

# National Supplier Clearinghouse Advisory Committee (NSCAC)

*Improving communication between the National Supplier Clearinghouse (NSC) and the supplier community*

## NSCAC MEETING MINUTES WITH THE NSC

**Date:** Wednesday, October 25, 2017

**Time:** 10:15am to 12:00pm

**Medtrade:** Room C108 – Compliments of VGM

**Present:** Joan Cross, Paula Koenig, Kimberlie Rogers-Bowers, Paula Koenig, Jolene Ward, Lisa Wells, Dan Fedor, Ronda Brummett, Judy Bunn, Shelia Roberson and Administration Rose Schafhauser. Guests: Missy Cross, Barb Stockert.

**NSC:** Nancy Parker, Michael Holloman. CBIC: Elaine Hensley.

Meeting opened at 10:01am. Minutes typed by Administration Rose Schafhauser.

1. Roll call was conducted.
2. Statement of protocol for meeting: Joan Cross reminded attendees of protocols.
3. Approval of the meeting minutes:
  - a. Motion to approve the July 2017 meeting minutes as presented by Jolene Ward.
  - b. Second by Paula Koenig.
  - c. Motion carried.
4. Updates:
  - a. NSC: Open enrollment next month. Update PAR status. If don't change anything, don't send anything.
  - b. Application contact person: There is a new change this month – the Welcome Letter and revalidation letter will be mailed to the physical address of the contact people on file.
    - i. If no contact person listed, the revalidation request will go to the revalidation address on file, if none, it will be mailed to the correspondence address. Welcome letters for new enrollments will go to the correspondence address if no address was provided for the contact person. Or, if you don't want it to go to the address of the contact, then don't put on an address.
    - ii. Letters are still going out on paper.
      1. This was effective 10-02-17. It will be posted soon.
  - c. Contract update: CMS extended to April 2018. With this 6 month extension, they are reaching their 10<sup>th</sup> anniversary of a 5 year contract.
    - i. CMS cannot extend the current NSC contract more than 6 months at a time.
  - d. Crosswalk for the accreditation categories and HCPCs code: A crosswalk is posted on the PDAC website. A list serve message will be going out in 1 week. It will be on the Dmepdac.com, under Resources, then Reports. The list will be published quarterly.
    - i. Most current is an Excel file. The 3<sup>rd</sup> Tab will be the Crosswalk.
    - ii. If they are any questions on what is on file – call PDAC coding line.
  - e. Licensure database: will be revamped. There will be a search function code by name – look by product code for licensure requirement for all states.
    - i. Question: if licensing board changes, how will the NSC know?
      1. Please let the NSC know.
5. Old business:
  - a. Site inspections: issues were forwarded to the NSC. Training issue that needs to be addressed should continue to be sent to the NSCAC to forward to the NSC. The NSC will address the issues that are presented.
    - i. Keeping little amount of inventory due to changes in reimbursement discussion: In order to estimate the value of inventory, supplier's most like are not stocking a lot of inventory and have been asked by site inspectors to submit invoices to justify the amount of billing. This causes volumes of copying and shipping to the NSC.
      1. The NSC does not want paper. If there is a question/concern, inspectors can ask for purchase agreements/contracts with sources they get their equipment from.
      2. If the supplier doesn't believe the request is appropriate – can tell the site inspector no, then contact the NSC to report.

