

# Information and Updates from the NSC



August 1, 2014

## *How to Accelerate the Enrollment Process*

Upwards of **75%** of applications received requires some level of development, which means information is missing or incomplete. Suppliers will receive notification by fax, email or telephonically instructing them on the necessary steps to submit the proper information for processing. All information must be received within the 30 days or the document will be closed, resulting in deactivated Medicare billing privileges where applicable. All sections and attachments of the CMS-855S may not be developed. If an application is missing an original signature in section 15, for example, the application will be returned to the supplier during pre-screening.

The best way to accelerate the enrollment process is to review your application before and after you submit it to the NSC for processing. If you notice information was incorrect or omitted but the application has already been submitted, prepare any outstanding sections or documents to have readily available during the development process.

Listed below are the top 3 items that are routinely developed:

- NSC is not listed as the Certificate Holder on the Certificate of Liability Insurance
- Managing Employee not listed on the application (owner may also be the managing employee)
- Medicare Enrollment Fee not paid, CY 2014 -\$542

The **3Rs** of  
Enrollment  
**Review**  
**Respond**  
**Retain**

Supplier Standard #4 states, '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 programs, or from any other Federal procurement or non-procurement programs. If you do not have inventory, you must have a contract(s) to purchase inventory. In order for a contract to be considered acceptable by CMS or the NSC, it must contain at a minimum the following elements:

- The signatures of both parties
- An establish credit limit --C.O.D. not acceptable
- Credit terms (net due)
- Both companies identified in the contract
- Dates contract is effective - even if indefinite

## Contracting for Inventory



If you have any questions, contact the NSC Customer Service Line at (866) 238-9652 Monday-Friday, 9:00 am-5:00 pm, ET.

## Changes in Ownership

While there may be a variety of legal definitions and purchase options, most of the changes of ownership received by the NSC are completed using one of the following methods, which are defined as follows:

An **asset purchase** is the purchase of the assets of a business only. The buyer will be operating the business under a new tax identification number (TIN). A **stock purchase** is the purchase of all assets and liabilities where the buyer will retain and operate the business under its existing TIN.

Supplier Standard #2 requires a **supplier to report to the NSC any change** in information **within 30 days** of the change.

**PTANS are associated with the TIN.** If the buyer chooses to purchase the assets and liabilities, retaining the TIN, then the supplier file only needs to be updated. If there is a change in TIN, the new owner must obtain a new PTAN.

## CAPs and Reconsiderations: A Review

DMEPOS suppliers are denied or revoked when they are found to be non-compliant with the current supplier standards. Suppliers should expect to receive a letter posted to the correspondence address on file with the NSC when billing privileges are revoked or sent to the mailing address indicated on the 855S when privileges are denied. Upon receipt of the letter, suppliers are notified of their option to either submit a corrective action plan (CAP) or reconsideration request to dispute the denial or revocation. CAPs are submitted if a supplier acknowledges the infraction and has taken the necessary steps to rectify the violation. Reconsiderations are typically submitted if the supplier feels that the denial or revocation was inappropriate and they are challenging the decision. Requests for reconsideration must be submitted within 60 days of the date of the denial/revocation letter. If a revocation is upheld on appeal, the supplier is subject to a 1-3 year debarment from re-entering the Medicare program.

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### When a CAP Won't Fit

**Conduct.** The supplier or any owner, managing employee, authorized or delegated official, medical director, supervising physician, or other health care personnel of the provider or supplier is—(i) Excluded from the Medicare, Medicaid, and any other Federal health care program (ii) Is debarred, suspended, or otherwise excluded from participating in any other Federal procurement or non-procurement program or activity;

**Felonies.** The supplier or any owner of the provider or supplier, within the 10 years preceding enrollment or revalidation of enrollment, was convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries;

**On-site Review.** CMS determines, upon on-site review, that the provider or supplier is no longer operational to furnish Medicare covered items or services, or is not meeting Medicare enrollment requirements under statute or regulation to supervise treatment of, or to provide Medicare covered items or services for, Medicare patients.

When revoked for the aforementioned reasons, the supplier's only recourse is to submit a reconsideration request. More specific detail can be found at CFR 424.535(a) (1), (a) (2), (a) (3), and (a) (5).

**How do I know if my business is 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.

## Ask Wendell



**Q.** If one of my company's locations discontinues providing oxygen to patients, can that location continue to provide other products and services to beneficiaries?

**A.** Yes. A supplier can discontinue providing a product or service and remain in the Medicare program.

### 2014 Jurisdiction B DMEPOS Medicare Seminars

"Navigating Medicare in a New Era"

- August 12th -- Cleveland, OH
- August 14<sup>th</sup> – Big Rapids, MA
- August 19<sup>th</sup> – Middleton, WS
- August 21 – Indianapolis, IN

[www.NGSMedicareConvention.com](http://www.NGSMedicareConvention.com)

**Disclaimer:** Though all publications are checked for accuracy, information is subject to change based rules on regulations. ?S call NSC- 866-238-9652.

[www.PalmettoGBA.com](http://www.PalmettoGBA.com)

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