



April 29, 2015

Attention: CMS Desk Officer
Office of Management and Budget
Office of Information and Regulatory Affairs
Document Identifiers: CMS–29, CMS–10221 and CMS–R–263

Re: Paperwork Reduction Act (PRA) Review of the Medicare DMEPOS Onsite Survey Form

Dear Sir or Madam:

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 onsite survey tool used by the National Supplier Clearinghouse (NSC) for onsite inspections of 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 this OMB request.

The underlying purpose and goals of the PRA are to minimize the burden of paperwork 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 onsite inspections. Thus, AAHomecare is generally supportive of CMS' efforts to improve onsite inspections, including standardizing the onsite inspection form. However, in our experience, variability in the

¹ 44 U.S.C §3502(3).

thoroughness and quality of the inspections have been an issue and we believe this stems primarily from poor training of the contractors performing the inspections. AAHomecare recommends that CMS allocate more financial and staff resources to improve inspector training and their understanding of Medicare requirements for the DMEPOS benefit. We believe adequate training of inspectors is the necessary threshold for ensuring the quality and utility of the information collected, especially considering the time and financial burden onsite inspections may pose on suppliers.

In addition, AAHomecare reiterates its previous recommendation that CMS closely monitor suppliers enrolling in Medicare for the first time. Suppliers 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. For ease of reference, we made our comments directly on a PDF of the form which is included as an attachment to this letter.

Demographic Section:

- 1. Replace "Supplier Number" with "PTAN." The correct, current Medicare terminology for a billing number is "provider transaction number."*
- 2. Most DMEPOS supplier employees will not recognize "Authorized Rep." If the intent is to request the name of the supplier's Authorized Official designated on the CMS 855 Form, then that terminology should be used on this form as well.*

Question 1

We suggest deleting 1. c, d, and e. These questions call for the opinion of the inspector. Activity at a supplier location varies by line of service and supplier, making it difficult for an outsider to draw conclusions about a business on the basis of a short visit.

Question 7.

If the intent of this question is to request the officials named on the 855 form, then the question should be rephrased to express that. In addition, other than the senior management at a smaller supplier, most branch employees do not have access to the 855S information. We believe this question should be deleted.

Question 8

We reiterate the comments on question 7 with respect to question 8. Many staff level

employees of suppliers will be unable to respond to this question accurately.

Question 9

Again, question 9 should be deleted from the form. First, with respect to DMEPOS suppliers, we fail to see how it is relevant to the supplier standards. Second, as we stated in our comments to question 7 and 8, staff level employees will be unable to respond to this question accurately.

Question 20

We recommend that question 20 be deleted because any response on the part of the onsite inspector will be speculative.

Question 20. c.

We recommend that this question be deleted. The sole justification for this collection of information is whether the supplier complies with the Medicare supplier standards. The question is not relevant to that inquiry.

Declaration

The declaration of the site inspector should be deleted.

Whether a site inspector is a credible witness at a subsequent hearing challenging any action CMS takes as a result of the inspection is between CMS and its contractor. The declaration should not have any weight in a contest between the supplier and CMS. The supplier must be allowed to review and challenge any conclusions drawn from the form, notwithstanding the inclusion of this declaration.

We appreciate the opportunity to submit these comments. Please feel free to contact me if you have any questions about our comments above or on the form.

Sincerely,



Kimberley S. Brummett, MBA
Vice President, Regulatory Affairs