New Supplier DMEPOS Enrollment

Step 1: Obtain a National Provider Identifier (NPI)

Visit https://nppes.cms.hhs.gov

Step 2: Obtain an Accreditation from a CMS approved Organization

Visit MEDICARE NEW DEEMED ACCREDITATION ORGANIZATIONS FOR SUPPLIERS OF DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS) (ems.gov)

Step 3: Need to have a valid surety bond for $50,000

Visit https://www.fiscal.treasury.gov

Step 4: Valid state license for state(s) services are rendered

Refer to the licensure database for appropriate licensure: www.palmettogba.com/palmetto/npewest.nsf Select Licensure Database from tools

Step 5: General Liability Insurance of at least $300.000

Step 6: Adhere to the DMEPOS Supplier Standards

Standards can be located at www.palmettogba.com/palmetto/npewest.nsf

Select Standards and Compliance then Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Supplier Standards

Step 7: Register for PECOS

Visit www.palmettogba.com/palmetto/npewest.nsf

Under Form/Tools box select Internet PECOS link

Step 8: Submit required application fee

Visit www.palmettogba.com/palmetto/npewest.nsf

Under Form/Tools box select Medicare Enrollment Fee

Step 9: Complete the 855S Enrollment Application via PECOS

Step 10: Await Application Processing

Step 11: Keep Your Enrollment Information Up to Date

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Who qualifies as DMEPOS suppliers?

- Ambulatory Surgical Center
- Department Store
- Grocery Store
- Home Health Agency
- Hospital
- Indian Health Service or Tribal Facility
- Intermediate Care Nursing Facility
- Medical Supply Company
- Medical Supply Company with Orthotics Personnel
- Medical Supply Company with Pedorthic Personnel
- Medical Supply Company with Prosthetics Personnel
- Medical Supply Company with Prosthetic and Orthotic Personnel
- Medical Supply Company with Registered Pharmacist
- Occupational Therapist
- Optician
- Orthotics Personnel
- Oxygen and/or Oxygen Related Equipment Supplier
- Pedorthic Personnel
- Pharmacy
- Physical Therapist
- Physician
- Physician/Dentist
- Physician/Optometrist
- Prosthetics Personnel
- Prosthetic and Orthotic Personnel
- Rehabilitation Agency
- Skilled Nursing Facility
- Sleep Laboratory/Medicine
- Sports Medicine

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Step 1: Obtain a National Provider Identifier (NPI)

DMEPOS suppliers must obtain an NPI before enrolling in the Medicare Program.

You can apply for an NPI in one of three ways:

1. **Online Application:** Apply through the online application process by visiting the National Plan and Provider Enumeration System (NPPES) website.
2. **Paper Application:** Complete, sign, and mail the NPI Application/Update Form (Form CMS-10114) paper application to the NPI Enumerator address listed on the form. To request a hard copy application from the NPI Enumerator, call 1-800-465-3203 or TTY 1-800-692-2326, or send an email to customerservice@npienumerator.com.
3. **Bulk Enumeration:** Give permission to have an Electronic File Interchange Organization (EFIO) submit your application data through a bulk enumeration process. For more information on this option, visit the EFI webpage.

Not Sure If You Have an NPI?

Search for your NPI on the NPPES NPI Registry.

To determine if you are Type 1 or Type 2 click here.

Step 2: Obtain an Accreditation from a CMS approved Organization

What is accreditation and why is it required by CMS for DMEPOS suppliers?

Accreditation is the process by which an organization is authorized and credentialed. CMS requires DMEPOS Medicare suppliers to attain accreditation to ensure industry standards are met and to maintain high levels of excellence in service and supplies. As of October 1, 2009, all DMEPOS suppliers unless otherwise exempted by supplier type must be accredited by one of the nine CMS authorized accrediting organizations. Check your exemption on the "Accreditation & Surety Bond Exemptions" chart.

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List of Accreditation Organizations

- Joint Commission on Accreditation of Healthcare Organizations
- Community Health Accreditation Program
- Healthcare Quality Association on Accreditation
- Accreditation Commission for Healthcare, Inc
- Board for Orthotist/Prosthetist Certification
- **National Association** of **Boards of Pharmacy**
- **Commission on Accreditation** of **Rehabilitation Facilities**
- **American Board for Certification in Orthotics and Prosthetics, Inc.**
- **The Compliance Team, Inc.**

Most of the accreditation organizations are authorized to accredit all major supplier types, and most will be able to accredit both national and local suppliers, as well as mail order companies. Information about the types of suppliers each accrediting organization is approved to accredit and how to contact a deemed accrediting organization is posted on the CMS website.

Step 3: Need to have a valid surety bond for $50,000

On December 29, 2008, the Centers for Medicare & Medicaid Services (CMS) announced regulations requiring suppliers of certain durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) to post a surety bond as a condition of new or continued Medicare enrollment. (Surety Bond FAQs) The regulation states that beginning May 4, 2009, suppliers seeking to enroll or changing the ownership of a DMEPOS supplier must submit a $50,000 surety bond for each assigned NPI for which the DMEPOS supplier is seeking to obtain Medicare billing privileges.

