



Happy
2013!

NSC News

The Quarterly Newsletter of the



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2013 Application Fee and Revalidation Reminders

Section 6401(a) of the Affordable Care Act also requires the Secretary to impose a fee on each “institutional provider of medical or other items or services and suppliers.” **The application fee for CY 2013 is \$532.00.**

In Change Request 7350, CMS discussed the final rule with comment period, titled, “Medicare, Medicaid, and Children’s Health Insurance Programs; Additional Screen Requirements, Application Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions and Compliance Plans for Providers and Suppliers” (CME-6028-FC). This rule was published in the February 2, 2011, edition of the “Federal Register.”

Background

Section 6401 (a) of the Affordable Care Act established a requirement for all enrolled providers and suppliers to revalidate their enrollment under new screening criteria. All DMEPOS suppliers enrolled with Medicare prior to March 25, 2011, must revalidate their enrollment information, but only after receiving a revalidation request from the National Supplier Clearinghouse (NSC). The Medicare provider enrollment effort does not change other aspects of the enrollment process. DMEPOS suppliers should continue to submit routine changes of information such as address, ownership and changes in products and services. The NSC will send revalidation notices on a recurrent basis to DMEPOS suppliers. Revalidation notices are mailed to the correspondence address on file for the supplier.

Section 6401(a) of the Affordable Care Act also requires the Secretary to impose a fee on each “institutional provider of medical or other items or services and suppliers.” The application fee is \$505 for CY 2011. For CY 2012, the fee is \$523 and for CY 2013, the fee is \$532.00. CMS has defined “institutional provider” to mean any provider or supplier that submits a paper Medicare enrollment application using the CMS-855A, CMS-855B (except physician and non-physician practitioner organizations), or CMS-855S forms or associated Internet-based PECOS enrollment application.

All Institutional providers (All DMEPOS suppliers) who respond to a revalidation request must submit an enrollment fee by ACH debit, or credit card. Revalidations are processed only when fees have cleared. A confirmation screen will display when the payment has been successfully made.

When you receive notification from the NSC to revalidate:

- Update your enrollment using Internet-based PECOS or the hard copy CMS-855S enrollment application.
- Pay your enrollment fee by going to the PECOS website.

CMS Announces an Extension to the 2013 Open Enrollment Period

Effective immediately, CMS is extending the 2013 annual participation enrollment period. The participation enrollment period will now end February 15, 2013, instead of December 31, 2012.

The participation status only affects how you are reimbursed from Medicare. Changing your status to non-participating does not terminate your Medicare billing privileges. Please Note: If you are currently enrolled in the Medicare program other than as a DMEPOS supplier, you may only change your participation status with one carrier. Participation status will now be the same with all Medicare contractors. All flu billings are paid as assigned, therefore this does not affect your participation status.

Medicare DMEPOS Beneficiary Statement

DMEPOS suppliers have the option to disclose the following statement in order to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by (Insert 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>. Upon request we will furnish you a written copy of the standards.

Changes in Chiropractor Enrollment

Chiropractors are eligible to enroll as DMEPOS suppliers but are not afforded any special enrollment exemptions extended to other physicians and non-physician practitioners identified in Section 1861(r) of the Social Security Act. Medicare coverage for a chiropractor is limited to the manual manipulation of the spine to correct a subluxation; all other services furnished or ordered by chiropractors are not covered. As such, chiropractors are not exempt from DMEPOS accreditation, surety bonds, enrollment fees, site visits or licensing requirements as required for a DMEPOS supplier in the state(s) in which they provide service. For the purpose of enrollment as a DMEPOS supplier, when completing Section 2B of the CMS Form 855S, chiropractors should indicate what specific type of DMEPOS supplier they are but should not annotate physician or 'other' in Section 2B. For more information, contact NSC Customer Service, M-F (866) 238-9652.

REMINDER – Standard #5 - Suppliers should be aware of the items that fall within the inexpensive or routinely purchased (IRP) durable medical equipment payment category also includes “supply” type items such as positive airway pressure (PAP) accessories, glucose test strips, etc. Even though these “supply” type items are always purchased they do fall within the IRP payment category and suppliers are required to offer the beneficiary the option of renting these supply items. Suppliers are required to give the beneficiary, in writing, the option of renting or purchasing all items within the IRP payment category. If the supplier fails to do so they are in direct violation of supplier Standard 5.

ASK WENDELL



Q. Can I submit an attestation for a surety bond?

A. Attestation Agreements are available on the NSC Web site but can only be submitted to attest the accreditation requirement by pharmacies that meet the criteria. There is no attestation option to circumvent the surety bond requirement if required by your supplier type.

Q. I am closing my business for a while. Do I have to tell the NSC?

A. A supplier closing a Medicare enrolled location is responsible to notify the NSC of the closure within 30 days and may do so by submitting a voluntary termination to the NSC on the 855s or via Internet-based PECOS. Moving forward, the supplier may reactivate billing privileges following the current enrollment guidelines at that time. Failure to notify the NSC will result in a revocation and future enrollment bar.

