

# DME Medicare News

DMERC Region A Service Office ❖ P. O. Box 6800 ❖ Wilkes-Barre, PA 18773-6800

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METRAHEALTH

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## Plans Being Finalized for Establishment of a DMERC Advisory Committee

*Note: The 1995 Fee Schedules are included with this package as an update to Section 6 of the Supplier Manual.*

The Region A DMERC, working in concert with the other DMERCs, is developing and finalizing plans for the establishment of a DMERC Advisory Committee (DAC). The DAC will total 100 members consisting of physicians, health care professionals, manufacturers, suppliers and beneficiaries, working in an advisory capacity, in the policy-making process. The DAC will provide a multi-disciplinary team approach forum, for the development of Regional Medical Review Policies (RMRP). Membership on the DMERC Advisory Committee (DAC) will include representatives from the DMERC and the DME community. DMERC representatives on the DAC will include managers or coordinators from the Medical Review, Professional Relations, Program Integrity and EMC units, as well as the DMERC Medical Director.

External membership will be represented both geographically and by clinical and equipment specialty. Since the DMERC region covers a large geographic area, conference calls hosted by the DMERC will be utilized as the primary means of bringing the committee members together. The DMERC will develop relevant information on the policy or issue under review and fax or mail the information to the DAC members prior to convening the group. The DMERC will produce a summation document which will be distributed to all DAC members for review and comments, prior to finalization. In addition, a bi-annual formal meeting will be scheduled to permit face-to-face discussions.

The Region A DMERC encourages all interested parties who meet the following criteria to apply for membership on the DAC. An organization may nominate or select an individual as a representative of their group. The length of membership would be a base term of two years, extended an additional year if no replacement comes forward and there are no objections from other committee members. There is no payment for participating on this committee. All expenses are the responsibility of the individual or the organization they represent.

### Criteria for Suppliers

- No open Government investigations
- Working knowledge of DMERC procedures
- An active National Supplier Clearinghouse Number
- Must be able to attend conference calls and meetings

### Criteria for Physicians/Health Care Professionals

- No open Government investigations
- Working knowledge of DMERC procedures
- Must be able to attend conference calls and meetings

### Criteria for Beneficiary Representatives

- Active member of a Beneficiary organization
- Working knowledge of DMERC procedures
- Must be able to attend conference calls and meetings

### Criteria for Manufacturers

- No open Government investigations
- Working knowledge of DMERC procedures
- Must be able to attend conference calls and meetings

### Selection Process

Membership selection will be based on the number of qualifying applications received, type of specialty, and geographic location. To be considered for membership on the DMERC Advisory Committee, please complete the attached application and mail by March 17, 1995 to: Region A DMERC Service Office, P.O. Box 6800, Wilkes-Barre, PA 18773-6800, Attn: Professional Relations (DAC). **Fax'd applications will not be accepted.**

The DMERC staff will be contacting only those individuals that have been selected to serve on the Advisory Committee. Please do not contact the DMERC regarding your membership application status.

## ***DMERC Advisory Committee (DAC) Application***

Please complete this application and forward to the following address by **March 17, 1995**:

Region A DMERC Service Office  
P.O. Box 6800  
Wilkes-Barre, PA 18773-6800  
Attn: Professional Relations (DAC)

Applicant's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

National Supplier Clearinghouse (NSC) Number (if applicable): \_\_\_\_\_

UPIN Number (if applicable): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

ii

***Important  
1995 Fee Schedules Enclosed***

RETIRED