Some companies or organizations that supply DMEPOS are exempt from the surety bond requirements. Check your exemption on the "Accreditation & Surety Bond Exemptions" chart. Such exemptions include:

- Certain physician and non-physician practitioners
- Physical therapists
- Occupational therapists
- State-licensed orthotic and prosthetic personnel
- Government-owned suppliers

For more information and find a listing of approved surety companies, visit https://www.fiscal.treasury.gov

Step 4: Valid state license for state(s) services are rendered

DMEPOS suppliers are required to adhere to all applicable Federal and State licensure and regulatory requirements. You can locate a guide to what is required for the products and/or services you rendered on the NPE WEST's licensure database. Go to www.palmettogba.com/palmetto/npewest.nsf select Licensure Database from Forms/Tools.

Step 5: General Liability Insurance of at least $300,000

Proof of at least $300,000 in general liability insurance coverage. Submitting the Certificate of Insurance is acceptable but it must list the coverage, amount of coverage, effective dates and the locations covered. Also, the NPE WEST must be listed as the certificate holder. Physicians are not exempt from this requirement. Professional Insurance is not acceptable for your DMEPOS enrollment.

Step 6: Adhere to the DMEPOS Supplier Standards

Below is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57{c).

If suppliers have any questions regarding these standards, please contact the National Provider Enrollment (NPE) West.

1. A supplier must be in compliance with all applicable federal and state licensure and regulatory requirements.
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 Provider Enrollment (NPE) West within 30 days.

3. An authorized individual {one whose signature is binding) must sign the enrollment 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 and must maintain a visible sign with posted hours of operation. The location must be 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.

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 is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR 424.57 {c) {11).

12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery and beneficiary instruction.

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 standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose 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).
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. A supplier must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state-licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f)
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

The full version of the Supplier Standards may be found at 42 CFR 424.57c .

*Although CMS has revised payment rules for capped rental items, supplier standard 5 still applies for inexpensive and routinely purchased items that do not fall into the capped rental category and applicable capped rental items (i.e. complex rehabilitative power wheelchairs and parental/enteral pumps, etc.).

Step 7: Register for PECOS

The Centers for Medicare and Medicaid Services (CMS) has implemented an on-line system whereby DMEPOS suppliers who are eligible to enroll in the Medicare program may use the Internet to submit enrollment applications. The system is called PECOS - Provider Enrollment, Chain and Ownership System. Suppliers may utilize this system to view enrollment information, update enrollment information, submit revalidation information, voluntarily terminate from the Medicare program and track the status of applications submitted via the Internet. Suppliers will be able to apply for enrollment in the Medicare program or make routine changes and file updates by using either the Internet-based PECOS system, or by submitting a CMS-855S enrollment application.

Several steps must be taken prior to a DMEPOS supplier using PECOS including completing user registration for the system. Ultimately, PECOS will reduce the time necessary for suppliers to enroll or make changes in their Medicare enrollment and allow suppliers to view their Medicare enrollment information for accuracy while reducing the administrative load association with processing Medicare enrollment information.

Suppliers are encouraged to review the Getting Started Guide for DMEPOS Suppliers found on the CMS website prior to registering to use Internet-Based PECOS.

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PECOS Is Easy!

We encourage you to use PECOS instead of the paper Medicare enrollment application. Advantages of using PECOS include:

- Completely paperless process, including electronic signature and digital document feature
- Faster than paper-based enrollment
- Tailored application process means you only supply information relevant to your application and specialty
- More control over your enrollment information, including change of information
- Easy to check and update your information for accuracy
- Less staff time and administrative costs to complete and submit enrollment to Medicare

Step 8: Submit required application fee

Section 6401 (a) of the Affordable Care Act (ACA) requires the secretary to impose a fee on certain Medicare suppliers. The fee is to be used by the secretary to cover the cost of program integrity efforts including the cost of screening associated with provider enrollment processes, including those under section 1866(j) and section 1128J of the Social Security Act. The application fee can be submitted by debit card, credit card or electronic check through the Internet-based PECOS system. All DMEPOS suppliers (including physicians and non-physician practitioners) completing the CMS-855S enrollment application or presenting enrollment information via Internet-based PECOS are subject to the fee for the following:

- New locations
- Additional locations
- Revalidations
- Reactivations

Applications will not be processed until funds are cleared. For additional information, read the MLN Matters Article (PDF, 128 KB) outlining specific details of the rule.

Step 9: Complete the *855S* Enrollment Application

Once you have an NPI, you can apply for enrollment in the Medicare Program, revalidate your enrollment, or make a change to your enrollment information. Complete these actions using either of the following options:

- **Online Application:** Register for an Identity and Access Management (I&A) System user account, and then visit the Medicare Provider Enrollment, Chain and Ownership System (PECOS) website
- **Paper Application:** Submit the 855S paper enrollment application

Carefully review the paper application instructions to ensure each required section of the application is completed. Use of blue ink is preferred.

