



Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Pharmacy Accreditation Program

DMEPOS Accreditation Application Instructions

IMPORTANT INFORMATION: READ PRIOR TO FILLING OUT APPLICATION

Before filling out NABP's DMEPOS online application, first gather the following information and supporting documentation required to complete the application.

Information needed to complete the online application:

1. Legal Business Name (as it appears on your National Supplier Clearinghouse (NSC) application)
2. Doing Business As (DBA) or Site Name (as it appears on your NSC application)
3. DBA/Site Pharmacy Information (as it appears on your NSC application):
 - a. Street Address
 - b. City
 - c. State (2 letter abbreviation)
 - d. Zip (5-digit zip only)
 - e. Phone Number
 - f. Fax Number
4. Customer Service Phone Number
5. Contact Person's Information
 - a. First (or preferred), Middle and Last
 - b. Phone Number (numbers only)
 - c. E-mail Address
6. Medicare Billing or NSC Number. This must be a 10-digit number.
7. Federal Employer Identity number (EIN) or Tax ID. This must be a 9-digit number.
8. Medicaid Provider Number
9. National Provide Identifier (NPI) Number. This must be a 10-digit number
10. NCPDP Number
11. Pharmacy Information
 - a. Date of most recent Board of Inspection
 - b. State of Domicile
 - c. Pharmacy License Number (s)
12. Pharmacist in Charge (or Pharmacy Manager) Information
 - a. First (or Preferred), Middle, and Last Name
 - b. State (s)of Licensure
 - c. License Number (s)

Required documentation:

The documents summarized below are required to support your application for DMEPOS accreditation. NABP will review this material to verify compliance with the CMS Quality Standards. Documents must be uploaded electronically as part of the application submission process. Additional information about this required documentation is available in the on-line application.

1. Most recent Board of Pharmacy Inspection Report **or** a signed statement that a copy of the report is either not available or an inspection has not been performed.
2. Organizational Chart of DMEPOS Pharmacy
3. Description of Corporate Structure/Ownership and Control Information:
 - a. Sections 5 and 6 of the Medicare Enrollment Application (also known as form CMS855S). **Or**, if you do not have a copy of your CMS-855S, please submit a written statement confirming that a copy of CMS-855S is not available.
 - b. A narrative that includes/describes:
 - i. Names of anyone with more than 5% ownership interest in the business;
 - ii. Any relationship between owners. For example, please disclose if owners are married, father/son, or brother/sister; and
 - iii. Ownership/control interest in any other DME companies. If there is ownership interest in other DME, please provide the name and address of the business(es) and indicate the percentage owned.
4. Job Description/Requirements for Compliance Officer
5. Job Description/Requirements/Education for DMEPOS Staff
6. Financial information. All three documents noted below must be for same fiscal year/12-month period and should be for the current or most recent fiscal year:
 - a. Fiscal year Operating Budget
 - b. Fiscal year Balance Sheets
 - c. Fiscal year Profit/Loss Statements
7. Performance Management Plan
8. Disaster/Contingency Plan
9. Business practices such a risk management, satisfaction audits, compliance rules, etc.
10. Beneficiary complaint reporting, response and notification
11. Equipment and item management (specifically, procedure for handling recalls)
12. Initiation of investigation of complaints
13. DMEPOS training/instruction/consultation provided to beneficiaries
14. Medicare/3rd Party Billing Policy and Procedure