Your Guide

to Medicare's Durable Medical Equipment, Prosthetics, Orthotics, & Supplies (DMEPOS) Competitive Bidding Program

CENTERS FOR MEDICARE & MEDICAID SERVICES

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users should call 1-877-486-2048.

"Your Guide to Medicare's Durable Medical Equipment Prosthetics, Orthotics, & Supplies (DMEPOS) Competitive Bidding Program" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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SECTION

1 Introduction

What's the Competitive Bidding Program?

Medicare's Competitive Bidding Program for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS):

- Changes the amount Medicare pays for certain DMEPOS items
- Makes changes to which suppliers Medicare will pay to supply these items to you

Under this program, suppliers submit bids to provide certain medical equipment and supplies. Medicare uses these bids to set the amount it will pay for those equipment and supplies under the competitive bidding program. Qualified, accredited suppliers with winning bids are chosen as Medicare contract suppliers. The program:

- Helps you and Medicare save money
- Ensures that you have access to quality medical equipment, supplies, and services from suppliers you can trust
- Helps limit Medicare fraud and abuse

Using a Medicare contract or grandfathered supplier

It's important to know if you're affected by this program to make sure Medicare will help pay for your item and to avoid any disruption of service. If you have Original Medicare, live in one of the competitive bidding areas, and use equipment or supplies included under the program (or get the items while visiting a competitive bidding area), you generally must use Medicare contract suppliers if you want Medicare to help pay for the item. If you live in one of the competitive bidding areas and you're renting oxygen equipment or certain other durable medical equipment (DME) at the time the program starts, you can continue renting these items from your current supplier if that supplier gets a new contract or decides to participate in the program as a "grandfathered" supplier. If you live in (or get these items while visiting) these areas and don't use a Medicare contract or a grandfathered supplier, Medicare probably won't pay for the item, and you may have to pay full price.

Am I affected if I'm in a Medicare Advantage Plan?

The competitive bidding program applies to Original Medicare only. If you're enrolled in a Medicare Advantage Plan (like an HMO or PPO), your plan will notify you if your supplier is changing. If you're not sure, contact your plan.

SECTION 2

Items & areas

Are you affected by this program?

You're affected by the DMEPOS Competitive Bidding Program if both of these apply:

- You get a competitive bid item.
- You live in (or get a competitive bid item while visiting) a ZIP code included in a competitive bidding area (CBA).

Competitively bid items and a list of CBAs by state are found below and on the next 3 pages. To check if an item you use is included in the program, visit Medicare.gov/supplier, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have diabetes testing supplies delivered to your home by mail, you're affected by the DMEPOS Competitive Bidding Program. The program includes a national mail-order competition for diabetic test strips that includes all parts of the U.S., including the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa.

Competitively Bid Items	
Commode chairs	Patient lifts
Continuous positive airway pressure (CPAP) devices and related supplies	Respiratory assist devices (RADs) and related supplies
Diabetic test strips (mail-order only)*	Scooter and related accessories
Enteral nutrient equipment and supplies	Seat lifts
External infusion pumps and supplies**	Support surfaces (group 1 and group 2)
Hospital beds and related accessories	Transcutaneous electrical nerve stimulation (TENS) devices
Nebulizers (standard) and related supplies	Walkers
Negative Pressure Wound Therapy (NPWT) pumps and related supplies	Wheelchairs (standard power or manual) and related accessories
Oxygen and related equipment and supplies	

* Includes all parts of the U.S., including the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa. Doesn't include glucose meters.

** Only included in the DMEPOS Competitive Bidding Program in certain areas (see CBAs shown in **ALL BOLD CAPS** on the next 3 pages). These items won't be included in the program beginning January 1, 2017.

