

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 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.
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 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, 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 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.

Your rights & responsibilities as a UK HealthCare patient

You have the right to . . .

- Receive care, no matter what your religion, sex, race, or disability
- Know what's medically wrong and how we can help you get better. We'll also tell you the things you'll need to know when you get home so that you can stay well
- Know the names of your doctors and nurses
- Feel safe here and ask questions if you have concerns
- Say "no" to anything we suggest
- Not be involved with research unless you want to be involved
- Receive help with pain
- Have your religious beliefs respected
- Have your regular doctor or a family member notified that you're in the hospital
- Have your choices about end-of-life decisions respected
- Be treated politely and with consideration
- Have your privacy respected
- Know about any rules that might affect you or your family
- Receive a copy of your medical records; request amendment to your records and request list of disclosures to your records
- Have your questions about any costs or bills answered at any time

If you have complaints or conflicts...

- You can complain about anything without worry. If you don't want to talk to your doctor or nurse, please contact the patient representative at **859-257-2178**.
- If you have conflicts about care, you may ask your nurse or the patient representative how to contact the Ethics Committee by calling Hospital Administration at **859-257-2276** to help resolve those conflicts.
- If you still have a complaint, you may contact the Kentucky Office of Inspector General at **1-800-372-2973**.
- Patients in the Kentucky Clinic who have conflict may go to the Information Desk on the first or third floors and ask KY Clinic Administration to be notified at 859-257-6780.
- You may also contact the Joint Commission on Accreditation of Healthcare Organizations at **1-800-994-6610**; or email to: complaint@jcaho.org; or mail to:

Office of Quality Monitoring
Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

To help us help you, please. . .

- Tell us everything we need to know about your condition and history
- Do what your doctor recommends or tell your doctor why you don't want to follow the recommendations
- Be considerate of the people with whom you come in contact
- Take part in making your hospital stay safe; be an active and involved part of your health care team
- Provide your health insurance information or ask us about other options available to assist you with your payments
- Let us know if you have legal papers about end-of-life decisions, such as a living will or advance directives. Tell your nurse if you want to make a living will or advance directives. Contact the Department of Patient & Family Services for more information at **859-323-5501**

What everyone needs to know about AIDS

Kentucky law requires that we inform you about AIDS. AIDS stands for acquired immunodeficiency syndrome. It is a disease caused by a virus (human immunodeficiency virus or HIV) that can destroy the body's ability to fight illness.

People can protect themselves if they take reasonable precautions. AIDS is spread in three main ways:

- Having sex with someone who has HIV
- Sharing drug needles and syringes with users of heroin, cocaine and other drugs
- Babies can be born with the virus if the mother has been infected

It's true that some people have acquired AIDS from infected blood transfusions or transplanted organs in the past, but that is very rare. Today, all donated blood and organs are tested for the AIDS virus. There is no proof that the virus is spread through casual contact - you can touch someone with AIDS without getting it. There is no reason to avoid an infected person in ordinary social contact.