Q. Are physicians subject to receiving site inspections?

A. All DMEPOS suppliers, including physicians are subject to site inspections as indicated in CMS-6028 (“Medicare, Medicaid, and Children’s Health Insurance Programs; Additional Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions and Compliance Plans for Providers and Suppliers”). Additional details can be found in Chapter 15, Section 19.2.1 of the Program Integrity Manual.

Q. How often am I to update my information to the NSC?

A. Supplier Standard #2 requires that information be updated with the National Supplier Clearinghouse within 30 days of the change. Information can be updated by submitting the applicable sections of the 855s or via Internet-Based PECOS along with appropriate licensure and other key documents.

Got a question for Wendell??? Email Medicare.NSC@PalmettoGBA.com- subject line “Ask Wendell”

The Competitive Bidding Corner

A few minor adjustments were made to the Competitive Bidding Program’s Round 2/National Mail Order competitions’ timeline. The following target dates were changed:

- CMS expects to issue the single payment amounts early in 2013, shortly after the fall 2012 target period. The announcement will be made through the normal CMS communication methods.
- CMS expects to announce the contract suppliers in the spring of 2013 and implement contracts and prices on July 1, 2013 as scheduled.

Please continue to monitor the CBIC Website at www.dmecompetitivebid.com for updates. If you have not already done so, please register for listservs at <http://www.dmecompetitivebid.com/cbic/cbicregistration.nsf?login>.

Automated Development Calls

Recently, the NSC implemented a computerized call system to notify suppliers when requested development information is outstanding. The robocall system has been in place since early December 2012 and is programmed to auto-dial the contact or correspondence number provided to the National Supplier Clearinghouse. Specific to the location that is currently undergoing an application process, the call provides detailed information such as when the development request was mailed and the deadline for responding to the NSC. The robocall is made as a courtesy to the supplier and does not take the place of any protocol. Suppliers are reminded that non-response to a development request results in further delay of processing the application and can result in deactivation of Medicare billing privileges.

Reporting Accreditation Information

Even though the accrediting organizations report supplier products/services to the NSC, it is ultimately the supplier's responsibility to report the products and services that will be rendered to the Medicare beneficiary. Solely being accredited by one of the certified entities does not guarantee that the supplier has met all criteria to bill Medicare for services being provided. A supplier can be accredited for a product with the intent to provide it to a beneficiary in the future. Therefore, in order to be reimbursed by Medicare for an accredited product or service, the supplier should update their file with the NSC by way of the CMS-855s or via Internet-based PECOS.

IMPORTANT INFORMATION FROM THE DME MACs

Submitting Written Correspondence to the Appropriate DME MAC

The Durable Medical Equipment Medicare Administrative Contractors (DME MACs) would like to provide a reminder for suppliers who mail correspondence. There has been an increase of misrouted mail to the DME MACs. When suppliers send correspondence to the incorrect DME MAC a delay with the request may occur.

Suppliers who submit correspondence on a pre-claim basis, the request should be sent to the DME MAC that is responsible for processing the claim per the beneficiary's address on file with the Social Security Administration.

Suppliers who submit correspondence on a post-claim basis (reopenings, redeterminations, or refunds), should send the requests to the DME MAC that processed the claim. Suppliers should refer to their remittance advice in order to determine which DME MAC processed the claim.

When sending written correspondence, suppliers should refer the DME MACs Web sites in order to send the appropriate form and identify the appropriate address:

- Jurisdiction A, NHIC Corp – <http://www.medicarenhic.com/dme>
- Jurisdiction B, National Government Services – <http://www.NGSMedicare.com>
- Jurisdiction C, CGS Administrators, LLC – <http://www.cgsmedicare.com/jc>
- Jurisdiction D, Noridian Administrative Services LLC – <http://www.noridianmedicare.com/dme>

Suppliers who have questions may contact the DME MAC Supplier Contact Centers:

- Jurisdiction A – 1-866-590-6731
- Jurisdiction B – 1-866-590-6727
- Jurisdiction C – 1-866-270-4909
- Jurisdiction D – 1-877-320-0390

Reporting Supplier Standard Violations

Suppliers can complete and submit a Supplier Audit and Compliance Unit (SACU) referral form to report a suspected violation of the Medicare DMEPOS supplier standards. The Referral form may be downloaded from the NSC Web site. For security reasons, this form may not be submitted electronically at this time.

The NSC SACU is committed to ensure all DMEPOS suppliers remain in compliance and maintain standards of quality service to Medicare beneficiaries and ultimately protect the Medicare trust fund.

Should you have any questions or comments, feel free to contact the NSC SACU manager, Barry McManus, at Barry.McManus@palmettogba.com.

