

October, 2008

CMS RELEASES FINAL DMEPOS QUALITY STANDARDS

All Current PMD Suppliers Required to be Accredited by September, 2009

The Centers for Medicare and Medicaid (CMS) has released final quality standards for DMEPOS suppliers. All DMEPOS suppliers, including suppliers of power mobility devices, will be required to adhere to not only general standards but product-specific standards as well. These standards will be part of the survey conducted by one of the ten national accreditation bodies. All current DME suppliers will need to be accredited by a nationally recognized accreditation body by September 31, 2009. Please click the attached link for more information on supplier

Accreditation:

http://www.cms.hhs.gov/MedicareProviderSupEnroll/03_DeemedAccreditationOrganizations.asp#TopOfPage.

The final quality standards contain some changes from the standards as originally introduced. For example, the standards include a clarification of the Rehabilitation Technology Supplier qualification for Group 2 power wheelchairs with power options and Group 3 complex rehab wheelchairs.

The new DMEPOS quality standards can be found at:

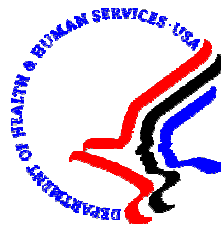
<http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/DMEPOS Accreditation Standards.pdf>

OIG RELEASES 2009 WORK PLAN

Plan Calls on OIG to Examine PMD Documentation and Invoice Pricing

The Department of Health and Human Service (HHS) Office of the Inspector General (OIG) recently released its Work Plan for 2009. The OIG Work Plan sets forth various projects to be addressed during the fiscal year by the OIG's Office of Audit Services, Office of Evaluation and Inspections, Office of Investigations, and Office of Counsel to the Inspector General. Some of the projects are statutorily

required, such as the audit of the Department's financial statements, which is mandated by the Government Management Reform Act. The OIG, however, does not provide additional details on jobs to be undertaken or information on the status



of jobs contained in its Work Plan. Additionally, because of changing workloads, the OIG is not able to provide an estimated issue date for a specific report.

Regarding power mobility devices (PMDs), OIG's 2009 Work Plan calls for two specific items:

- Increased documentation review for Medicare PMD claims; and
- Supplier Prices for Power Wheelchairs in the Medicare Program.



In reviewing Medicare PMD claims, the OIG will examine documentation to ensure that Medicare beneficiaries received the required face-to-face examination and determine the appropriateness of Medicare payments for PMDs. The OIG also plans to review invoices for power wheelchairs and compare those prices to the Medicare fee schedule for PMD.

Other OIG 2009 Work Plan initiatives for the Medicare Durable Medical Equipment (DME) benefit include:

- DME Payments for Home Health Beneficiaries;
- DME Payments for Nursing Home Beneficiaries;
- Comprehensive Error Rate Testing Program;
- Duplicate Payments to DME Suppliers with Multiple National Provider Identifiers;
- Repair and Service of Capped Rental Items; and the
- Appropriateness of DME Categorization.

The PMC has always worked to clarify the documentation requirement under the Medicare PMD benefit. For the last several years, the PMC has petitioned the Office of Management and Budget, which oversees data collection under government regulation, to press CMS to provide greater clarity and objectivity, including adoption of a physician certified form that mirrors the Medicare National Coverage Determination for Medicare PMD eligibility.

Further, the [Power Mobility Coalition](#) questions whether the OIG has the authority to request invoice pricing from suppliers. Such information can be viewed as

confidential and proprietary. If you receive such a request from OIG, the PMC suggests that suppliers contact an attorney before complying with OIG's request for pricing information.

A complete copy of the OIG 2009 Work Plan can be found at: <http://oig.hhs.gov/publications/docs/workplan/2009/WorkPlanFY2009.pdf>.

RESNA TO CONSOLIDATE ATS AND ATPs INTO A SINGLE DESIGNATION

The Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) announced that they will be consolidating the current certifications for Assistive Technology Supplier (ATS) or Assistive Technology Practitioner (ATP) into a single assistive technology certification.

As of April 1, 2008, Medicare claims for all Group 2 single or multiple power option chair, Group 3 and 4 chairs or a push-rim activated power assist device for a manual wheelchair must be provided by a supplier that employs an ATS or ATP who specializes in wheelchairs and who has involvement in choosing the proper chair for the beneficiary.

In unveiling this new certification, RESNA announced that it was implementing program changes which would:

- institute an administrative procedure and timeline for current holders of ATS or ATP certification to transition to the new Assistive Technology Professional designation;
- develop and release a new test instrument for the Assistive Technology Professional exam; and
- implement computer-based testing.

RESNA stated that they are committed to a smooth transition to this new designation and will work with suppliers, accrediting bodies and other stakeholders.