Competitive Bidding Areas (CBAs) by State

State	CBA Name	
AL	Birmingham-Hoover	
AR	Little Rock-North Little Rock-Conway	
AZ	Phoenix-Mesa-Scottsdale	Tucson
CA	Bakersfield	Sacramento–Roseville–Arden-Arcade
	Fresno	San Diego-Carlsbad
	Los Angeles County	San Francisco-Oakland-Hayward
	Orange County	San Jose-Sunnyvale-Santa Clara
	Oxnard-Thousand Oaks-Ventura	Stockton-Lodi
	RIVERSIDE-SAN BERNADINO-ONTARIO*	Visalia-Porterville
CO	Colorado Springs	Denver-Aurora-Lakewood
CT	Bridgeport-Stamford-Norwalk	New Haven-Milford
	Hartford-West Hartford-East Hartford	
DC	Washington	
DE	Wilmington	
FL	Cape Coral-Fort Myers	North Port-Sarasota-Bradenton
	Deltona-Daytona Beach-Ormond Beach	Ocala
	Jacksonville	**ORLANDO-KISSIMMEE-SANFORD ***
	Lakeland-Winter Haven	Palm Bay-Melbourne-Titusville
	MIAMI-FORT LAUDERDALE-WEST PALM BEACH *	Tampa-St. Petersburg-Clearwater
GA	Atlanta-Sandy Springs-Roswell	Catoosa, Dade & Walker Counties
	Augusta-Richmond County	
HI	Honolulu	
IA	Council Bluffs	
ID	Boise City	

State	CBA Name	
IL	Aurora-Elgin-Joliet	East St. Louis
	Chicago-Naperville-Arlington Heights	Lake & McHenry Counties
IN	**DEARBORN, FRANKLIN, OHIO & UNION COUNTIES***	Indianapolis-Carmel-Anderson
	Gary	Jeffersonville-New Albany
KS	**KANSAS CITY-OVERLAND PARK-OTTAWA***	Wichita
KY	**COVINGTON-FLORENCE-NEWPORT***	Louisville-Jefferson County
LA	Baton Rouge	New Orleans-Metairie
MA	Boston-Cambridge-Quincy	Springfield
	Bristol County	Worcester
MD	Baltimore-Columbia-Towson	Silver Spring-Rockville-Bethesda
	Calvert, Charles & Prince George's Counties	
MI	Detroit-Warren-Dearborn	Grand Rapids-Wyoming
	Flint	
MN	Minneapolis-St. Paul-Bloomington	
MO	**KANSAS CITY***	St. Louis
MS	Jackson	South Haven-Olive Branch
NC	Asheville	Greensboro-High Point
	CHARLOTTE-CONCORD-GASTONIA*	Raleigh
NE	Omaha	
NH	Rockingham & Strafford Counties	
NJ	Camden	Jersey City-Newark
	Elizabeth-Lakewood-New Brunswick	
NM	Albuquerque	
NV	Las Vegas-Henderson-Paradise	
NY	Albany-Schenectady-Troy	Poughkeepsie-Newburgh-Middletown
	Bronx-Manhattan	Rochester
	Buffalo-Cheektowaga-Niagara Falls	Suffolk County

State	CBA Name	
NY (continued)	Nassau, Kings, Queens & Richmond Counties	Syracuse
	Port Chester-White Plains-Yonkers	
OH	Akron	Dayton
	CINCINNATI*	Toledo
	CLEVELAND-ELYRIA*	Youngstown–Warren–Boardman
	Columbus	
OK	Oklahoma City	Tulsa
OR	Portland-Hillsboro-Beaverton	
PA	Allentown-Bethlehem-Easton	**PITTSBURGH***
	Mercer County	Scranton–Wilkes-Barre–Hazleton
	Philadelphia	
RI	Providence	
SC	Aiken & Edgefield Counties	Columbia
	Charleston-North Charleston	Greenville-Anderson-Mauldin
	CHESTER, LANCASTER & YORK COUNTIES*	
TN	Chattanooga	Memphis
	Knoxville	Nashville–Davidson–Murfreesboro–Franklin
TX	Austin-Round Rock	Houston–The Woodlands–Sugar Land
	Beaumont-Port Arthur	McAllen–Edinburg–Mission
	DALLAS-FORT WORTH-ARLINGTON*	San Antonio-New Braunfels
	El Paso	
UT	Salt Lake City	
VA	Arlington-Alexandria-Reston	Virginia Beach–Norfolk–Newport News
	Richmond	
WA	Seattle-Tacoma-Bellevue	Vancouver
WI	Kenosha County	Pierce & St. Croix Counties
	Milwaukee-Waukesha-West Allis	
WV	Huntington	

