Washington Medical Equipment

Patient / Client Name_____

ACHC ACCREDITED

Notice To Patient / Caregiver:

I hereby acknowledge receiving full instructions and have demonstrated my understanding in the proper use and care of the equipment that has been delivered to me by the company. I agree to operate only in a reasonable manor consistent with the use for which the equipment was designed I am responsible for the equipment and will be liable for all damages resulting from its misuse, loss, damage or theft. The equipment will be returned to the company in the same condition as it was delivered, reasonable wear and tear expected. If the equipment becomes inoperative, or a defect is discovered, I agree to notify the company immediately and not attempt to make any repairs. I agree to pay for misused, lost, damages, or stolen equipment at the retail cost thereof. I understand that drugs, enteral products, purchased equipment and supplies provided to me may not be returned. I will notify the company in writing of any changes in my prescription, domicile, or mailing address.

Your doctor has prescribed your course of treatment which involves this equipment. It is not intended to be used as a life support device. Neither the dealer or manufacturer make any claims, warranties or representations regarding the suitability of this type of treatment for your particular requirements, nor will the dealer or manufacturer assume any responsibility for the success or failure of any treatments administered by this device. Distributor's and manufacturer's liability shall be limited to repair or replacement.

General DME Set-up Checklist

Goal: Patient / Caregiver able to set-up, operate, clean, and properly utilize issued DME and supplies.

Set-up: Home Medical Equipment Technician shall review / discuss the following with Patient / Caregiver:

By signing below, I agree that I have received the following documentation, explanations and guidelines (where applicable) related to the services received from Washington Medical Equipment. (Any exceptions should be noted).

General Information

X 24 Hour on call procedures; X Company Address, phone, hours of operation X Supply reorder and delivery policy
X Supplier Standards explained X Patients Rights and Responsibilities X Grievance form
X Warranty Coverage, on-going service & safety responsibilities explained for purchased items
X Medicare rent/purchase letter for inexpensive or routinely purchased equipment received (included in packet)
X Receipt of Notice of Privacy Practices X Service charges conveyed X Complete WME service list
X Personal Emergency Preparedness

Installation Guidelines

X Educational material provided X Proper set-up of equipment and demonstration of equipment
X Troubleshooting equipment

Safety Guidelines

X Environmental and electrical safety X Demonstrate wear area of equipment X Outlet safety check

Cleaning/Supplies

X Proper cleaning techniques instructed ***EXCEPTIONS:***_____

Please call 911 and / or your physician if you have a medical emergency

Patient/Caregiver understands and agrees to:

X Call the company for additional supplies X Call the company should equipment malfunction X Never Make repairs to unit
X Never allow untrained individual to operate unit X Read and comply with equipment use and cleaning instruction.
X For rental equipment, notify the company of change in patient residence, status or readmission.

Patient X___COVID-19 NO SIGNATURE REQUIRED_____Date_____

Caregiver or authorized Representative X_____Date_____
Reason X_____

Medical Equipment Technician X_____Date_____Time__ ;____

***Two Signatures With Dates Required!!!

12/31/2020 packet revised

Emergency Preparedness Form

This information will be used to better serve you in the event of an emergency.

Name: _____

Address: _____

_____

Phone: _____

If an emergency were to occur this is where I can be reached (please check one)

_____ Local disaster shelter

_____ A relative or neighbors home
Their name: _____
Phone: _____

Signature: _____

Date:_____

Oxygen Patients

Electric Utility Supplier

□ West Penn Power Account Number _____

□ Other Supplier _____

Account Number _____ Phone Number_____

- -

Supplier Notified By Staff Member _____Date _____
By □ Fax □ Phone

Notes :

_____

_____

_____

Home Assessment

The client's environment must be evaluated to assure safe and effective outcomes.