Additionally, RESNA is planning to implement a strategic communications and marketing plan to promote Assistive Technology professionals and increase the value of the new certification.



MedPAC ADVISORY COMMITTEE TO FURTHER EXAMINE MEDICARE DME PRICING

At the September meeting of The [Medicare Policy Advisory Committee](#) (MedPAC), a blue ribbon panel of health policy experts established by Congress to provide recommendations on Medicare reform agreed to look into the durable medical equipment (DME) competitive bidding debate. The breadth and scope of their involvement in the issue remains unclear and will be determined at a future MedPAC meeting.

The meeting was to update MedPAC on the recently enacted Medicare Improvements for Patients and Providers Act (MIPPA) and its impact on Medicare benefits, including DME. Committee staff provided background on the competitive bidding program, the results of Round I of bidding, industry concerns with the program's roll-out and the changes made by MIPPA.



MedPAC members weighed in with many questions. Many focused on whether Medicare's current pricing methodology reflects actual costs and if Medicare actually knows what it is buying when purchasing DME. Several Committee members commented that HCPC codes have multiple products with huge pricing variance lumped

together under one code. There were also concerns that fraud represented a perpetual problem in the industry. The concerns focused on CMS' lack of oversight, citing the recent reports by the Government Accountability Office (GAO) and Office of Inspector General (OIG) reports. Additionally, some MedPAC members brought up the possibility of alternatives to competitive bidding, such as inherent reasonableness, that could be used to keep costs in line without the political fallout of a system with winners and losers.



MedPAC chair Hackbark then put several options to Committee members. Members could remain silent on the issue; they could reiterate their past support for competitive bidding; they could endorse competitive bidding but state that other bidding models may be better (i.e. bid for price, but let all suppliers participate); or they could study the issue and come up with an alternative methodology.

All on the Committee agreed that there was a problem with pricing for Medicare DME and that the Committee should weigh-in on the issue. MedPAC Executive Director Mark Miller informed the Committee that staff would

prepare two options, one "light" resource option the other a "heavy" resource option and then Committee members could choose how in-depth they wish to look into the issue of DME pricing.

The PMC will continue to monitor MedPAC activities and report on any

discussions concerning DME issues. In addition, the PMC will work with MedPAC staff to help them better understand how the Medicare PMD benefit works and how MedPAC recommendations will impact PMD stakeholders.

CAMPAIGN 2008 – TIME TO GET INVOLVED

There is no better time to get to know a politician than when he is running for office. As this will be one of the closest



elections in years with not just the Presidency in play, but the majorities in both the House and Senate up for grabs, the PMC urges all power mobility device (PMDs) stakeholders to get involved in this historic election. The following are easy some ways to participate which will afford you to meet the candidate and, in certain situations, speak to him or her about issues that impact PMD stakeholders.

With candidates spending so much time campaigning in their home districts; marching in parades, attending coffee klatches, conducting town hall meetings, ribbon-cutting ceremonies etc., it's a perfect opportunity to meet your member of Congress and get a simple "bumper sticker" message to them.

Remember, however, there are appropriate times to buttonhole your Member of Congress and other times to hang back. It's a matter of being respectful. For example, public events or scheduled visits are fair game to mention or at least have a brief discussion of your issues. Approaching a member of Congress when they are dining with their



family or attending religious services is most likely out of bounds and could have negative repercussions for both you and the cause you are lobbying for.

As the late great Speaker of the House, Tip O'Neil was fond of saying, "All politics is local." It is the voter who holds the power to make or break the politician, so use the leverage you have in this election cycle to make a Congressional contact, establish a relationship and begin to be known as an unofficial advisor on PMD issues to your Congressman or United States Senator.

PMC PAC SPONSOR'S EVENT FOR REP. KANJORSKI

PMC PAC Needs "Consent to Solicit" for Suppliers to Participate in Political Giving

In the past month, the Power Mobility Coalition's (PMC's) Political Action Committee (PAC) has been active, sponsoring a reception for Rep. Paul Kanjorski (D-PA) with special guest Ways and Means Chair Charlie Rangel (D-NY). Rep. Kanjorski, in a tough re-



election battle for his Northeastern Pennsylvania district, has long been a friend of the power mobility community and worked tirelessly to delay implementation of the interim final rule and competitive bidding. In addition, Rep. Rangel's position as the chair of the

powerful Ways and Means Committee makes him one of the most powerful health care players on Capitol Hill.

As we look toward to next year, it's imperative that the PMC is in a position to remain politically active. To do so, we need your participation.

Attached please find a "Consent to Solicit" form. This form needs to be filled out and returned to the PMC so that you can find out more about the PMC PAC and participate in PMC's political giving strategy. If you have any questions, or need further information, feel free to contact the PMC PAC at esokol@pmcoalition.org.