Supplier Standards

Medicare regulations have defined standards that a supplier must meet to receive and maintain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c) and can be found on the NSC website at www.PalmettoGBA.com/NSC. An abbreviated version is listed below. You must disclose these standards to all customers who are Medicare beneficiaries (see standard #16).

- 1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot 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 programs, or from any other Federal procurement or non-procurement programs.
- 5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely 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.

IMS Experts 1696 Country Club Drive (817)453-9767

- 8. A supplier must permit CMS, or its agents to conduct onsite 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 sign 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 or cell phone 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 oral order 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.
- 26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation date May 4, 2009*
- $27.\,A$ 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. 424.516(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.

Patient Bill of Rights

Access to Care

You have the right to receive respectful treatment from providers of health care at all times.

You have the right to proper assessment, management and pain treatment providing that the health facility have the resources.

Freedom From Abuse

You shall be protected from mental, physical, sexual abuse or harassment. Minors, homeless and disabled per-sons are appropriately protected.

Privacy and Confidentiality

You have a right to privacy with respect to your person and to information within the context of a public health facility setting.

Identity

You have the right to know the identity and professional position of the individuals who are providing care as well as the right to know which physician or health professional is principally in charge of your treatment.

Information

You have the right to receive information regarding your diagnosis, treatment, risks and prognosis from professional responsible for your care. That information should be provided in such a way that you are able to understand.

Consent

You have the right to be informed about and to participate in the decisions related to your health. Whenever possible, this should be based on a clear and concise explanation of your condition and technical procedures, including the possibilities of risk of death or serious reactions. No experimental procedures can be a part of your care without your written consent.

Refusal of Treatment

You, or your legally authorized representative, have the right to refuse treatment to the extent permitted by law. Such refusal shall be in writing.

Respect for Culture or Religion

You have the right to the manifestation of your cultural and/or religious expressions while admitted, as long as it does not interfere with the normal activities of the health facility or other patients' interests You also have the right to request at any time, the presence of a representative from your religious denomination pro- vided they do not interfere with pre- scribed treatment.

IMS Experts 1696 Country Club Drive (817)453-9767

Complaints

You have the right to file a complaint when you consider your right has been violated. You also have the right to request an investigation and have the results communicated to you within reasonable time.

Confidentiality of Care

Your medical records will be treated as confidential. No one outside the health facility, except your referring physician, may be given a copy of your record without your written permission.

You have the right to have a family member notified of your admission to and discharge from the health facility, providing contact information is given.

Pharmaceutical

You shall receive medication in well-I labeled containers and given clear instructions. You shall receive information on safe storage of medications in the home.

Concerns About Billing

You have the right to details about all items on your bill.

Patients accessing care from any public health facility should assume responsibility for the following:

You are responsible for providing according to your best understanding, precise and complete information, current complaints, past medical histories, hospitalizations, drugs and other matters related to your health.

The facility expects that you will cooperate with hospital personnel and ask questions if directions and/or procedures are not clearly understood.

You are expected to report any unexpected changes in your condition to your primary physician.
You are responsible for the compliance with your treatment.

You are responsible for keeping your clinic appointments and when this is not possible to communicate this with your health care provider.

You are responsible for communicating areas of your treatment that you do not understand.