*External infusion pumps and supplies are included in the DMEPOS Competitive Bidding Program in these areas only. The items won't be included in the program beginning January 1, 2017.

SECTION 3

What Medicare will pay

Do I have to get my medical equipment and/or supplies from a Medicare contract supplier?

If your doctor or treating health care provider orders equipment or supplies that are included in the competitive bidding program where you live or visit, you generally must get your equipment or supplies from a Medicare contract supplier for Medicare to pay for the item. However, in certain cases, your doctor or treating health care provider can sometimes supply a walker, folding manual wheelchair, or external infusion pump*:

- When you're getting other medical care even if he or she isn't a Medicare contract supplier.
- If you're hospitalized and need one while you're admitted or on the day you're discharged from the hospital.

You may also be able to continue to rent some types of medical equipment from your current supplier, if that supplier chooses to be a "grandfathered" supplier. In these situations, Medicare will still help you pay for these items.

Do I have to change suppliers if I was renting equipment from a supplier that doesn't have a new contract with Medicare?

If you live in one of the competitive bidding areas and you're renting oxygen equipment or certain other durable medical equipment (DME) at the time the program starts (like when contracts for a given round of bidding take effect), and your supplier doesn't get a new contract, you may still be able to stay with that supplier if they decide to be a grandfathered supplier. This means a supplier may continue to rent equipment to you if you were renting the equipment when the program started. This rule applies only to oxygen and oxygen equipment, and rented DME. You may continue using the grandfathered supplier until the rental period for your equipment ends. If you start renting additional equipment from a grandfathered supplier after the program starts, Medicare won't pay for the new equipment. If you were renting equipment that's eligible for grandfathering, your supplier should have let you know in writing 30 business days before the program began whether it would or wouldn't become a grandfathered supplier.

Once you own the equipment, you must get replacement supplies and accessories for the equipment from a contract supplier for Medicare to help you pay for these items.

If you already own your equipment, you'll need to use a Medicare contract supplier for your replacement supplies and accessories, like masks used with the CPAP device.

Where can I find DMEPOS suppliers I can use in my area?

For a list of suppliers you can use in your area, go to Medicare.gov/supplier. You can also get this information by calling 1-800-MEDICARE (1-800-633-4227). A customer service representative can help you find a supplier. TTY users should call 1-877-486-2048.

What happens if my supplier doesn't have a new contract and decides NOT to become a grandfathered supplier?

You need to decide whether to continue to rent from your current supplier and pay all the costs, or switch to a Medicare contract supplier. A supplier that doesn't have a new contract and decides not to become a grandfathered supplier is required to notify you and pick up the item from your home after the program starts. Your supplier must notify you 3 times before it can pick up the item:

1. The supplier must send you a letter at least 30 business days before the program starts telling you that it will no longer provide rental items to you after a certain date. This letter will tell you the date that a Medicare contract supplier must start to provide you with the rented item.
2. Before the supplier can pick up your equipment, it must call you 10 days before picking up the item to make arrangements for pick up at an agreed upon time.
3. The supplier must call you again 2 business days before picking up the item.

A supplier that isn't grandfathered can't pick up a medically necessary item(s) before the end of the last rental month for which the supplier is eligible to get a rental payment, even if the last day of the rental month occurs after the program starts. If you change to a Medicare contract supplier, your old supplier should work with the contract supplier so there isn't a break in service. Keep the pickup slip or other documentation from the supplier that shows you no longer have the item.

