

# MEDICARE BINDER LIST

*Gather and put the following documents in a binder, check it regularly, and update as any documents expire.*

MEDICARE DMEPOS SUPPLIER STANDARDS	YOUR EVIDENCE
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.	Be sure you have all required licenses, permits, registrations and certificates needed for the products your company provides; they are un-expired; and are posted in an area where the public can see them. Store copies in the binder.
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.	The inspector may validate the names of senior management, and take pictures of inventory in the warehouse.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.	
4. The supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. The 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.	You should be checking the OIG's website to ensure that new employees are not on the excluded list (barred from participating in or billing a Federal health care program). <a href="http://exclusions.oig.hhs.gov/">http://exclusions.oig.hhs.gov/</a>
5. The 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.	Advise the beneficiary that (if appropriate) the rented equipment will be purchased after 13th month. You can use NSC's 'model form' or simply have the pt sign confirmation that they were 'Advised that the company does not rent items that Medicare categorizes as inexpensive and frequently purchased'. Place a copy of the form in the binder.
6. The 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.	Place a copy of your policy that "warranty coverage will be honored and that your company will repair or replace free of charge Medicare covered items that are under warranty." You need to possess copies of the manufacturer's current service manuals for all equipment you provide, including the warranty information on that equipment. Your product information distributed to the customer should have warranty information in it.
7. The 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.	The inspector will take pictures of your business, the front door, and posted hours.
8. The 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.	Be sure your business is handicap accessible, with a business sign and hours of operation posted; door bell for handicap assistance if the business does not have automatic-opening doors. Your location must be handicap accessible even if you never service customers at your business.
9. The 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.	Place a copy of the phone book page that lists your business and phone number in the binder.
10. The 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.	Place a copy of your insurance certificate General Liability and Professional Liability Insurance coverage with NSC as a certificate holder in the binder. (NSC PO Box 100142, Columbia, SC 29202 in the bottom left—this requires notification of the NSC if you cancel the policy)
11. The 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.	Place a copy of your policy prohibiting telephone contact with the beneficiary in the binder: "Unsolicited telephone contact of Medicare beneficiaries is strictly prohibited."
12. The supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.	Document that your company has provided beneficiaries with necessary information and instructions on how to use Medicare-covered items safely and effectively. Place a copy of the form(s) used to document patient instruction in the binder. Place a copy of the form(s) used to document patient instruction in the binder.
13. The supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.	Place a copy of your complaint policy and complaint form in the binder.
14. The 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.	Place a copy of your policy that your company "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. The 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.	Place a copy of your policy that your company "will accept returns of substandard or unsuitable items from beneficiaries"
16. The supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.	Place a copy of the form you routinely distribute to customers that is printed with the Supplier Standards, or the new statement on how to find the supplier standards online.**
17. The supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.	This is within the Form 855S application
18. The supplier must not convey or reassign the billing number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.	
19. The 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.	Place a copy of your complaint resolution policy and complaint form in the binder. The form should capture name, address, insurance number, summary of complaint, and actions taken. Be aware that accreditors are also looking for any complaint to be responded to in writing within 14 calendar days. Keep copies of dated letters.
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. The supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.	This is self-evident.
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	Place a copy of your accreditation certificate. Consider printing the page from your accreditation application that shows all the products you are accredited for.
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.	This is self-evident
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.	Sub-contractors also need to be accredited. If you have a relationship with another DMEPOS business, validate their accreditation and place a copy here.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.	Your business cannot bill CMS for a product that is not registered with your accreditor. As with supplier standards 22 and 23, changes in products or locations must also trigger NSC notification by submitting a new 855S or PECOS update.
26. All DMEPOS suppliers must obtain a surety bond in order to receive and retain a supplier billing number.	Place a copy of your surety bond cover page.
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.	If you provide oxygen, place a copy of the FDA registration or wholesale license for the company from whom you obtain oxygen. Otherwise, this is not applicable.
28. A supplier must maintain ordering and referring documentation.	The inspector may take pictures that you have patient files on site
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.	Self-evident
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.	Self-evident by hours posted on your entrance.