



Home Care Equipment, Inc.

MEDICARE SUPPLIER STANDARDS

1. Operates its business and furnishes Medicare-covered items in compliance with all applicable Federal and State licensure and regulatory requirements.
2. Has not made, or caused to be made, any false statement or misrepresentation of a material fact on its application for billing privileges.
3. Must have the application for billing privileges signed by an individual whose signature binds a supplier.
4. Fills orders, fabricates, or fits items from its own inventory or by contracting with other companies for the purchase of items necessary to fill the order.
5. Advises beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical equipment.
6. Honors all warranties expressed and implied under applicable state law. A supplier must not charge the beneficiary or the Medicare Program for the repair or replacement of Medicare-covered items or for services covered under warranty.
7. Maintains a physical facility on an appropriate site. The physical facility must contain space for storing business records including the supplier's delivery, maintenance, and beneficiary communication records.
8. Permits HCFA, or their agents to conduct on-site inspections to ascertain supplier compliance with the requirements of this section. The supplier location must be accessible during reasonable business hours to beneficiaries and to HCFA, and must maintain a visible sign and posted hours of operation.
9. Maintains a primary business telephone listed under the name of the business locally or toll-free for beneficiaries.
10. Has a comprehensive liability insurance policy 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.
11. Must agree not to contact a beneficiary by telephone when supplying a Medicare-covered item unless one of the following applies.
 1. The individual has given written permission to the suppliers to contact them by telephone concerning the furnishing of a Medicare-covered item that is to be rented or purchased.
 2. The supplier has furnished a Medicare-covered item to the individual and the supplier is contacting the individual to coordinate the delivery of the item.
 3. If the contact concerns the furnishing of a Medicare-covered item other than a covered item already furnished to the individual during the 15-month period preceding the date on which the supplier makes such contact.

12. Must be responsible for the delivery of Medicare-covered items to beneficiaries and maintain proof of delivery.
13. Must answer questions and respond to complaints a beneficiary has about the Medicare-covered item that was sold or rented.
14. 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. Must accept returns from beneficiaries of substandard items.
16. Must disclose these supplier standards to each beneficiary to whom it supplies Medicare-covered item.
17. Must comply with the disclosure provisions in Sec. 420.206 of this Sub-Chapter.
18. Must not convey or reassign a supplier number.
19. Must have a complaint resolution protocol to address beneficiary complaints that relate to supplier standards.
20. Must maintain formation on all written and oral beneficiary complaints, including telephone complaints, it receives.
21. Provides to HCFA, upon request, 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 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. 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 supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.