

# National Provider Enrollment Advisory Committee (NPEAC)

## **MISSION STATEMENT**

The NPEAC shall be a communications vehicle between the home medical equipment (HME) industry and the National Provider Enrollment (NPE). The NPE 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 NPE staff; meeting with the NPE on a periodic basis; providing the communication tools to facilitate thorough and prompt transfer of information to, and from, the NPEAC 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.



## **NPEAC 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 national/regional/small suppliers/providers, national associations, 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 Committee business.

Non-voting representatives, such as HME providers/consultants/accreditation agencies, etc., 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 Committee business.

\* Fees may change depending on the financial needs of the Committee by majority vote of the NPEAC voting members.

**Dues are on a calendar year basis.**

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

**NPEAC 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)**

# National Provider Enrollment Advisory Committee (NPEAC)

**Pick your level of membership below:**

## ☐ **ALLIED MEMBERSHIP**

Allied members, such as national/regional/small suppliers/providers, national associations, 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 Committee business.

### **ALLIED MEMBER INVOICE**

**NPEAC Allied Membership Dues \$500**

**Make Checks payable to the NPEAC**

**Name of contact and Company name:**

**Address:**

**City: State: Zip:**

**Phone: Fax:**

**Email:**

**Total Due \$500.00**

*Thank you for your support*

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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 NPEAC voting membership in a case-by-case basis. Once approved, the representative may join the Committee 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**

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

**Make Checks payable to the NPEAC**

**Name of contact and Company name:**

**Address:**

**City: State: Zip:**

**Phone: Fax:**

**Email:**

**Total Due \$300.00**

*Thank you for your support!*

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