Example:

If the anniversary date of the equipment rental is June 27 and the end date for the monthly rental period is July 26, the current supplier would pick up the old equipment no earlier than July 27, and the new contract supplier would deliver the new equipment on July 27.

What if I don't hear from my supplier?

If you don't hear from your supplier, you should contact them. You need to find out if it's a contract supplier or a grandfathered supplier. If it isn't, you may need to find a Medicare contract supplier for Medicare to pay.

I have Medicare and Medicaid. Will Medicaid cover an item I get from a non-contract supplier if Medicare doesn't cover it?

If you have Medicare and Medicaid and live in a competitive bidding area, you'll have to get supplies and equipment from a Medicare-contract supplier. Medicaid will pay the cost-sharing amounts (deductibles and coinsurance) for those services.

- If you're a Qualified Medicare Beneficiary (QMB) only, Medicaid pays Medicare deductibles, coinsurance, and copayment amounts only. If Medicare denies payment, Medicaid won't pay for the item.
- If you're a Qualified Medicare Beneficiary (QMB) Plus, Specified Low-Income Medicare Beneficiary (SLMB) Plus, or other Full Benefit Dual Eligible (FBDE) beneficiary, you'll still be able to get supplies and equipment that Medicare doesn't cover, but your state Medicaid program does, from any Medicaid-participating provider.

Do I have to change doctors?

No. This program doesn't affect which doctors you can use.

What if I need a specific brand or mode of delivery of a competitively bid item or service?

If you need a particular brand or mode of delivery of an item or service in order to avoid an adverse medical outcome, your doctor must prescribe the specific brand or mode of delivery in writing. Your doctor must document in your medical record why this specific brand or mode of delivery is needed in order to avoid an adverse medical outcome. In these situations, a Medicare contract supplier is required to:

- Give you the exact brand or mode of delivery of the item or service your doctor authorizes for you
- Help you find another contract supplier that offers that brand or mode of delivery
- Work with your doctor to find an appropriate alternative brand or mode of delivery and get a revised written prescription

What if I travel away from home and need to get medical equipment or supplies?

If you live in an area participating in the program and travel outside the area in which you live for most of the year, you may or may not need to use a contract supplier to get items you need while you're away. If you travel to an area that is not included in the program, you don't have to get the items from a contract supplier, unless the items are mail order diabetic supplies. In all cases (other than supplies delivered to the Northern Mariana Islands), you must get mail order diabetic supplies from a contract supplier. If you travel to an area included in the program, you must get any medical equipment or supplies included in the program from a Medicare contract supplier if you want Medicare to help you pay for it. Your out-of-pocket costs will be the same as when you're at your permanent home. You'll still be responsible for paying the 20% coinsurance after meeting your yearly Part B deductible.

If you permanently live in…	And travel to…	Medicare will help you pay for supplies furnished by…
An area participating in the program	A different area participating in the program	A Medicare contract supplier located in the area you traveled to for items included in the program*
An area participating in the program	An area NOT participating in the program	Any Medicare-approved supplier
An area NOT participating in the program	An area participating in the program	A Medicare contract supplier located in the area you traveled to for items included in the program*
An area NOT participating in the program	An area NOT participating in the program	Any Medicare-approved supplier

* If you don't use a Medicare contract supplier, the supplier may ask you to sign an "Advance Beneficiary Notice" (ABN). This notice tells you that Medicare probably won't pay for the item or service. The supplier may require you to pay for the full cost of the item.

Notes

SECTION 4

Cost

Will my costs change?

Yes. Competitively bid payment amounts are less than what Medicare pays in areas that aren't competitive bidding areas. When Medicare pays less, you'll pay less too.

It's important to know that for any equipment or supplies that are included in the competitive bidding program, the Medicare contract supplier can't charge you more than the 20% coinsurance and any unmet yearly deductible. If you think that you're paying more coinsurance than the Medicare-approved amount, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Do I still have to pay my deductible?

