrollment Fees



Medicare DMEPOS Enrollment Fees

- CY 2019 \$586 (non-refundable)
- Credit card, debit card, or electronic check
- New locations, additional locations, revalidations, and reactivations
- Applications are not processed until funds are cleared

https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do

Site Visits



Definition of Operational

- Operational means the provider or supplier has a qualified physical practice location that remains open to the public and properly staffed during posted business hours for the purpose of providing health care related services.
- The Centers for Medicare and Medicaid Services (CMS) does not consider the business to be operational if no one is available at the place of business during routine deliveries or off-site maintenance of supplies or products to Medicare beneficiaries.

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Site Visits

Performed at the following times:

- Initial enrollment
- Revalidation
- Change of practice address
- Random selection





Site Visits

Site inspectors will have the following information:

- Proper photo identification
- A laminated letter signed by the Supplier Audit and Compliance Unit Manager stating the purpose of the visit
- Site visit acknowledgement form that the supplier signs attesting that the visit was completed and that any outstanding documentation will be faxed to the inspector within 48 hours of the visit.

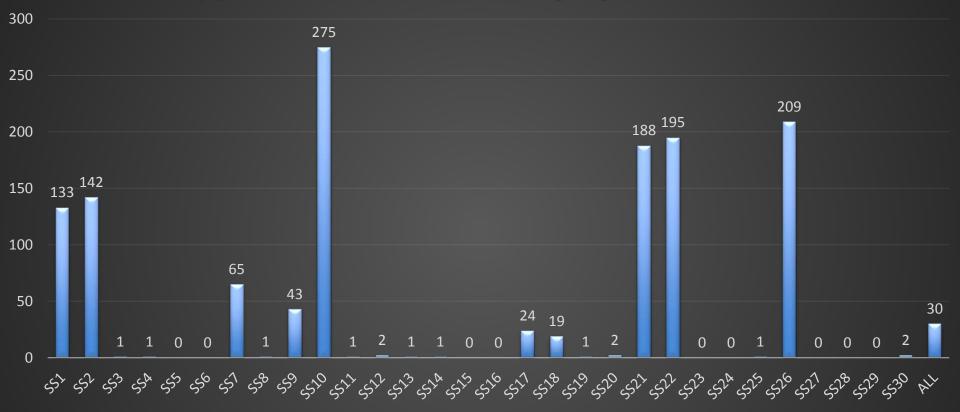
Site Visits

How to prepare for an unannounced site inspection:

- Adhere to posted hours of business.
- Make certain that qualified staff is available to answer questions and has 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
- Proof of business records including warranties, delivery information, rental agreements
- Sufficient inventory on-site or evidence of contractual agreements for volume of Medicare beneficiaries served

SACU – Supplier Standard Revocation Breakdown

Supplier Standard Authority by Times Cited



** "ALL" is used in revocations for non-operational suppliers where a site visit was conducted and the supplier is no longer at that location. Specific standards can also be cited in addition to all in those cases

Standard 1

Operates its business and furnishes Medicare-covered items in compliance with the following applicable laws:

- Federal regulatory requirements that specify requirements for the provision of DMEPOS and ensure accessibility for the disabled.
- State licensure and regulatory requirements. If a State requires licensure to furnish certain items or services, a DMEPOS supplier.
 - Must be licensed to provide the item or service; and
 - May contract with a licensed individual or other entity to provide the licensed services unless expressly prohibited by State law.

Standard 2

Changes of Information

- Report changes to the NSC within 30 days of the change
- Submitted through PECOS or on the CMS-855S
 - Location changes
 - Products and services
 - Ownership
 - Updating Licensure & Insurance

Standards 5 & 6

Warranty Agreements

- The supplier under applicable State law must repair or replace free of charge items that are under warranty.
- The supplier must notify the beneficiary that they may rent or purchase inexpensive or routinely purchased items.
 - Although CMS has revised payment rules for capped rental items, supplier standard 5 still applies for inexpensive and routinely purchased items that do not fall into the capped rental category and applicable capped rental items (i.e. complex rehabilitative power wheelchairs and parental/enteral pumps, etc.).

