



Tip Sheet

The CMS Recognition Process for DSMT Programs

Purpose:

The Centers for Medicare & Medicaid Services (CMS) requires all accredited diabetes self-management training (DSMT) programs to be formally recognized before a provider can submit a claim for reimbursement for delivering that program to a Medicare beneficiary.

This Tip Sheet provides guidance on how to submit proof of accreditation in order to become a CMS “Recognized” DSMT provider.

Background:

Medicare provides a ten (10) hour DSMT benefit for any beneficiary with a diagnosis of diabetes. Providers that wish to receive Medicare reimbursement for providing DSMT must first obtain accreditation from one of the two CMS approved National Accrediting Organizations – the American Association of Diabetes Educators or the American Diabetes Association.

However, achieving successful accreditation is necessary, but not sufficient. The provider must submit proof of accreditation completion to the appropriate CMS Part A/B Medicare Administrative Contractor (MAC)¹ in order to be a CMS Recognized DSMT provider. The proof of successful completion of accreditation is a copy of an Accreditation Certificate. It is important to note that the Accreditation Certificate must include the name of the current Medicare provider and can include the name(s) of any partner organization or community-based organization that is supporting the delivery of DSMT with the Medicare provider.

On the next page we describe the procedure for submitting your proof of accreditation to a MAC.¹

¹ Claims for Medicare reimbursement are not submitted to CMS. Starting with Medicare’s inception in 1965, private health care insurers known as Part A Fiscal Intermediaries (FI) and Part B carriers have processed medical claims for Medicare beneficiaries. Section 911 of the Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003 mandated that the Secretary of the Department of Health and Human Services replace Part A FIs and Part B carriers with Medicare Administrative Contractors (MACs). Contracting reform was intended to improve Medicare’s administrative services to beneficiaries and health care providers through the use of new contracting tools including competition and performance incentives.

CMS selects MACs in accordance with the Federal Acquisition Regulation. As required under the MMA, CMS established MACs as multi-state, regional contractors responsible for administering both Medicare Part A and Medicare Part B claims. The transition from the Part A FIs and Part B carriers to MACs began in 2006, and the last FI and carrier contracts ended in September 2013. CMS relies on a network of MACs to process Medicare claims, and MACs serve as the primary operational contact between the Medicare Fee-For-Service program and Medicare providers.

Procedure:

1. First, access the CMS website dedicated to providing a Directory of CMS MACs:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>

The following screenshot shows the CMS webpage that is accessed using the weblink above:

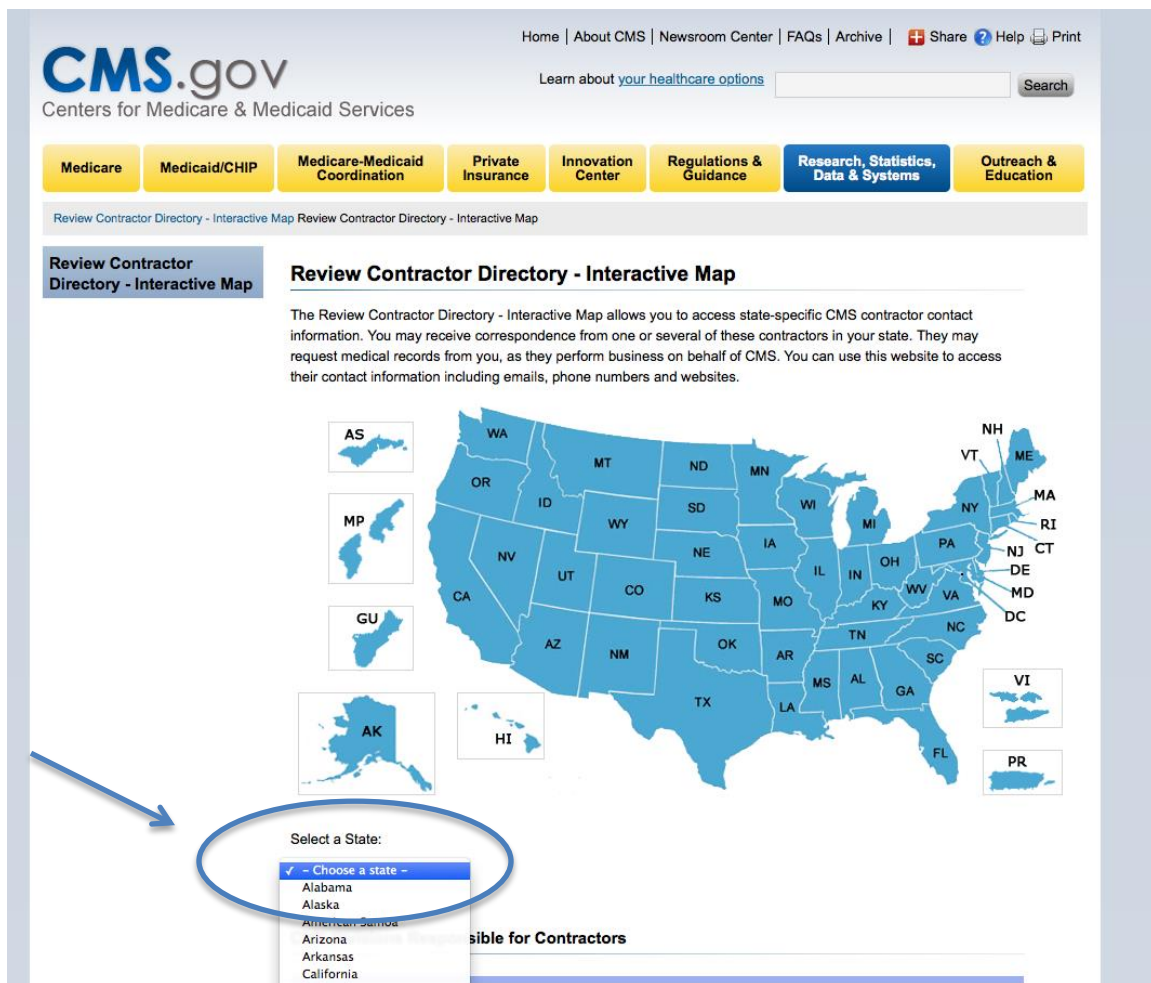


2. Once at the webpage, you will see a listing of all of the MACs for each state and territory. Each state and territory can have a different MAC so it is important to determine the MAC that is currently contracted with CMS to provide services to your particular state or territory. (Please note that the

MACs are all federal contractors with a term-limited contract with CMS to provide this function. Therefore, the organization that is contracted with CMS to cover your particular state or territory is subject to change. The CMS website should provide the most current listing of MACs.)

- In order to determine the MAC for your state or territory, select your location, using the dropdown menu.

The following screenshot shows the CMS webpage with the state/territory dropdown menu:



- After you select the desired state/territory, you will get a listing of current MACs. There may be multiple MACs per state for each Medicare coverage benefit (i.e., Part A/B, Part D, Durable Medical Equipment, etc.). The DSMT benefit is a Medicare Part B benefit. Therefore be sure you select the

organization that is serving as the “Medicare Part A/B Medicare Administrative Contractor”.

Example (see the below screenshot):

State: North Carolina
 MAC: Palmetto GBA Columbia
 Website: <http://www.palmettogba.com/medicare>



The screenshot shows the CMS.gov website with the "Review Contractor Directory - Interactive Map" section. A blue arrow points to a dropdown menu where "North Carolina" is selected. Below the map, a table displays the details for the selected state:

North Carolina	
AB Medicare Administrative Contractor (MAC)	Provider J11 AB MAC IVR/CSR Palmetto GBA Columbia http://www.palmettogba.com/medicare 855-696-0705 <i>Accepts esMD transactions</i>

6. Once you have selected the appropriate MAC for your area and benefit, you will see a link to that MAC’s website and a phone number.
7. Click on the web link for the MAC’s website to obtain the correct contact information and address.

8. By courier or other receipt-provided delivery service (e.g., FedEx, USPS, UPS, etc.), submit a hard copy of your current Accreditation Certificate to the MAC, along with a cover letter explaining that the listed Medicare Provider (including any listed partners/CBOs) is seeking “CMS Recognition as a DSMT Provider” subsequent to successful completion of accreditation by one of the CMS approved National Accrediting Organizations.
9. Track the submission of your accreditation certificate to the MAC to verify its receipt of your materials.
10. Contact the MAC to verify that the Medicare Provider has been added to the list of accredited/recognized DSMT programs.

Usually MACs add the providers to the list within two weeks from receipt of the documents. However, recognition is retroactive to the date of receipt, even if there is a delay in processing at the MAC.

11. If your organization and/or Medicare Provider partner has more than one accredited/recognized program, each individual accredited program must separately submit its proof of accreditation to the appropriate MAC.
12. Once you know that the MAC received your certificate, you can begin providing DSMT services to Medicare beneficiaries and submit claims for reimbursement from Medicare using the standard billing and collections process approved by CMS.