### NSCAC Operations

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- b. CMS855S/Revalidations: There are no plans to stop sending revalidation letters. In PECOS and the CMS website, suppliers can see when their revalidations are due.
    - i. The NSC will accept revalidations up to 6 months before they are due – but it does affect their work load, so would prefer they not be sent prior to the NSC request – but suppliers can still do it. The revalidation dates is also on the CMS website. The NSC sends a list serve message when the CMS website is updated.
    - ii. No longer allow extensions: this started when they allowed revalidations to be sent 6 months prior to being due. Letters are now going out 60-90 days. Need to read the letter that is being sent. Will have 60 days to get the revalidations in.
  - c. Licensure/Accreditation: Licenses upload has been fixed.
  - d. Edit for Accreditation: The NSC reported In approximately a month, CMS will be sending letter to suppliers who had claims in recent period that would fail accreditation edit – will be education process before starting to denying claims.
    - i. These edits matches the crosswalk that will be on PDAC website.
    - ii. Effective in a month.
    - iii. Question: How long before the claims will start to deny?
      - 1. Edits were to start Oct 2, 2017, but does not know the timeline when the claims will deny.
    - iv. Question: Where is letter being sent?
      - 1. The NSC is not sure? They will check and let the NSCAC know.
  - e. DME PECOS Help Desk is challenging:
    - i. DO issues: Nancy had Michael test it looking at files on the examples provided. The issue is on the table at CMS. The NSC understands the issue, but cannot fix it, however, we will leave it on the agenda.
6. New business:
- a. Temporary interruptions on a larger and smaller scale where there are damages to buildings that cause interruptions from being able to service beneficiaries from that building and using a temporary location: Can get access remotely so they can still take care of customers in a temporary location. The supplier will not be changing address, but don't want to be at risk for a DNF. Is there a process that can be written up on the scenarios of what suppliers should do in a case of disasters?
    - i. If there is a disaster – the NSC will apply common sense. The first thing to do is give NSC a call, but this is not required. The DNF is another issue – that can't be changed. Suppliers can hold the mail, but there is a limit from the post office.
      - 1. Ask customer service to note in the file of the issue of the disaster. Site inspector is not the end all – NSC will still have the final say.
      - 2. Suggestion to not use the physical location as your address, but a PO Box.
    - ii. CBIC – what would they need in this situation?
      - 1. The CBIC indicated they would contact the supplier on large scale events.
        - a. They created an internal procedure in areas and looking at all perspectives. Going to call AO – or other official in that area.
        - b. If individual disaster – call liaison or send email through website or Elaine of the issue. Main thing is to be able to serve the patient.
        - c. Calling and emailing in the recent examples. Get calls from CMS regional office notifying the CBIC and can get a list of providers. Looked at other avenues as well. Do not want to make it a requirement to call.
  - b. Supplier standards link changed: The NSC reported that CMS changed link. Did not notify the suppliers on this. It was updated on the website back in January 2017. But suppliers were not notified so that they can update their forms for it is expensive to change. Will try to notify suppliers going forward should CMS make the change again.
  - c. Other business:
    - i. Fingerprinting how often will a person have to be fingerprinted?
      - 1. The NSC reported CMS is only requesting fingerprints one time. This just changed last week. CMS can periodically follow-up on the individual. Should not be asking for it again on that individual regardless if going to another company.
7. CBIC updates:
- a. Round 2019: do not have any updates and no further information since temporary delay announced. Just waiting for CMS.
  - b. Round 1: Status quo of contracts. Doing complaint resolutions. Last 2 weeks haven't seen in 1.
  - c. Round 2: continuing to get complaints – pertaining to O2, CPAP, and diabetic supplies. Most issues center around documentation issues. If there is documentation, may not be within timeframe or not. This has been an issue since July 2013 that has continued.
  - d. In May got large amounts of complaints –think it was from added staff at 1-800-Medicare.

- e. Asked if getting complaints of patient access?
    - i. Center around the documentation issues – CMS does call it access – suggested that adding the documentation problem for it is the right for the patient has a right to change contractors – if documentation doesn't exist – still won't qualify for items.
    - ii. In the last quarter this distinction was added. Send weekly reports to CMS weekly and monthly to Tangita. Then they report up to congressionally.
    - iii. Other access issues – Jacksonville FL – CBIC liaison going to quarterly meetings – not hearing as much.
    - iv. Get pockets of issues and not globally.
    - v. Some access issues – working with case managers to educate them to resolve issues with contract suppliers and usually goes back to documentation.
  - f. Reports now coming out the discharge planners are calling several days before discharge just so that they can get the equipment faster. This of course is causing denials for the patient being an inpatient or SNF.
8. Future NSCAC/NSC meetings: reviewed upcoming dates.
9. Adjournment: adjourned the meeting at 11:11am.