Yes. You still have to pay your yearly Part B deductible whether or not you live in a competitive bidding area or the equipment or supplies your doctor orders are included in the program. Each year, you must pay the deductible before Medicare starts to pay its share. After you meet the deductible, Medicare pays 80% of the Medicare-approved amount for equipment, supplies, and services.

How does Medicare pay for equipment or supplies if I have other insurance?

If you have other insurance that pays before Medicare, it may require you to use a supplier that isn't a contract supplier. In those cases, Medicare may make a secondary payment to that supplier. The supplier must meet Medicare enrollment standards and be eligible to get secondary payments from Medicare. For more information, check with your insurance company, plan provider, or benefits administrator.

What if I get my medical equipment or supplies from a supplier who isn't a Medicare contract supplier?

If you live in one of the competitive bidding areas, get an item included in the program from a supplier who isn't a Medicare contract supplier, and none of the exceptions found on page 11, under **Do I have to get my medical equipment and/or supplies from a Medicare contract supplier?** apply, Medicare will most likely not pay for the item. In these situations, you may be asked to sign an "Advance Beneficiary Notice" (ABN). This notice tells you that Medicare probably won't pay for the item or service, and that you may be responsible for paying the entire cost.

SECTION 5

Item-specific information

What do I need to know if I buy diabetic supplies, like test strips or lancets?

Medicare has implemented a national mail-order program for diabetic testing supplies. The national mail-order program includes the 50 states, the District of Columbia, Puerto Rico, the U .S. Virgin Islands, Guam, and American Samoa.

This program allows you to continue getting quality supplies while saving money. The term mail-order includes all home deliveries. You need to use a Medicare national mail-order contract supplier for Medicare to pay for your mail-order diabetic testing supplies that are delivered to your home. If you don't want your diabetic testing supplies delivered to your home, you can go to any local store that's enrolled with Medicare and buy them there.

Medicare's allowed payment amount is the same for mail-order and non-mail-order diabetic testing supplies. National mail-order contract suppliers can't charge you more than any unmet deductible and 20% coinsurance. Local stores also can't charge more than the deductible and 20% coinsurance if they accept assignment, which means they accept Medicare's allowed amount as payment in full. Local stores that don't accept Medicare assignment may charge more than 20% coinsurance and any unmet deductible. Therefore, if you get your supplies from a local store, check with the store to find out what your copayment will be.

Here are some other points to remember:

- This program doesn't require that you change your testing monitor. If you're happy with your current monitor, look for a mail-order contract supplier or local store that can provide the supplies you need.

What do I need to know if I buy diabetic supplies like test strips or lancets (continued)?

- If you switch suppliers, you might need to get a new prescription for testing supplies or arrange to have your current prescription transferred. Plan ahead before you run out of supplies.
- Contract suppliers can't make you switch to another glucose monitor and testing supplies brand. Contract suppliers must provide the brand of testing supplies that works with your monitor. If the contract supplier doesn't carry your brand of testing supplies, you can ask the contract supplier about other brands they offer. However, the supplier can't start this conversation.
- Medicare has rules to protect you from uninvited supplier phone calls. If you believe you've been pressured to switch suppliers, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

What do I need to know if I use enteral nutrients, supplies, and equipment?

- If you're getting these supplies or equipment in a skilled nursing facility (SNF) or nursing facility, you don't need to do anything. The facility will make sure that you get your Medicare-covered enteral nutrients, supplies, and equipment.
- If you permanently live in a competitive bidding area, you'll need to get your enteral nutrients and supplies (feeding supplies) from a Medicare contract supplier for Medicare to pay. If your current supplier isn't a contract supplier, then you'll probably have to change to a contract supplier for Medicare to help pay.
- Depending on how long you've been renting your enteral nutrition equipment (feeding pump), you might not need to get the equipment from a contract supplier.
  - If you've been renting an enteral infusion pump on a continuous basis for **at least 15 months**, your supplier must continue to provide you with the pump as long as it's medically necessary, even if the supplier isn't a contract supplier. If your current supplier isn't a contract supplier, your supplier can't pick up the pump from you because Medicare is still covering it.

