



The Medicare Competitive Acquisition Ombudsman Overview of the Competitive Bidding Program Implementation

Presented to: The CMS Employer Forum

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“Fairness and Access”



Today's Presentation

- Overview/Update of DMEPOS Competitive Bidding Implementation
- The Role of the Medicare Competitive Acquisition Ombudsman
- Customer Service: Putting Beneficiaries First
- Questions and Answers

Overview / Update of DMEPOS Competitive Bidding Implementation

DMEPOS Competitive Bidding Program

The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program:

- Reduces out-of-pocket expenses for Medicare beneficiaries
- Ensures beneficiaries receive quality products from qualified suppliers
- Saves the Medicare Program money

Round 1 Rebid Competitive Bidding Areas (CBAs)

Rebid Covers Nine CBA's:

- Cincinnati – Middletown (Ohio, Kentucky and Indiana)
- Cleveland – Elyria – Mentor (Ohio)
- Charlotte – Gastonia – Concord (North Carolina and South Carolina)
- Dallas – Fort Worth – Arlington (Texas)
- Kansas City (Missouri and Kansas)
- Miami – Fort Lauderdale – Pompano Beach (Florida)
- Orlando (Florida)
- Pittsburgh (Pennsylvania)
- Riverside – San Bernardino – Ontario (California)

Round 1 Rebid DMEPOS Products

- Oxygen and Oxygen Equipment
- Standard Power Wheelchairs, Scooters, and Related Accessories
- Complex Rehabilitative Power Wheelchairs and Related Accessories (Group 2 only)
- Mail-Order Diabetic Supplies
- Enteral Nutrients, Equipment and Supplies
- CPAP, RADs, and Related Supplies and Accessories
- Hospital Beds and Related Accessories
- Walkers and Related Accessories
- Support Surfaces (Group 2 mattresses and overlays in Miami only)

The Role of the Medicare Competitive Acquisition Ombudsman

The Medicare Competitive Acquisition Ombudsman

Ms. Tangita T. Daramola serves as the **Acting Medicare Competitive Acquisition Ombudsman (CAO)** and has served as **Senior Advisor** to the **Medicare Beneficiary Ombudsman**

- Worked for the Federal government for 25 years; 19 of which have been with CMS
- Held a number of senior positions, including assignments within the Office of the Secretary, Office of the Administrator, Bureau of Program Operations, Center for Beneficiary Choices, and the Office of External Affairs

Ms. Daramola brings to the Medicare CAO position a wealth of knowledge about CMS and provides expertise in the complaints management process; functioning as a “bridge” between suppliers and beneficiaries and CMS

Establishment of the Medicare CAO Program: Legislation and Jurisdiction

Legislation:

The Medicare Competitive Acquisition Ombudsman (CAO) was established through legislation to:

- Respond to individual and supplier inquiries, issues and complaints
- Provide an annual report to Congress

Jurisdiction:

The Medicare CAO will respond to inquiries and complaints from anyone regarding the “application of the competitive acquisition program”

- “Application” relates to the implementation of the program
- Complaints will be heard from diverse audiences, such as beneficiaries, advocates and referral agents
- Complaints will be heard post-contract awards

