November 9, 2015

Center for Medicare and Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier CMS-855S
Room C4–26–05,
7500 Security Boulevard
Baltimore, Maryland 21244–1850

Re: Paperwork Reduction Act (PRA) Review of the Medicare DMEPOS 855S Form

To Whom It May Concern:

The American Association for Homecare (AAHomecare) submits the following comments on the Centers for Medicare and Medicaid Services' (CMS) request for Office of Management and Budget (OMB) approval of a collection of information. The collection of information is the 855S form used by the National Supplier Clearinghouse (NSC) to enroll suppliers of durable medical equipment prosthetics, orthotics and supplies (DMEPOS). CMS' Paperwork Reduction Act (PRA) submission states that the collection is required for the Agency and its contractors to document that a DMEPOS supplier is in compliance with the Medicare enrollment supplier standards.

AAHomecare represents suppliers, manufacturers, and others in the homecare community that serve the medical needs of millions of Americans who require oxygen systems, wheelchairs, medical supplies, inhalation drug therapy, and other medical equipment and services in their homes. In light of our members' expertise and experience, AAHomecare is uniquely qualified to comment on the request for OMB approval of the proposal.

The underlying purpose and goals of the PRA are to minimize the burden of paperwork

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requested by or for the Federal government.[1] To that end, the law requires that all paperwork collections requested by agencies or their contractors be approved by OMB. AAHomecare supports CMS' efforts to strengthen program integrity through the use of the enrollment as a way of assessing whether a supplier satisfies Medicare requirements for enrollment. So AAHomecare generally approves of CMS' the 855S form to standardize the information suppliers submit to demonstrate they are eligible to enroll in Medicare.

AAHomecare reiterates its previous recommendation that CMS closely monitor suppliers enrolling in Medicare for the first time. Suppliers (as indicated by a new or different tax ID) that have no previous history with the program should have random onsite inspections over the course of their first five years as Medicare suppliers. We believe that close monitoring of these companies will help to significantly reduce the ranks of noncompliant, abusive or fraudulent suppliers.

AAHomecare has a few concerns related to specific questions on the form and requests that the wording for some of the questions be modified in order to clarify how the NSC intends to use the information collected.

Section 3D

Section 3D adds "and Repairs" to Related Accessories for Standard Manual and Power Wheelchairs, but this verbiage wasn't added to any other DME product. Including "and repairs" for standard manual and power wheelchairs creates a new designation that could have unintended consequences for suppliers and beneficiaries. One unintended consequence we foresee is the potential decrease the number of suppliers willing to furnish standard manual and power wheelchairs. The new language creates an inference that suppliers that furnish these wheelchairs also have an obligation repair them if they furnish anything other than a base chair without any accessories, *e.g.*, elevated leg rests, anti-tippers, in addition to the chair.

AAHomecare understands that suppliers must "repair or replace" equipment they rent. But this obligation applies only as long the beneficiary is renting the chair. When rental payments cap and the supplier transfer ownership of the chair to the beneficiary, the supplier is no longer bound to repair the beneficiary's wheelchair. AAHomecare suggests that CMS clarify how the Agency will apply the new verbiage to suppliers for beneficiary owned wheelchairs.

Further, depending on how CMS intends to apply the new language, suppliers might need to update and resubmit their 855S forms to ensure that their NSC records are accurate. As you know, if the suppliers PECOS file does not correspond to the claim he submits, implemented, the supplier's repair claims could be denied.

We also request that CMS clarify whether the Agency will direct DMEPOS accrediting bodies to examine the repair processes of suppliers once the new 855S form goes into effect? CMS

[1] 44 U.S.C §3502(3).

should also clarify why the Agency did not include similar language under the Complex Rehab related accessories category. We do not understand the rationale for treating Complex Rehab related accessories differently from Standard Manual and Power Wheelchairs related accessories.

We have similar concerns and questions about new language added to the Support Surfaces designation. The form ads "New" and "Used" as descriptors in this category. It is unclear how suppliers apply the support surfaces designation to their businesses given the addition of this verbiage. We request that CMS clarify how suppliers should apply this new designation. For example, with Medicaid, the delivery ticket has to indicate that the equipment is new at the time that it is first delivered and if not, it has to be picked up and new equipment delivered when the item reaches the purchase amount. For fee schedule purposes, New (NU) modifier is defined as the purchase of an item that has never been used and the Used (UE) modifier is the purchase of an item that has been previously used. Do the same definitions apply to the 855S, or are the terms applied differently, such as with Medicaid, since there is no descriptor of Rental (RR) or does this just mean the supplier provides both new and used equipment and there is no correlation to claims for validation?

We appreciate the opportunity to submit these comments. Please feel free to contact me if you have any questions about our comments above or I can be of any assistance to you.

Sincerely,

Kimberley S. Brummett, MBA
Vice President, Regulatory Affairs