What do I need to know if I use enteral nutrients, supplies, and equipment? (continued)

- If you've been renting an enteral infusion pump for **less than 15 months**, and your current supplier isn't a Medicare contract supplier under the program, then you'll have to change suppliers for Medicare to pay. However, your current supplier isn't allowed to pick up any equipment or supplies from you until the last day of the last rental month that began before the program started. Your current supplier and your Medicare contract supplier must work together and coordinate to make sure you have the equipment you need. For example, if you've paid for a rental pump with your current supplier through the end of December, they must continue to provide the equipment you need through December 31 and make sure they work with your new contract supplier so you don't have any breaks in service.

What do I need to know if I use a walker?

- If you need a replacement walker, you may need to find a contract supplier for Medicare to help you pay for the item.
- If you're renting these types of equipment when the program starts, you may be able to stay with your current supplier if your supplier gets a new contract or chooses to become a grandfathered supplier. Your supplier will let you know in writing 30 business days before the program starts whether it will or won't become a grandfathered supplier. See page 6.

What do I need to know if I use a walker? (continued)

- When you switch to a Medicare contract supplier, your current supplier and your new Medicare contract supplier must work together to make sure you have the equipment you need.
- You can use any Medicare-enrolled supplier (including a non-contract supplier) to make repairs to a walker or wheelchair that you currently own, including replacement parts needed for the repair. See page 25.

What do I need to know if I use oxygen, oxygen equipment, and supplies?

- If your current supplier is a Medicare contract supplier, you don't have to do anything. You'll continue to get your oxygen or oxygen equipment as usual, and Medicare will continue to help pay.
- If you're renting these types of equipment from a non-contract supplier when the program starts, you may have the choice to stay with your current supplier if your supplier chooses to become a grandfathered supplier. Your supplier will let you know in writing 30 business days before the program starts whether it will or won't become a grandfathered supplier. See page 6.
- When you switch to a Medicare contract supplier, your current supplier and your new Medicare contract supplier must work together and coordinate to make sure you have the equipment you need.

What do I need to know if I use oxygen, oxygen equipment, and supplies? (continued)

Under current rules for oxygen, Medicare pays suppliers a monthly fee for providing all medically necessary oxygen and oxygen equipment, including accessories and supplies, like tubing or a mouthpiece. Assuming that you've met your yearly Part B deductible, Medicare pays 80% of the allowed amount, and you pay 20%. After 36 months of continuous use, Medicare stops making rental payments for the oxygen equipment, but, in almost all cases, you'll continue to get the oxygen equipment, accessories, and supplies from the same supplier with no rental charge until the end of the reasonable useful lifetime of the oxygen equipment (generally 5 years after the date that the equipment was delivered to you). If you've been renting your equipment for 27–35 months and you switch to a Medicare contract supplier, you may have to pay for renting the equipment for a few months longer than expected (from 1–9 months beyond the 36 month period) before your rental payments stop. This will result in additional months of coinsurance.

However, the amount you pay may be lower than before. Talk with your new supplier about how this affects you, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.

- If you've been renting your equipment for 36 months, you don't need to do anything. Your current supplier must continue to provide your equipment at no additional rental charge until the equipment needs to be replaced because it has reached the end of its reasonable useful lifetime. When your equipment needs to be replaced because it's too old, you'll need to get replacement equipment from a contract supplier.

What do I need to know if I rent

- Continuous Positive Airway Pressure (CPAP) devices,
- respiratory assist devices (RADs),
- walkers,
- standard power wheelchairs,
- scooters,
- hospital beds,
- support surfaces (including certain mattresses and overlays),
- transcutaneous electrical nerve stimulation (TENS) devices,*
- commode chairs,*
- nebulizers,*
- patient lifts,*
- seat lifts,*
- negative pressure wound therapy pumps,* or
- external infusion pumps?*

First, you need to determine if you reside in a ZIP code that is part of the DMEPOS Competitive Bidding Program. To do this, visit Medicare.gov/supplier, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you don't live in a ZIP code that's part of the DMEPOS Competitive Bidding Program, you can continue to rent your equipment from any enrolled DMEPOS supplier. If you live in a ZIP code that's part of the DMEPOS Competitive Bidding Program, you should see if the item you're renting is a competitively bid item for your area as items listed with an asterisk above are part of the program in some but not all competitive bidding areas.
See pages 8–10.

