

Letter # 001

PROPOSED RULE
MEDICARE PROGRAM: DURABLE MEDICAL EQUIPMENT REGIONAL CARRIER
(DMERC) SERVICE AREAS AND RELATED MATTERS

Comments on Provisions of This Proposed Rule:

Proposed changes to section 421.210, paragraph (a):

Proposed revisions to this paragraph state that Secretary HHS is authorized to designate carriers for one or more regions, rather than four specific regions to allow greater flexibility in setting the number of DMERC regions.

Comment: Although AOPA understands the need for greater flexibility in setting the number of regions, we recommend that the number of regions not be increased. Currently each of the four DMERCs sets its own medical, and to a more limited extent, administrative policies. Increasing the number of DMERCs will only lead to further lack of consistency in administration of the Program. In addition, once selected, it is recommended that the DMERC contract be awarded for a minimum of three years to avoid constant changes in policies and procedures.

Proposed changes to section 421.210, paragraph (c):

Proposed revisions to this paragraph would clarify the Secretary's authority to revise the number or configuration of DMEPOS regions in the future based on appropriate factors and criteria.

In (c)(1), HHS proposes to add the word "initial" in front of the listing of DMERC regions to clarify the current configuration could change in future. And HHS proposes to remove reference to the Common Working File sector framework as a determinant for DMERC regions.

HHS proposes to add a new paragraph (c) (2) to allow revision of the number and boundaries of DMERCs regional service areas based on appropriate factors and criteria such as population shifts or natural disasters. These changes would be made via notice in the Federal Register, as opposed to publishing the changes as a rule in the Federal Register. HHS believes this would allow greater flexibility to make service area changes

Comment: Although AOPA understands the need for greater flexibility in setting the configuration of the different regions, we recommend that a) the number and configuration of regions not change for at least three years after awarding contracts in order to avoid constant and disruptive change, and b) a minimum of six months notice be given to suppliers of any changes to the DMERCs' regional service areas.

Proposed changes to section 421.210, paragraph (d):

Proposed revisions to this paragraph would clarify that HHS will continue to award DMERC contracts in accordance with applicable law.

No comment.

CMS-1428-P-2

Submitter : Mr. Ed Smith Date & Time:

Organization :

Category :

05/18/2004 12:05:00

N/A

Individual

Issue Areas/Comments

GENERAL

I like this regulation

CMS-1219-P-3

Submitter : Ms. MARGARET SARAH GARDONI Date & Time:

Organization :

Category :

04/13/2004 10:04:07

D=M&M`S

Health Care Professional or Association

Issue Areas/Comments

Sections

Background

Requesting hard copy of all cms.hhs.gov/twwiia.

pages are not found and I am applying for services, hoping you will mail to me at SARAH GARDONI P
O BOX 813 SACRAMENTO, CA
95812 message service (916) 498-9523

Respectfully,

SARAH GARDONI

CMS-1219-P-4

Submitter : Ms. Barbara Jolly Date & Time:
Organization : Integrity Healthcare Services, Inc
Category : Other Practitioner
04/14/2004 07:04:53
Issue Areas/Comments
GENERAL

Since each DMERC has its own process and forms relative to Appeals, if the boundaries and/or number of DMERC's were changed, would this affect the appeals currently in process at the time regional boundaries were adjusted?

What impact would the changing of DMERC regions have on the approval/denial of medical necessity rulings? Despite the use of nearly identical guidelines, there is regional variation at the present time relative to what services are covered, e.g. home infusion of nesiritide (Natrecor) is covered on a case-by-case basis in Region C (Palmetto) but not in other regions. Is it possible that a patient's therapy might meet medical necessity guidelines initially, but that the DMERC geographic boundaries might change and the therapy then might NOT be covered or meet the regional interpretation of the guidelines? If the answer to this question is YES, this places some patients (and providers) at significant financial risk.

Thank you very much.

CMS-1219-P-5

Submitter : Mrs. Ang Valenzuela Date & Time:

Organization : ARTURO VALENZUELA

Category : Individual

04/20/2004 06:04:02

Issue Areas/Comments

Sections

Background

I would like you to clarify something:

I was informed when Medicare does an audit in a facility, they can audit all other carriers, not just Medicare charts.

Is that true? Where can I find that information?

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The American Orthotic and Prosthetic Association (AOPA), the leading business trade group in the orthotics and prosthetics industry with a full-range of services that support patient care facilities and the companies that manufacture and distribute O&P products, has submitted comments on certain provisions of the Proposed Rule for Medicare Program: Durable Medical Equipment Regional Carriers Service Areas and Related Matters.

We urge you to carefully consider these comments. Of special concern to us is keeping the number of DMERCs to four regions or less and keeping the DMERC contractors as stable as possible. Currently each of the four DMERCs sets its own medical, and to a more limited extent, administrative policies. Increasing the number of DMERCs will only lead to further lack of consistency in administration of the Program. And in order to promote stability in these policies, we recommend that DMERC contracts be awarded for a minimum of three years.

If you need further information about our comments, please contact Virginia Torsch, Manager of Regular Affairs either by phone (571) 431-0812, or by email vtorsch@aopanet.org.

Sections

Provisions of This Proposed Rule

Proposed changes to section 421.210, paragraph (a):

Comment: Although AOPA understands the need for greater flexibility in setting the number of regions, we recommend that the number of regions not be increased. Currently each of the four DMERCs sets its own medical, and to a more limited extent, administrative policies. Increasing the number of DMERCs will only lead to further lack of consistency in administration of the Program. In addition, once selected, it is recommended that the DMERC contract be awarded for a minimum of three years to avoid constant changes in policies and procedures.

Proposed changes to section 421.210, paragraph (c):

Comment: Although AOPA understands the need for greater flexibility in setting the configuration of the different regions, we recommend that a) the number and configuration of regions not change for at least three years after awarding contracts in order to avoid constant and disruptive change, and b) a minimum of six months notice be given to suppliers of any changes to the DMERCs' regional service areas.

Proposed changes to section 421.210, paragraph (e):

Comment: Although AOPA understands HHS' desire to have greater flexibility in choosing DME regional carriers; the DMERC contractor is such an important player in the processing of Medicare claims and in setting local medical policy that it should be mentioned by name in order to allow public comment. AOPA is also concerned about when beneficiaries and suppliers would be informed of their new DMERC. No time frame for such notification has been provided. AOPA recommends that affected suppliers and beneficiaries be notified of new DMERCs at least six months in advance. In addition, we strongly recommend that the NSC continue to be awarded to a contractor that is also a DMERC. Since the decisions and actions of the NSC directly affect the relationship of the supplier to the DMERC and the supplier's ability to correctly submit claims, coordination between the NSC and the DMERCs is essential. Severing this tie would damage this communication link and make coordination more difficult.

CMS-1219-P-6

CMS-1219-P-T2771-Attach-1.doc

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