

# Resolving DME Supplier Surety Bond & Enrollment (or re-enroll) Issues



**PRESENTED BY:**  
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Pamela Fritz, an optical industry veteran of over 30 years, is President of Ophthalmology Resources, Inc, a firm which specializes in financial and operational management of the optical dispensary.  
Their clients include 100's of dispensing MD and OD practices across the US. They specialize in start-up dispensaries for MD's. Fritz is an expert in Medicare Post-op Cataract Eyewear giving workshops nationwide and at the AAO Annual Meeting.  
She serves on the Provider Outreach and Education Panels for Medicare's DME Contractors in Region A (NHIC) Region B (NGS) and Region D (Noridian).

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## The New Regulations

- **March 25, 2011**  
(Federal Register, Feb 2, Vol. 76, No.22)
- **Requires a \$505 fee**
- **Enrollment, re-enrollment per location**
- **Re-activation does not require fee**

## Surety Bonds

- **Physicians are exempt for their optical UNLESS they fill outside Rx's for post-op cataract eyewear**
- **Optometrists are exempt for their optical UNLESS they fill outside Rx's for post-op cataract eyewear**
- **The optical can qualify for physician/OD exemption only if the shop and the practice are under/within the same TIN # and business structure (part of the same corp.)**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM 100-0100  
03/01/11

**MEDICARE PARTICIPATING PHYSICIAN OR SUPPLIER AGREEMENT**

Name and address of participant\* \_\_\_\_\_  
 National Provider Identifier (NPI) \_\_\_\_\_

\*List all names and the NPI under which the participant files claims with the Medicare Administrative Contractor (MAC) under which this agreement is being filed.

The above named person or organization, called "the participant," hereby enters into an agreement with the Medicare program to accept assignment of the Medicare Part B payments for all services for which the participant is eligible to accept assignment under the Medicare fee and regulations and which are furnished under this agreement, as in effect.

1. **Assignment of Assignment:** For purposes of this agreement, accepting assignment of the Medicare Part B payment means accepting direct Part B payments from the Medicare program. Under an assignment, the participant, designated by the MAC/Contractor, shall be the bill charge for the service covered under Part B. The participant shall not collect from the beneficiary or other person or organization for covered services more than the applicable deductible and coinsurance.

2. **Effective Date:** If the participant files the agreement with any MAC/Contractor during the enrollment period, the agreement becomes effective.

3. **Term and Termination of Agreement:** This agreement shall continue in effect through December 31 following the date the agreement becomes effective and shall be renewed automatically for each 12 month period January 1 through December 31 thereafter unless one of the following occurs:

a. During the enrollment period provided near the end of any calendar year, the participant notifies in writing every MAC/Contractor with whom the participant has that the agreement or a copy of the agreement that the participant wishes to terminate the agreement at the end of the current term. In the event such notification is mailed or delivered during the enrollment period provided near the end of any calendar year, the agreement shall end on December 31 of that year.

b. The Centers for Medicare & Medicaid Services may find, after notice to and opportunity for a hearing for the participant, that the participant has substantially failed to comply with the agreement. In the event such a finding is made, the Centers for Medicare & Medicaid Services will notify the participant in writing that the agreement will be rescinded at a time designated in the notice. Civil and criminal penalties may also be imposed for violation of the agreement.

Signature of participant or authorized representative of participating organization \_\_\_\_\_ Date \_\_\_\_\_  
 Title of signor is authorized representative of organization \_\_\_\_\_ Office Phone Number (including area code) \_\_\_\_\_  
 Respected by name of carrier \_\_\_\_\_ Address of Carrier Office \_\_\_\_\_ Effective Date \_\_\_\_\_

According to the Payment Reduction Act of 1990, no person is required to register to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0102. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, review and approve the collection of information, and the time to review and approve the collection of information. If you have any comments on this information collection, please write to: OMB, Paperwork Reduction Project (0938-0102), Washington, DC 20503.



**DME MAC (Medicare Administrative Contractor) web-sites**

- Region A [www.medicarenhic.com](http://www.medicarenhic.com)
- Region B [www.ngsmedicare.com](http://www.ngsmedicare.com)
- Region C [www.cignagovernmentservices.com](http://www.cignagovernmentservices.com)
- Region D [www.noridianmedicare.com](http://www.noridianmedicare.com)

**[www.cms.gov](http://www.cms.gov)**

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## Thank You!

**For attending today's Webinar**

Pam Fritz is available for further individual consultation to solve all your DME issues.

Consultation Fees Available Upon Request

**To set up an appointment**

**Call 860-669-9057**

**Or Email**

**[pfmdresources@sbcglobal.net](mailto:pfmdresources@sbcglobal.net)**

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