If you live in a competitive bidding area and are renting a competitively-bid item:

- If your current supplier is a Medicare contract supplier, you don't have to do anything. You'll continue to get your equipment as usual, and Medicare will continue to help pay.
- If you're renting these types of equipment from a non-contract supplier when the program starts, you may be able to stay with your current supplier if your supplier gets a new contract or chooses to become a grandfathered supplier. Your supplier will let you know in writing 30 business days before the program starts whether it will or won't become a grandfathered supplier. See page 6.

What do I need to know if I rent (continued)

- When you switch to a Medicare contract supplier, your current supplier and your new Medicare contract supplier must work together to make sure you have the equipment you need.
- Under current Medicare rules, you own these types of equipment after renting them for 13 months. When you switch to a Medicare contract supplier instead of using a grandfathered supplier or other non-contract supplier, your 13-month rental period will start over, so you won't own the equipment until after the new rental period ends. This will extend your rental period and result in additional months of coinsurance. However, the amount you pay may be lower.
- Once you own the equipment, you must get replacement supplies and accessories for the equipment from a contract supplier for Medicare to help you pay for these items. You may get repairs for the equipment you own from any Medicare-approved supplier (even a non-contract supplier), including replacement parts needed for the repair.
- If you already own your equipment, you'll need to use a Medicare contract supplier for your replacement supplies and accessories, like masks used with the CPAP device.

What do I need to know if I need to repair and replace equipment I own?

- If you own medical equipment that's included in the program, you can use any Medicare-approved supplier (even a non-contract supplier) for repairs or replacement parts needed for the repair of your equipment. Before your equipment is serviced, make sure the supplier is enrolled in Medicare so Medicare can help pay. A "Medicare-enrolled" supplier means any supplier that can submit claims to Medicare.
- If you need to replace your medical equipment, you must use a Medicare contract supplier for Medicare to help pay for the equipment.
- Medicare doesn't pay for repairs that are covered under a manufacturer's or supplier's warranty. If you need warranty repairs, follow the warranty rules.
- If you're renting medical equipment, repair costs are included in the rental payments. The supplier renting you the equipment must fix it at no additional charge to you.

What do I need to know if I need to repair and replace equipment I own? (continued)

- Accessories for equipment like CPAP tubing and masks are replacement items. These items must be provided by a contract supplier for Medicare to pay. If you continue renting durable medical equipment (DME) from a grandfathered supplier, that supplier can also provide replacement accessories for use with the equipment for as long as the equipment is rented rather than owned by you. Blood glucose test strips and lancets are also replacement items and in all cases must be provided by a mail-order contract supplier if you get them delivered to your home and don't pick them up in person at a local store.
- If Original Medicare already paid for DME (like a wheelchair or walker) or supplies (like diabetic supplies) and it has been damaged or lost due to an emergency or disaster:
  - In certain cases, Medicare may cover the cost to repair or replace your equipment or supplies
  - Generally, Medicare may also cover the cost of rentals for items (such as wheelchairs) during the time your equipment is being repaired

If a Medicare Advantage Plan or other Medicare health plan paid for your equipment or supplies, contact your plan directly to find out how it replaces DME or supplies damaged or lost in an emergency or disaster. You also can call 1-800-MEDICARE (1-800-633-4227) to get more information about how to replace your equipment or supplies.

Where can I get more information about the Competitive Bidding Program?

