SUPPLIER ENROLLMENT FOR PHYSICIANS

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Following this presentation, the supplier will be able to identify:

- NSC Basics
- Overview of the Supplier Standards
- NSC Reminders
- Resources
NSC Basics

What is the NSC

• National Supplier Clearinghouse
• Developed by CMS to accommodate the specialized enrollment process for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) providers
NSC Basics

Primary Responsibility

- Ensure that DMEPOS suppliers meet all Federal and State requirements to bill Medicare
  - Supplier Standards found in 42 CFR 424.57c
  - Provisions in publication 100-08 IOM, Chapter 15 of the Program Integrity Manual (PIM)
- Maintain a fraud prevention and detection program
Enrolling in the Medicare Program

• Submit information to the NSC
  • CMS-855S
  • Internet-based PECOS
    • Must be compliant with ALL Supplier Standards
• Application is reviewed and processed
• Site inspection is conducted
• Billing privileges issued if compliance is determined
• Application Processing – 855s
• Section 11
  • Listing an available contact person in section 11
• Section 9
  • Always list a managing employee for each location
  • Owner/Authorized official can be the managing employee
• Section 4
  • Type II NPI is needed for organizations with Inc., Corp...
    • Listed as sole proprietors
NSC Basics

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. Further, the practice location must be prepared to submit valid Medicare claims, and equipped or stocked to furnish these items or 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.
OVERVIEW OF
THE SUPPLIER
STANDARDS
MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State laws and regulations and must not contract with an individual or entity to provide licensed services.

2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.

3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.

4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care program, or from any other Federal procurement or non-procurement programs.

5. A supplier must advise beneficiaries that they may rent or purchase unexpired or unused purchased durable medical equipment, and of the purchase option for capped rental equipment.

6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.

7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.

8. A supplier must permit CMS, or its agents, to conduct on-site inspections to ascertain the supplier’s compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible and posted hours of operation.

9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.

10. A supplier must have comprehensive liability insurance 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. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.

11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician’s or a pharmacy’s oral request unless an exception applies.

12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.

13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.

14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.

15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented) or sold from beneficiaries.

16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.

17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.

18. A supplier must not convey or reassign a supplier number, i.e., the supplier may not sell or allow another entity to use its Medicare billing number.

19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.

20. Complaint records must include the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.

21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.

22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).

Implementation Date - October 1, 2009

23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.

24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.

25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.


27. A supplier must obtain oxygen from a state-licensed oxygen supplier.

28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.51(f).

29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.

30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

9/9/2010

Palmetto GBA
National Supplier Clearinghouse
P.O. Box 100142 • Columbia, South Carolina • 29202-1442 • (866) 238-9652
A CMS Contracted Intermediary and Carrier
Overview of the Supplier Standards

Medicare Statement
May be used to satisfy Standard #16 in lieu of distributing standards to Medicare Beneficiaries.

• The products and/or services provided to you by (supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at http://ecfr.gpoaccess.gov.
Overview of the Supplier Standards

Standard 1

• Submit all applicable licensure/certification for products and services being provided to Medicare beneficiaries
Overview of the Supplier Standards

Standard 2

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

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
Overview of the Supplier Standards

Standard 10

• General Liability Policy in the amount of $300,000 per occurrence
  • Malpractice insurance cannot be substituted for general liability
  • NSC Must be listed as the certificate holder
Overview of the Supplier Standards

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
Overview of the Supplier Standards

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
Overview of the Supplier Standards

Standard 30

- Requires DMEPOS suppliers to remain open to the public for a minimum of 30 hours per week
  - Physician and non-physician practitioners furnishing services to his or her own patients are exempt from operating for 30 hours per week.
INTERNET-BASED
PECOS

PALMETTO GBA®
A CELERIAN GROUP COMPANY
Internet-based PECOS

- Electronic Enrollment System
  - Optional for Supplier/Provider use
  - Decreases development requests
  - Reduces administrative burden
  - Operated by CMS Contractor – not NSC
Internet-based 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
Internet-based 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
POLICY UPDATES
Policy Updates

- Licensure
  - Database on NSC Web site is a guide
  - What’s New-
Policy Updates

- Fingerprint Based Background Checks
  - Implemented on August 6, 2014
  - 5% or greater owners required
  - NSC MAC to mail letters
Each supplier location where Medicare Beneficiaries are serviced must have billing privileges

- Exception
  - Warehouses
  - Repair facilities
NSC Reminders

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 notifies suppliers if revalidation has been mailed
NSC Reminders

Site Inspections

- Unannounced site inspections may occur at any time
- A staff member with day-to-day knowledge should be available to answer questions
  - Physician/owner is not required to be onsite for an inspection
NSC Reminders

Medicare Enrollment Fees

- DMEPOS Suppliers
  - CY 2014 - $542
    - Non-refundable
    - Credit Card, Debit Card, Electronic Check
  - New locations, Additional Locations, Revalidations & Reactivations,
    - Applications are not processed until funds are cleared

https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do
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
- Decease.notification@palmettogba.com
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
Social Media Connectivity

CONTACT INFORMATION

Telephone
IVR: (866) 238-9652

Address
National Supplier Clearinghouse

E-mail
E-mail National Supplier
Resources

Simply scan the QR code with your wireless device to navigate to the subscription page for the NSC listserv
Resources

• Automated Development Calls
  • Development Reminders
  • Correspondence contact number

• Web Chat
  • M,W,F- 1:00-2:00pm, ET
  • Web Navigation Tool
  • General Information

• Online Application Status Tool
  • Search by PTAN, NPI, TIN
  • www.palmettogbacom/nsc
National Supplier Clearinghouse

Supplier Status

Receive an official NSC supplier number letter.

To request a letter with your supplier number information (similar to your original letter you received when your supplier number was first issued), please enter your supplier number in the field below and then click on "Request Letter".

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

Supplier Number: [input field]

[Request Letter] [Reset]
Medicare Enrollment Updates

Summary

- NSC Basics
- Overview of the Supplier Standards
- NSC Reminders
- Resources