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Updates on the DMEPOS Competitive Bidding Program

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The Role of the Competitive Acquisition Ombudsman (CAO)

- Respond to inquiries and complaints from suppliers and individuals regarding the durable medical equipment, prosthetics, orthotics, and supplies Competitive Bidding Program (DMEPOS CBP).
- Ensure the Agency responds effectively to complaints about the programs affecting DMEPOS CBP stakeholders.
Updates on the DMEPOS CBP
On July 11, 2018, CMS issued a proposed rule (CMS-1691-P) that referenced a temporary gap in the DMEPOS CBP from January 1, 2019 through December 31, 2020.¹

- The rule proposes temporary changes to bidding and pricing methodologies under the DMEPOS CBP.

Existing DMEPOS CBP contracts will expire as of January 1, 2019.

Beginning January 1, 2019, if DMEPOS CBP contracts are not in place, beneficiaries would be able to obtain DME from any Medicare enrolled supplier.
• Selected highlights of the proposed rule:
  o Proposes temporary pricing changes for DMEPOS items and services.
  o Proposes to establish separate payment classes for portable liquid oxygen equipment (including high flow) and portable gaseous oxygen equipment.
  o Proposes to establish new rules regarding how to pay for certain ventilators that also perform the function of other items of durable medical equipment (DME) that are subject to payment rules other than those at section 1834(a)(3) of the Social Security Act.
  o Proposes to amend § 414.210(g)(7) to indicate that beginning on or after the date that contracts take effect for a national mail order competitive bidding program that includes the Northern Mariana Islands, the fee schedule adjustment methodology under § 414.210(g)(7) would no longer apply.
Selected Beneficiary Protections under the DMEPOS CBP

• Contract suppliers must furnish equipment to beneficiaries throughout a competitive bidding area (CBA).
• Some beneficiaries can switch to a supplier that they would prefer furnish their oxygen supplies during the 36-month rental equipment period.
• Suppliers must furnish liquid oxygen to beneficiaries in CBAs who have valid prescriptions.
Medicare Beneficiary Assistance Components
• 1-800-MEDICARE
  o Handles inquiries and complaints from beneficiaries, caregivers, and health care providers (TTY users should call 1-877-486-2048).
  
  o Customer service representatives (CSRs) address topics related to access and service, competitive bidding, and claims, and provide assistance with supplier selection.
  
  o Callers can expand on their concerns when speaking with CSRs.
  
  o Works with other beneficiary assistance components to address beneficiary concerns, as appropriate.
Medicare Beneficiary Assistance

• Competitive Bidding Implementation Contractor (CBIC)
  o During rounds of competition (when contracts are in place), the CBIC is the initial point of contact for DMEPOS CBP supplier inquiries and complaints about contract and supplier quality standard violations.

• CMS Regional Offices (ROs)
  o Handle urgent casework and provider inquiries, and escalate payment, supplier-related, and fraud complaints to other entities.

• Ombudsmen
  o The Competitive Acquisition Ombudsman and the Medicare Beneficiary Ombudsman review complaints and help resolve them.
How SMP/SHIP Counselors Assist Medicare Beneficiaries with DME Concerns

• SMP/SHIP counselors may contact 1-800-MEDICARE and/or the supplier if they are unable to resolve beneficiary concerns:
  o SHIP counselors must provide their SHIP Unique ID# for verification with 1-800-MEDICARE to assist beneficiaries.
  o SHIP counselors may speak one-on-one with 1-800-MEDICARE CSRs.
  o Counselors may also have a 3-way telephone call with the beneficiary on the telephone line.

• Inquiries that cannot be addressed by a SHIP counselor after talking to a 1-800-MEDICARE CSR may be referred by the counselor to their CMS RO.
DME Supplier Marketing Guidelines
DME Marketing Rules

• The key requirements for all DMEPOS suppliers when marketing to beneficiaries are:
  o Suppliers must not use symbols, emblems, or names to reference CMS, the Department of Health and Human Services (HHS), Social Security, or Medicare in a manner prohibited by statute.
  o Unsolicited telephone contact to Medicare beneficiaries is prohibited.

• Please find the Supplier Marketing Guidelines on the CBIC Web site.¹

Exceptions to DME Marketing Rules

• There are three exceptions under which a supplier may contact beneficiaries to market DME\(^1\):
  o The beneficiary has given written permission to the supplier to make contact by telephone.
  o The contact is regarding a Medicare-covered item that the supplier has already furnished the beneficiary.
  o The supplier has furnished at least one Medicare-covered item to the beneficiary during the preceding 15 months.

DME Marketing Rule Violations

• If beneficiaries feel that a supplier is in violation of the marketing rules, they should contact 1-800-MEDICARE.
Resources

CAO Web site
National Medicare & You Handbook
CMS Fact Sheet on Proposed Rule CMS-1691-P
Competitive Bidding Implementation Contractor (CBIC) Web site
CBIC Liaisons
Medicare Supplier Directory (Supplier Locator Tool)
MLN® Publications
Patients Over Paperwork Initiative
Questions
Contact the CAO

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