If you're currently renting, own, or need DME or supplies and have any questions about what's covered or about suppliers, you can get information by:

- Visiting Medicare.gov/supplier to find Medicare contract suppliers in your area and information about the program.
- Calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Calling your State Health Insurance Assistance Program (SHIP) for free health insurance counseling and personalized help understanding the program. To get the phone number for your state, visit shiptacenter.org, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

SECTION

Rights & protections

6

What if I have a complaint?

You may file a complaint with your supplier. The supplier must let you know they got your complaint and are investigating it within 5 calendar days. Within 14 days, the supplier must send you the result and their response in writing. You may also make a complaint by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Complaints that can't be resolved by a 1-800-MEDICARE customer service representative will be referred to the appropriate office.

How can Medicare contract suppliers advertise?

The same marketing rules and regulations for Original Medicare apply to the competitive bidding program. For example, suppliers can't misuse symbols, emblems, or names in reference to Social Security or Medicare.

In addition, Medicare has specific standards for marketing to people with Medicare. Suppliers can't make uninvited contact with you by phone about supplying a Medicare-covered item unless one of these situations applies:

- You've given written permission to the supplier to contact you about a Medicare-covered item that you need to rent or buy.
- The supplier is coordinating delivery of the item.
- The supplier is contacting you about providing a Medicare-covered item other than a covered item you already have, and the supplier has provided at least one covered item to you during the previous 15-month period.

How can Medicare contract suppliers advertise? (continued)

For more information about your rights and protections, visit Medicare.gov. Or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

What other rules must Medicare contract suppliers follow?

All Medicare contract suppliers have to meet special competitive bidding program requirements, federal quality standards, state licensure requirements, be in good standing with Medicare, and be accredited by an Independent Accreditation Organization. Medicare contract suppliers must:

- Accept assignment for all contract items. This means they can't charge you more than the Medicare-approved amount.
- Offer the same brands of equipment to Medicare and non-Medicare customers.
- Make competitively bid items and supplies available throughout the entire competitive bidding area.
- Only provide equipment that meets all applicable Food and Drug Administration regulations, effectiveness, and safety standards.
- Maintain equipment according to manufacturer's guidelines.
- Provide all equipment using educated professionals who meet applicable licensure requirements.
- Make available a competent professional to provide or arrange for necessary repairs or replacement of existing equipment.
- Provide safe operating equipment.
- Provide equipment that's consistent with the doctor's prescription.
- Provide appropriate instructions and training on the safe use and maintenance of the equipment.
- Be aware of changes in your medical needs and work together with your doctor.

What other rules must Medicare contract suppliers follow? (continued)

Note: If you use respiratory equipment, your contract supplier must also:

- Provide access to respiratory services 24 hours a day, 7 days a week
- Make sure all equipment is provided by educated professionals who follow nationally-recognized guidelines for safe and effective patient care

If you use respiratory equipment and need assistance, a knowledgeable professional will come to your home, if necessary, to provide additional equipment or to troubleshoot issues with existing equipment.

Can a Medicare contract supplier work with other suppliers to get what I need?

Your Medicare contract supplier may work with other suppliers (subcontractors) to provide you and other customers with certain services, like delivering or installing equipment. Your Medicare contract supplier (not the subcontractor) should work with you directly when making arrangements for services. Subcontractors shouldn't market to you directly. If you have questions about the subcontractor, talk to your Medicare contract supplier. You can find their phone number by visiting Medicare.gov/supplier or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Who do I contact if I don't think a supplier is following these rules?

If you don't think a supplier is following these rules, you can file a complaint with the Competitive Acquisition Ombudsman. The Competitive Acquisition Ombudsman must respond to individual and supplier inquiries, issues, and complaints.

The Ombudsman reviews the concerns raised by people with Medicare through 1-800-MEDICARE and through your State Health Insurance Assistance Program (SHIP).

Visit Medicare.gov/Ombudsman/resources.asp for information on inquiries and complaints, activities of the Ombudsman, and what people with Medicare need to know.

Notes

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

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CMS Product No. 11461
Revised June 2016