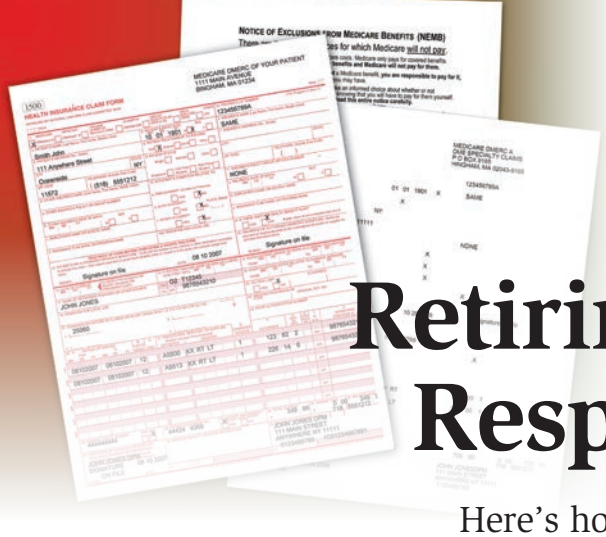

Retiring Supplier Responsibility

Here's how to handle DME when leaving practice.

BY PAUL KESSELMAN, DPM

Most DME for DPM columns have been written for either those new to DME or for those well-established DPMs who provide a wide array of DME services. This month's column was inspired by a recent question from a PICA policyholder who is planning to retire from clinical practice. This column hopefully will inspire those of us soon contemplating retirement to be sure our retirement planning incorporates a proper exit strategy involving our DME patients.

Question: *I have one pair of shoes left to dispense prior to my retirement in a few weeks and the patient is due in any day now. What are my responsibilities (if any) to this patient after I retire? What if the patient doesn't like the shoes or needs to return them because they don't fit well? What if the patient develops an ulcer? How long am I responsible for this patient? Are my responsibilities as a supplier any different from those as a podiatric physician?*

Response: The above all-too-common scenario summarizes the concerns of retiring suppliers. The easy question to answer is that yes, you have responsibilities to your patients as both a supplier and physician—which are fairly parallel—and they do continue on into your retirement for some time. How you go about transferring that care is critical to both ensuring the patient is well cared for and how you minimize your risk of malpractice and patient abandonment allegations after you retire. Thus one needs to take stock of three vital factors:

1) How long you are personally responsible for the patient after a specific procedure;

2) How and to whom you can transfer the responsibility of patient care;

How you go about transferring care is critical to both ensuring the patient is well cared for and how you minimize your risk of malpractice and patient abandonment allegations after you retire.

3) How you conduct yourself just prior to and during your retirement.

In speaking with the retiring physician (in the above questions posed), the first issue discussed was to make sure there were arrangements made for the transfer of care for the patient to another supplier, as the provider was steadfast on providing the services. Regardless of whether the patient was receiving post-operative care, at-risk foot care, or DME, the retiring physician/supplier must arrange for the transfer of care. Particularly when care is so proximate to the date of retirement, one needs to ensure that patients understand you are retiring, and also that you will not be able to see them and/or discuss any professional matters with them after your retirement. They also need to be informed of to whom you entrust their care and provide them with confidence that they are in good hands after you retire.

In this scenario, the doctor was part of a group practice; however, each doctor in the practice billed under individual NPI/PTAN/Tax ID numbers rather than a group DME number. This left the retiring doctor equally uneasy about how to handle the billing as well as his clinical responsibilities should the patient subsequently ulcerate after he dispensed the shoes.

The retiring podiatrist was concerned that if the shoes needed to be returned, his colleagues would be unduly burdened with the return and the ordering of new shoes without any additional income. This scenario of course needs to be resolved with his colleagues, with the knowledge that the group buying out the retiring physician will

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be assuming much good (doctor's reputation, patient following, etc.), as well as the bad (global period responsibilities). That is, the new associate or partners would likely have first crack at and the continued cash flow generated by the retiring doctor's patients as opposed to patients leaving for another practice. These positive elements should more than off-set the retiring podiatrist's concern over this one patient's pair of shoes.

Warranty Period

Follow-up discussions involved the warranty period the podiatrist's office provides for shoes and other DME. The National Supplier Clearinghouse (NSC) requires a warranty period (with no specific time period). Thus you should ensure that the warranty noted for your practice (as it appears on the written proof of delivery)be both reasonable (comparative to other suppliers, shoe stores, etc.) to the patient, and not be too long so as to avoid an undue burden for the practice.

An alternative is for the retiring physician to wait to submit the claim until well after the expiration of the warranty period.

Additional discussions involved when the claim should be submitted to Medicare. If the retiring doctor/supplier submitted the claim immediately or shortly after dispensing, that could create some avoidable problems. This, particularly if the patient was not satisfied with the shoes or the manner in which the group handles an exchange. The patient could under these circumstances file a complaint with Medicare if the retiring doctor (by way of the practice) did not refund Medicare the payment.

An alternative is for the retiring physician to wait to submit the claim until well after the expiration of the warranty period. If the patient had not raised any issues concerning the shoes with the practice, then the retired physician could have the confidence that the claim can be submitted without any issues. This would avoid an angry patient wanting the claim history for the shoes expunged in order to obtain them elsewhere (particularly if within the same calendar year).

As part of one's retirement planning, one should also contact Medicare to inform them of your last date of providing services. This will minimize the potential for someone using your enrollment demographics illegally after your retirement date, yet allow Medicare to continue to process claims with dates of service prior to your retirement date but submitted subsequently.

The best solution offered in this scenario is to have the retiring doctor not dispense the shoes at all. Rather have one of the remaining doctors in the practice fit, dispense and bill for the shoes. If the documentation procured by the retiring doctor satisfied Medicare's requirements, those documents could be used by any other supplier. That is, the Certification Statement and MD/DO notes are not limited to use by the retiring physician, they could be used by any supplier.

Using a Group DME Number

The retiring DPM's notes attested to by the MD/DO could be used by the group practice as the referring physician's notes. However, the retiring physician should not be considered the prescribing physician as that could create an issue with the Security Bond exemption, since these doctors bill DME separately and not as part of a group practice. Had they billed under the group's DME number, this problem would have been avoided. The suggestion made is thus for the dispensing doctor (if billing under his own Medicare DME) to write a new note as a basis for a prescription and have that new note attested to by the MD/DO.

Arranging for follow-up care for your patients regardless of the types of services provided is a critical component of your retirement strategy.

For the future, the group should be billing for DME under a group DME number with the group's tax ID and PTAN as opposed to individual provider numbers.

In summary, retiring suppliers have many of the same concerns as physicians. Arranging for follow-up care for your patients regardless of the types of services provided is a critical component of your retirement strategy. When possible, one should discontinue performing certain services well in advance of your anticipated retirement date, in order to avoid the need for transfer of care in the midst of a complex treatment plan. It is of paramount importance to have these discussions with your patients and partners (or if in solo practice with neighboring colleagues) well in advance of your anticipated retirement date. **PM**

Dr. Kesselman is in private practice in NY. He is certified by the ABPS and is a founder of the Academy of Physicians in Wound Healing. He is also a member of the Medicare Provider Communications Advisory Committee for several Regional DME MACs (DMERCs). He is a noted expert on durable medical equipment (DME) for the podiatric profession, and an expert panelist for Codingline.com. He is a medical advisor and consultant to many medical manufacturers.