The image shows the cover of the Medicare Enrollment Application form (CMS-855S). At the top left is the Medicare logo. The title is "MEDICARE ENROLLMENT APPLICATION" followed by "Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers". Below that is the form number "CMS-855S". There are four lines of small text providing instructions: "SEE PAGE 1 TO DETERMINE IF YOU ARE COMPLETING THE CORRECT APPLICATION.", "SEE PAGE 3 FOR INFORMATION ON WHERE TO MAIL THIS APPLICATION.", "SEE PAGE 35 FOR A LIST OF SUPPORTING DOCUMENTS THAT MUST BE SUBMITTED WITH THIS APPLICATION.", and "SEE PAGE 36 FOR A LINK TO THE LIST OF THE DMEPOS SUPPLIER STANDARDS. EVERY APPLICANT MUST MEET AND MAINTAIN THESE ENROLLMENT STANDARDS." The CMS logo is at the bottom right.

Now Available

The Revised 855S – (1/13 Version)

The 07/11 version can be used until
May 7, 2013.

Be sure to check it out as some
sections have changed!

Incidental Requests for Information

Occasionally, a change of information submitted by a supplier may prompt the requirement of additional information to update the supplier's file appropriately. Supplier's receiving requests for additional information should not be alarmed, as this is a standard procedure for the National Supplier Clearinghouse. In some instances, a change of information such as a phone number may prompt the development for other information not current in our database such as expired insurance, hours of operation or the reporting of the legal business name if it does not match the name the supplier entered into NPPES. To verify the accuracy of your enrollment files, please log onto PECOS and view what is currently on file. Suppliers may update information via Internet-based PECOS or by submitting a hard copy CMS 855S enrollment application.

REMEMBER -- Compliance Counts! While the NSC Licensure Database is available as a guide, it remains the responsibility of the supplier to ensure they are in compliance with all state and federal laws and regulations.

Contacting the DME MACs

Jurisdiction A – NHIC, Corp

CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT

Supplier Customer Service: (866) 590-6731

Interactive Voice Response Unit: (866) 419-9458

Jurisdiction B – National Government Services

IL, IN, KY, MI, MN, OH, WI

Supplier Customer Service: (866) 590-6727

Interactive Voice Response Unit: (877) 299-7900

Jurisdiction C – CGS Administrators

AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VI, VA, WV

Supplier Customer Service: (866) 270-4909

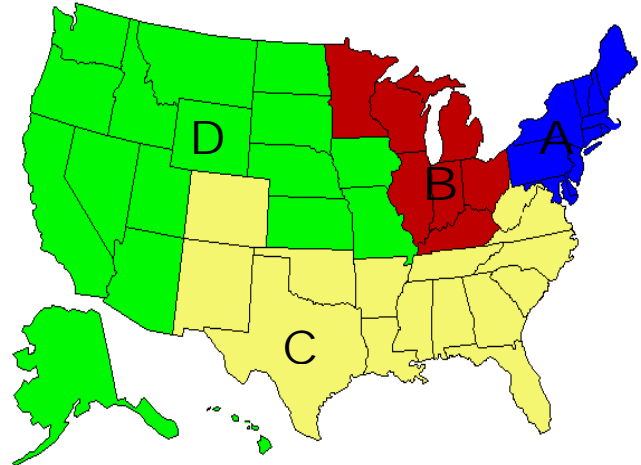
Interactive Voice Response Unit: (866) 238-9650

Jurisdiction D – Noridian Administrative Services

AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MP, MT, ND, NE, NV, OR, SD, UT, WA, WY

Supplier Customer Service: (877) 320-0390

Interactive Voice Response Unit: (877) 320-0390



Common Electronic Data Interchange (CEDI)

All Billing Jurisdictions

1-866-311-9184

Who Ya' Gonna Call?

Contact the NSC with questions regarding:	Contact your DME MAC with questions regarding:
<ul style="list-style-type: none"> The CMS 855S application form The application process Site visits Licensure requirements The Medicare DMEPOS supplier standards NSC education opportunities Changes in supplier information 'DNF' (do not forward) issues Reactivation of billing privileges Supplier fraud Appeal process (for denied/revoked billing privileges) Voluntary termination of billing privileges 	<ul style="list-style-type: none"> Claims processing Payment questions and issues EDI / electronic claims processing Electronic funds transfers Documentation requirements Pricing Appeals process of claims payments Fraud and abuse <p style="color: red; margin-top: 10px;">Contact the EUS Helpdesk with questions regarding:</p> <ul style="list-style-type: none"> To report an application navigation or access problem with Internet-based PECOS

ARE YOU REGISTERED?

Log on to www.palmettoqba.com/nsc and subscribe to the NSC listserv to receive timely information and updates regarding Medicare enrollment procedures and guidelines. Don't be left behind, register now!



Scan the QR Code to register for timely updates through the NSC Listserv