Standard 9

- Maintains a primary business telephone that is operating at the appropriate site listed under the name of the business locally or toll-free
 - Use of cell phones, beepers, and pagers as the primary business telephone is prohibited
 - Exclusive use of answering machines and answering services as the primary telephone number during posted business hours is prohibited.
 - Calls cannot be exclusively forwarded from the primary business telephone to a cell phone or pager

Standard 10

Requires suppliers to carry a comprehensive liability insurance policy in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. In the case of a supplier that manufactures its own items, this insurance must also cover product liability and completed operations.

Standards 11 & 12

Beneficiary Contact

- The supplier agrees not to initiate telephone contact with the beneficiary unless
 - It is for service or delivery of a covered item
 - If an item has been provided within the last 15 months
 - The Beneficiary has given expressed permission
 - Capturing an internet IP address is not considered expressed permission
- The supplier is responsible to deliver the item to the beneficiary and provide instruction on its usage

Standards 22 & 26

Accreditation

- Required
- Pharmacy exempt by attestation
- Pharmacy exempt when billing DME drugs only

Surety Bond

- Unrelated to accreditation
- Required

Standard 29

- Prohibits the sharing of a practice location with any other Medicare provider or supplier
 - Exception: Physician or Non-physician practitioner providing services to his or her own patients
 - Physical or Occupational Therapist providing services to his or her own patients
- Wholly owned DME company by a Part A Provider
 - Hospital
 - Skilled Nursing Facility
 - Home Health Agency

Standard 30

- Requires DMEPOS suppliers to remain open to the public for a minimum of 30 hours per week
 - Exception: Physician and non-physician practitioners furnishing services to his or her own patients
 - DMEPOS supplier providing custom made orthotics and prosthetics

Appeals



- Denial of enrollment
- Revocation of enrollment
- Types of Appeals
 - Corrective Action Plan (CAP)
 - Reconsiderations
 - Administrative Law Judge (ALJ)

PECOS



- Electronic Enrollment System
 - Reduces administrative burden
 - Pre-populated with enrollment information on file for revalidations
 - Decreases development requests

PECOS

- Enhanced to collect multiple contact persons for a single application
- Require listing at least one managing employee
- Support the digital upload of required and/or supporting documentation.
- E-signature feature to allow the acceptance of electronic signatures
- E-filter option to better identify locations

PECOS

- Who to contact for help
 - To report system/navigation issues with PECOS, contact the External User Services (EUS) Help Desk at 1-866-484-8049
 - Contact the NSC for general enrollment questions
- PECOS on-line tools



Licensure Database



Licensure Database on NSC Web site is a guide



Licensure Information



Standard #1 of the Medicare DMEPOS Supplier Standards states that 'a supplier must be in compliance with all applicable federal and state licensure and regulatory requirements.'



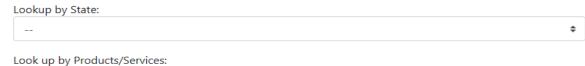
View information regarding Supplier Standards.

This document contains the licensure requirements for each state as it pertains to the National Supplier Clearinghouse: What's New

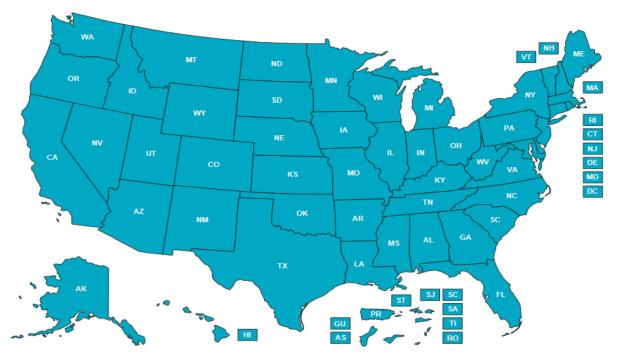
Disclaimer: This licensure directory is only a guide. The various state boards or regulating agencies have the final determination as to what license is or is not required. It is the supplier's responsibility to ensure they are in compliance with all state and federal laws and regulations.

