



EYE ON WASHINGTON

Optometrists not subject to DMEPOS deadlines

Unlike suppliers of wheelchairs and home oxygen equipment, optometrists and most other health care practitioners will not be required to post surety bonds or become accredited in upcoming months in order to continue to provide goods or services for Medicare patients, according to the AOA Advocacy Group.

The U.S. Centers for Medicare & Medicaid Services (CMS) has been reminding suppliers to get accredited by Sept. 30, but those announcements do not always make clear that optometrists are exempt.

The Medicare Improvements for Patients and Providers Act (MIPPA) prohibited the CMS from requiring physicians and other health professionals to comply with the accreditation requirement unless the CMS develops quality standards specifi-

cally for physicians and other health professionals.

The CMS has announced that, beginning in May, Medicare's durable medical equipment benefit will apply only to items obtained from equipment suppliers that have posted special surety bonds.

The new requirement is an effort to curb Medicare fraud and abuse in the home health supply industry, according to the agency.

However, health care practitioners are not subject to the surety bond requirement, the AOA Advocacy Group notes.

Congress mandated the surety bond requirement under the Balanced Budget Act of 1997, following reports of widespread Medicare fraud among some suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) — notably providers of wheelchair and

oxygen equipment.

Congress added the accreditation requirement broadly in the Medicare Modernization Act of 2003, until relaxing the burden on physicians with MIPPA last summer.

"The DMEPOS surety bond and accreditation requirements were imposed to address numerous reports of improper practices by retailers of large home health supplies such as wheelchairs and oxygen units," emphasized Jon Hymes, director of the AOA Advocacy Group.

"Health care practitioners are not the problem. Although the CMS technically classifies eyeglasses as durable medical goods, the new requirements do not apply to doctors providing eyewear to their patients," said Hymes.

"For that reason, while home health goods retailers will be required to post surety bonds by May 3 and be

accredited by Sept. 30, optometrists and other physicians will not," Hymes said.

The CMS originally planned to require health care practitioners to post the surety bonds and to get accredited.

The AOA and other associations successfully convinced the CMS to revise the proposal to more accurately reflect the intent of Congress.

After Congress stepped in to address accreditation, and further meetings with the AOA and other allies, the Medicare agency specifically exempted physicians from the accreditation

requirement (see *AOA News*, Jan. 16).

The DMEPOS surety bond and accreditation requirements have been the subject of several recent CMS bulletins and health care provider trade publication articles.

As a result, the AOA Advocacy Group finds some optometrists may still be concerned about the surety bond requirement and accreditation.

The CMS estimates that these two requirements would cost \$2,500 per doctor per practice location if there were no exemptions.

Changes,

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NBEO representative, serving on behalf of a test-creating and administering organization, could have conflicts when the board selects testing vendors or evaluates proposals.

Two additional changes were made to the model:

- Members of the American Board of Optometry would serve a maximum of two three-year terms, with staggered initial appointments.

- Also, after the initial board is appointed, subsequent appointments would be selected from three persons nominated by the sponsoring organization for each available position on the board.

Noting the changes to the model, and the ongoing dialogue within the profession, AOA President Pete Kehoe, O.D., sent a letter to state optometric association and affiliate leaders April 3 asking that they let the dialogue continue rather than casting votes months before Optometry's Meeting®.

"The project team has listened to concerns and has made a number of changes to the proposed board-certification model as a direct result of

input from the members," Dr. Kehoe wrote.

"I know many of you are holding meetings in the next few weeks, and I am asking you to hold off making any final decision on a state position or on instructing your delegates to vote a particular way. What your members would be voting on today may well be different by the time this motion goes to the House," he noted.

"Please keep your options open so that your delegates can benefit from the additional information and discussions at Optometry's Meeting®. We will continue to send you and your members material relative to this issue on a regular basis to aid in your discussions," he said.

Dr. Kehoe noted that project team members are continually learning of examples where decision-makers are considering health reform initiatives and terms like "value" and "board certified" are coming to the forefront. AOA members are encouraged to make constructive comments on the model, and to continue to monitor the *AOA News* and Web site for updates.

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