Ombudsman Roles



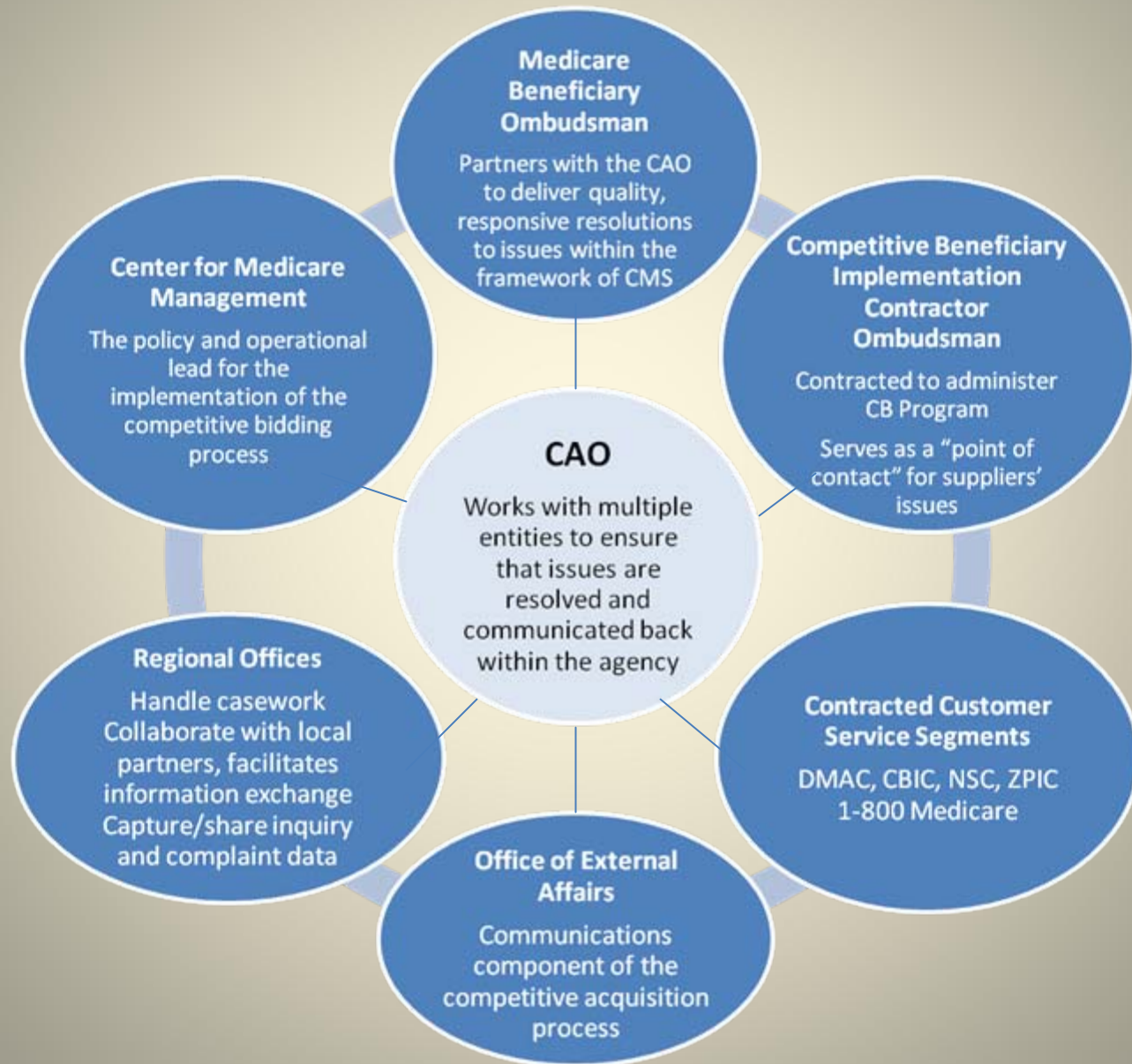
- Medicare Beneficiary Ombudsman
- Medicare Competitive Acquisition Ombudsman
- Chief CBIC Ombudsman
- Local CBIC Ombudsman

Core Functions of the Medicare CAO

Respond	Responds to inquiries and complaints from suppliers and individuals
Communicate	Provides an annual report to Congress that identifies systemic issues and makes recommendations for improvements; maintains website with information on the complaint process
Risk Management	Proactively identifies potential issues and offers mitigation strategies
Advocate	Ensures internal understanding of supplier and individuals' issues by agency leadership and policy specialists
Facilitate	Provides understanding of the Program by leveraging relationships with multiple parties to provide for improvements and access

The Medicare CAO Extended Team

(The CAO Connection)



Key Initiatives to Date

- Competitive Bidding Complaint Process Functions
- Issues Management and Data Complaint Trending
- Medicare CAO Website
- Yearly Report to Congress

Customer Service: Putting Beneficiaries First

Beneficiary Protections and Safeguards

All Suppliers Providing Products to Medicare Beneficiaries Must Ensure That:

- All equipment meets manufacturer standards
- All equipment is provided by trained, licensed professionals
- A knowledgeable professional is available to respond, repair, or replace existing equipment
- Safe operating equipment is always available to meet their needs and therapeutic goals
- Beneficiary is appropriately educated on safe use and maintenance of their equipment
- Beneficiary will not acquire an equipment-related secondary infection if equipment is maintained according to OSHA standards
- Supplier will tailor training and instruction to meet language or comprehension barriers
- Supplier and prescribing physician must re-evaluate beneficiary's needs



Beneficiary Protections and Safeguards



Suppliers must also Ensure that Beneficiaries with Respiratory Equipment Needs have:

- Access to a knowledgeable professional who will provide a home visit, if necessary, to provide equipment or training, or to troubleshoot an issue, 24 hours a day, 7 days a week
- Assurance that all equipment is provided by trained professionals in the clinical manner that is nationally recognized for safe and effective patient care
- Proper instruction on the safe and effective use of their equipment and treatment modality

Competitive Bidding Complaint Process

Suppliers' and/or Individuals' Complaints are:

- Resolved via multiple customer service points, including:
 - 1-800-Medicare, serving as the primary source for beneficiaries
 - the CBIC, serving as the primary source for suppliers
 - CMS Regional and Central offices
- Further investigated if there is indication of supplier or contract violation
- Escalated to the CAO as a “point-of-last-resort” for suppliers and for beneficiaries who are in “dire-need”

Beneficiary Communications Feedback

What I heard loud and clear from Partners...

- Provide them with **advance notice of beneficiary communications**
- They want to **provide feedback on communication materials before distribution**
- They suggest **branding of Medicare materials** – to easily distinguish from “other” mail

How Partners can Work with the CAO

Establishing Real-Time Surveillance Mechanisms During Implementation

With the implementation of the Competitive Bidding Program, Partners and the Medicare CAO can work together to facilitate feedback on the beneficiary experience to ensure:

- Optimal customer service for suppliers and individuals
- Timely response to complaints and inquiries
- Identification/resolution of systemic issues

Contacting the Medicare CAO

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For Competitive Bidding Questions or for further Information:

- **Beneficiaries** - Contact Medicare at 1-800-Medicare

Questions and Answers