Licensure Database

DMEPOS STATE LICENSE DIRECTORY







Licensure Database

DMEPOS LICENSE DIRECTORY State/Territory * Map Filter Product/Services: * 📇 🔗

CA

Jump to a Product/Service:

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	Req.suppliers (out-state)	Licensing Agency	Verify Online	Req. for Pharmacies (in- state)	Notes
Automatic Ext Defibrillator (AEDS) and/or Supplies (DM01)					
Home Medical Device Retailer license	Yes	California Department of Public Health, HMDR Program		No	
Home Medical Device Retailer Exemptee License	No	California Department of Public Health, HMDR Program		No	D
Blood Glucose Monitors/ Supplies (Non-Mail Order) (DM05)					
Home Medical Device Retailer License	No	California Department of Public Health, HMDR Program		No	
Blood Glucose Monitors/Supplies (Mail Order) (DM06)					
Home Medical Device Retailer License	No	California Department of Public Health, HMDR Program		No	
Breast Prostheses and/or Accessories (PD01)					
No License Required	No			No	
Canes and/or Crutches (M01)					
Home Medical Device Retailer License	No	California Department of Public Health, HMDR		No	

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Licensure Database

 \odot DMEPOS STATE LICENSE DIRECTORY State Map ÷,

Please Select:

Diabetic Shoes and Inserts (S02)

State	License Name	Req Out of State	Online Verification	Req Pharmacies	Notes
AK	No License Required	No	-	No	
AL	Therapeutic Shoe Fitter License	Yes	Y	No	F: Licensure requirement effective March 1, 2014. A licensed Orthotist, Prosthetist/Orthotist or Pedorthist may also provide these items. (Added: 12/12/2013)
AR	No License Required	No	-	No	
AS	No License Required	No	-	No	
AZ	No License Required	No	-	No	
CA	No License Required	No	-	No	
со	No License Required	No	-	No	
СТ	Wholesaler of Drugs, Medical Devices and Cosmetics Registration	Yes	Y	No	
DC	No License Required	No	-	No	
DE	No License Required	No	-	No	
FL	No License Required	No		No	A: The Orthotics, Prosthetics, and Pedorthics license requirement does not apply to a person who is licensed under about r 45. (Madigal

chapter 458 (Medical Doctors), chapter 459 (Osteopathic

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Fingerprint Based Background Checks

- Implemented on August 6, 2014
- 5% or greater owners required
- Letters are mailed to the Correspondence Address
- Suppliers can check Accurate Biometrics Website for status: <u>www.cmsfingerprinting.com</u>
- Applications are not processed until fingerprinting has been completed and approved

NSC Reminders

Each supplier location where Medicare Beneficiaries are serviced must have billing privileges

- Exception
 - Warehouses
 - Repair facilities
- Tax-ID Changes



NSC Reminders

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Revalidations

- 42 CFR 424.57 requires every supplier to revalidate every 3 years
- NSC will mail letter to the suppliers' correspondence address when revalidation is due in a yellow envelope
- CMS Revalidation List gives 7 month notice <u>https://data.cms.gov/revalidation</u>

NSC Reminders

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- Notification of death
- Report death of associates within 30 days
- Stated in 100-08 IOM, Program Integrity Manual, Chapter 15.28
 - owners
 - Authorized officials
 - Delegated officials
- nsc.updates@palmettogba.com

CMS | National Provider Enrollment Conference | March 2019

Resources

Mailing Address

Palmetto GBA National Supplier Clearinghouse P.O. Box 100142 Columbia, SC 29202-3142 **Overnight Mailing Address** Palmetto GBA National Supplier Clearinghouse AG-490 2300 Springdale Dr., Bldg. 1 Camden, SC 29020

