

# National Supplier Clearinghouse Advisory Committee (NSCAC)

## **MISSION STATEMENT**

The NSCAC shall be a communications vehicle between the home medical equipment (HME) industry and the National Supplier Clearinghouse (NSC). The NSC is a contracted CMS function with responsibility for managing the assignment and maintenance of Medicare Supplier Numbers to the home medical equipment industry. The Committee will accomplish this by establishing and maintaining strong relationships with the NSC staff; meeting with the NSC on a periodic basis; providing the communication tools to facilitate thorough and prompt transfer of information to, and from, the NSCAC Membership, their state/regional associations and Jurisdiction Councils/Advisory Committees and coordinating the issues within the industry to adequately reflect the concerns of the majority.



## **NSCAC Membership:**

Each Jurisdiction DME MAC Council shall be permitted selection of up to four supplier/provider representatives to serve on the Committee. Each respective state and/or association shall determine the terms and conditions of its supplier representatives.

Allied members, such as Vendors and Manufacturers will be assessed an annual fee of \*\$500 to cover the operational costs incurred by the Committee. Allied members are allowed to vote on Council business.

Non-voting representatives, such as HME providers/consultants/accreditation agencies, will be assessed an annual fee of \*\$300 to cover the operational costs incurred by the Committee. Non-voting representatives are not allowed to vote on Council business.

\* Fees may change depending on the financial needs of the Committee by majority vote of the official representatives from each state present at the time.

**Dues are on a calendar year basis. If an Allied member or Non-voting representative joins in 2018, membership dues will be good through 12-31-19.**

For NSCAC Membership application, select the respective invoice below. Please forward your request to become a member of the NSCAC to the NSCAC Administration, [amcouncils@associationmgnt.com](mailto:amcouncils@associationmgnt.com).

NSCAC Operations  
PO Box 3007  
Duluth, MN 55803

Ph: 218-464-5169 Fax: 218-216-8139 Email: [amcouncils@associationmgnt.com](mailto:amcouncils@associationmgnt.com) website: [www.nscac.org](http://www.nscac.org)

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Pick you level of membership below:

## ALLIED MEMBERSHIP

Allied members, such as Vendors and Manufacturers will be assessed an annual fee of \$500 to cover the operational costs incurred by the Committee. Allied members are allowed to vote on Council business.

### **ALLIED MEMBER INVOICE**

**NSCAC Allied Membership Dues \$500**

**Make Checks payable to the NSCAC**

**Name of contact and Company name:**

**Address:**

**City: State: Zip:**

**Phone: Fax:**

**Email:**

**Total Due \$500.00**

*Thank you for your support of the NSCAC!*

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## NON-VOTING REPRESENTATIVE MEMBERSHIP

A Non-voting Representative is on the committee and is open to HME providers/consultants/accreditation agencies, etc., that are not already appointed through the Medicare Advisory Councils. The Representative is unable to speak at joint meetings. The Representative asking to join will need to be approved by the voting membership in a case-by-case basis. Once approved, the representative may join the council pursuant to paying appropriate annual dues. A Non-voting Representative will be assessed an annual fee of \$300 to cover the operational costs incurred by the Committee.

### **NON-VOTING REPRESENTATIVE INVOICE**

**NSCAC Non-voting Membership Dues \$300**

**Make Checks payable to the NSCAC**

**Name of contact and Company name:**

**Address:**

**City: State: Zip:**

**Phone: Fax:**

**Email:**

**Total Due \$500.00**

*Thank you for your support of the NSCAC!*

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