Important Note: Include all required documentation along with your submission; such as, all required licenses, liability insurance, surety bond, enrollment fee confirmation, IRS documentation, etc. Failure to submit documentation will cause a delay in the processing time of your application.

Submit All Enrollment Materials Electronically

You do not need to mail paper copies of your supporting documentation. For more information, refer to the Digital Document Repository (DOR) How To Guide.

Online PECOS Application

The PECOS application process is scenario driven. It presents a series of questions to retrieve only the information needed to process your specific enrollment scenario. The PECOS for DMEPOS Suppliers publication has more information.

The Paper Medicare Enrollment Application (Form CMS-855S)

The paper Medicare enrollment application collects your information and secures the documentation necessary to ensure you are eligible to enroll in the Medicare Program. You can download a copy of the CMS 855S application on the Centers for Medicare & Medicaid Services' (CMS) website (www.cms.gov).

Electronic Funds Transfer (EFT)

CMS requires all providers use EFT if enrolling in Medicare. The most efficient way to enroll in EFT is to complete the EFT information section in PECOS. When submitting a PECOS web application, you must:

- Complete the EFT information for your organization (if applicable)
- Include a copy of a voided check/bank letter that includes a legal business name
- Include the account number and routing number that match the numbers entered in PECOS

Determine If You Want to be a Participating Provider

In Medicare, "participation" means you agree to always accept claims assignment for all covered services furnished to Medicare beneficiaries. By agreeing to always accept assignment, you agree to always accept Medicare-allowed amounts as payment in full and not to collect more than the Medicare deductible and coinsurance or copayment from the beneficiary. The Social Security Act requires you to submit claims for Medicare beneficiaries whether you participate or not.

To participate in the Medicare Program as a participating provider or supplier, submit the Medicare Participating Physician or Supplier Agreement (Form CMS-460). You can submit this form with your initial enrollment or you have 90 days from when you enrolled to decide if you want to be a participating provider or supplier. The only other time you may change your participation status is during the open enrollment period, generally from mid-November through December 31.

Step 10: Await Application Processing

The NPE WEST pre-screens and verifies all information on the enrollment application. During processing, you may be required to submit additional information. This may include a request for fingerprints. Respond to any requests from the NPE WEST as soon as possible. Failure to do so may delay enrollment or result in the rejection of the submitted application (deactivation). Once the NPE WEST approves the application, it will switch the PECOS record to an "approved" status and send you an approval letter.

Fingerprinting

The fingerprint-based background requirement was implemented by The Centers for Medicare & Medicaid Services (CMS) on August 6, 2014. Fingerprints for all owners of 5% or greater and partners that you disclosed on your 855S application should be submitted. There are no exceptions to submitting fingerprints (this includes physicians and non-physician

practitioners). All potential DMEPOS suppliers are required to follow the fingerprinting procedure. If you receive notification of the fingerprint requirements, you will have 30 days from the date of the letter to be fingerprinted. All fingerprints (including those initially denied for fingerprints)should be sent to Accurate Biometrics for processing - CMS Processing, 500 Park Blvd., Suite 1260, Itasca, IL 60143.

You may now check the status of your fingerprint submission online by visiting www.CMSfingerprinting.com .

Site Visits

CMS implemented a "site visit verification process" using the NPE WEST. The NPE WEST verifies enrollment- related information during the site visit and collects specific information based on pre-defined checklists. The site visit verification process is a screening mechanism to prevent questionable providers and suppliers from enrolling in the Medicare Program. For more information, refer to the NPE WEST FAQs on Site Visits webpage.

Step 11: Keep Your Enrollment Information Up to Date

How to Report Changes

Any changes to your enrollment file need to be reported within 30 days of the reportable event. These changes may include a change of ownership or control, a change in practice location, any final adverse legal actions, such as revocation or suspension of a Federal or State license and, any change you may have an effect on your enrollment. You can submit a change of information, including a change of address, using PECOS or the 855S paper enrollment application.

Revalidation

DMEPOS suppliers and providers must revalidate enrollment information every 3 years or upon CMS requests.

If you are currently and actively enrolled, check the Medicare Revalidation Lookup Tool to find your revalidation due date. If you see a due date listed, submit your revalidation within 6 months prior of that date. The NPE WEST will also send you a notice 60 days prior to your revalidation date. 11 you submit your application after the due date, the NPE WEST may deactivate your Medicare billing privileges, or revoke your existing billing privileges.

The most efficient way to submit your revalidation information is by using PECOS. For more information on revalidating, refer to the following:

- Medicare Provider-Supplier Enrollment: Revalidations webpage
- Provider Enrollment Revalidation - Cycle 2 (MLN Matters® SEI 605)