Phone Number (866) 238-9652, M-F 9:00 AM - 5:00 PM, ET

http://www.palmettogba.com/nsc

E-mail: medicare.nsc@palmettogba.com





- Online Application Status Tool
 - Search by PTAN, NPI, TIN, DCN
 - www.palmettogba.com/nsc
- Interactive Voice Response (IVR) Unit
 - General information regarding the enrollment process
 - Information on the appeals process
 - Status of applications
 - Instructions on how to obtain a CMS 855S
 - Contact information for the NSC, DME MAC and CMS

The IVR is available 24 hours a day, seven days a week (except for routine system maintenance) and can be accessed by calling the NSC Customer Service Line at (866) 238-9652

DMEPOS Status Letter



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Palmetto GBA Medicare

CMS

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National Supplier Clearinghouse

DMEPOS PTAN Status

Receive an official DMEPOS Enrollment Status Letter.

To request a letter with your current enrollment status information, (similar to the letter that was first issued when you enrolled in the program), please enter your 10-digit PTAN in the field provided and select "Request Letter".

Letters will be mailed to the correspondence address on file with the NSC within 1-2 business days.

Note: This option is only available to suppliers who have already been assigned a DMEPOS PTAN for the location for which they are requesting the letter.

DMEPOS PTAN:

Request Letter Reset

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NSC Web Form Submission



NSC Hub / NSC Web Form Submission

NSC Web Form Submission

The following DMEPOS enrollment information may be submitted: Appeals, Certificates of Insurance, Licenses, NPI Letter, Responses to SACU Requests, and Surety Bonds.

To upload any documentation to the National Supplier Clearinghouse, select the appropriate **document type** from the dropdown box below and enter the required identifying information in the fields provided. The documentation must be in PDF format. Ensure you include a copy of your current Liability Insurance Certificate, listing the NSC as the Certificate Holder.

Do not submit a CMS-855S application or any changes of information with this Web form. Any changes of information submitted with this form will not be processed. Refer to our Change of Information Guide on how to submit any other enrollment information that needs to be updated.

You can only submit documentation if you have a DMEPOS PTAN (active or revoked). If you do not have a PTAN, you will need to mail your documentation to the NSC for review.

Select the appropriate Document Type :

Licenses SACU Supplier Response Standalone Certificate of Insurance NPI Letter Surety Bond Appeals

For additional information, please contact NSC Customer Service, Monday - Friday, 9 AM - 5 PM ET at (866) 238-9652

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NSC Hub Topics - For

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National Supplier Clearinghouse MAC

The National Supplier Clearinghouse is the single organizational entity responsible for issuing or revoking Medicare supplier billing privileges for suppliers of Durable Medical Equipment, Orthotics and Supplies (DMEPOS).



News

What's New

Revalidation Reminder

2018 Open Enrollment Period

Updated Information Regarding DMEPOS Enrollment Fees

CMS Provides Clarification for Fingerprint-based Background Checks

Site Visit Information



Most Helpful Articles

DME MAC Jurisdictions and Map Accreditation and Surety Bond Exemptions Chart 2016 Licensure Updates



PALMETTO GBA

#Stay Connected



New Supplier DMEPOS Enrollment



Step 1: Obtain a National Provider Identifier (NPI)

Visit https://nppes.cms.hhs.gov/

Step 2: Obtain an Accreditation from a CMS approved Organization

Visit <u>https://www.cms.gov/Medicare/Provider-Enrollment-and-</u> Certification/MedicareProviderSupEnroll/DMEPOSAccreditation.html



Step 3: Need to have a valid surety bond for \$50,000

Visit <u>https://www.fiscal.treasury.gov</u>



Step 4: Valid state license for state(s) services are rendered

Refer to the licensure database for appropriate licensure: <u>www.palmettogba.com/nsc</u> Select Licensure Database from tools



Step 5: General Liability Insurance of at least \$300,000

Step 6: Adhere to the DMEPOS Supplier Standards

Standards can be located at www.palmettogba.com/nsc

Select Standards and Compliance then Medicare Durable Medical Equipment Prosthetics, Orthotics, and Supplies Supplier Standards

Questions?