X Walkways clear and free of trip hazards.
X Stairs clear, carpeting secure, handrails secure.
X Furniture arranged so clear pathways are uncluttered.
X Trip hazards not present or removed like throw rugs, extension cords, clutter.
X Areas where equipment is to be used are well lit.
X Receptacles used with equipment are checked. Grounded receptacles recommended- Groundless adapters provided where necessary.
X No open flames near oxygen equipment.
X Patient has working telephone or emergency alert system.
X Proper use of extension cords – pathways clear of cords, discontinue use of cords with exposed wires or frays.
Do not use extension cords with DME where not recommended.
X The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of cane, walker, manual wheelchair, power wheelchair or scooter if that is what is provided.

Any deficiencies noted below

Environmental Safety Waiver

I have been informed of the possible environmental safety hazard(s) listed below. I further accept all consequences of operating and using the equipment or devices(s) delivered to me on this date under the state conditions. I understand that this does not include hidden, undiscovered or other environmental safety issues that develop after the delivery and installation of equipment.

Patient Name: _____Date: _____
Time: _____

Environmental Safety Hazard(s) noted: _____
_(If none – write "NONE")_____
_____
_____
_____

Staff Name: _____Patient's Name: _____

Signature: __COVID-19 NO SIGNATURE REQUIRED__Date_____

Washington Medical Equipment

Washington Medical Equipment Welcomes You

Thank you for choosing Washington Medical Equipment. We are pleased to have this opportunity to serve you. As our customer, you have placed your trust in us and we take that very seriously. Our commitment to you is to provide comprehensive, quality home care services. Our team of skilled professionals will work with you and your physician to create a treatment plan tailored to meet your needs.

Equipment and services will be delivered to you in a timely and courteous manner. Our staff of professionals is on call 24 hours a day to meet your needs. Washington Medical Equipment is only a phone call away from your door. We are anxious to improve the services we provide to you.

A reimbursement specialist is available to answer your billing concerns Monday through Friday from 8:30am to 5:00pm. If you have any questions regarding your insurance or service charges, please do not hesitate to call.

Most rental equipment requires periodic preventative maintenance visits which may be scheduled at a time convenient for you. Please notify Washington Medical Equipment if you are unable to keep a scheduled appointment. Disposable supplies should be ordered at least one week in advance to ensure timely delivery.

A copy of your patient/client bill of rights, responsibilities, supplier standards, and information on advance directives are enclosed within this information packet. Please take the time to read them. They offer valuable and important information to you.

Welcome to Washington Medical Equipment. We look forward to getting to know you!

1100 West Chestnut St. Washington, PA 15301
(724) 222-2545 – (724) 222-2579 Fax
Toll Free (877) IN HOME 5 (877) 464-6635

Washington Medical Equipment

"The Local Solution To All Your Healthcare Needs"

[redacted]

PA 028939

General Patient Information

- ❑ Washington Medical Equipment's Temporary Business hours are Monday-Thursday, 8:30am – 4:30pm. Fridays 8am- 4:30pm - Closed Holidays.

- ❑ Washington Medical Equipment is on call 24 hours a day for emergencies, and service inquires.

- ❑ Every product sold or rented by our company carries a 1-year manufacture's warranty Washington Medical Equipment will notify all Medicare beneficiaries of the warranty Under applicable law. Washington Medical Equipment will repair or replace, free of charge, Medicare-covered Equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to the beneficiaries for all durable medical equipment where this manual is available. Please call Washington Medical Equipment for warranty service or repair.

- ❑ All Canes, Crutches, Walkers, Strollers, and Orthotics should be fitted by a qualified therapist, specialist, or the patient's doctor.
- ❑ Customers must have a copy of their sales receipt/or work order in order to make returns on products. Those that cannot present a sales receipt will be issued a store credit valid for a period not to exceed 15 days from the return No returns will be accepted after 15 days from the original purchase date on returnable items.

- ❑ Washington Medical Equipment cannot accept returns on shower chairs/benches, commodes, items that attach to a bed, orthotics custom made equipment, seat lifts, special orders, or supplies of any type.

- □ Washington Medical Equipment will accept return of any item due to substandard quality or manufacturers' defects and will work with our patients to replace it with a suitable alternative.

- ❑ Rental costs that are not covered in full by insurance must be paid in advance. Invoices on rental items must be paid by the due date, or there will be a 1.5% monthly charge on all overdue accounts.

- □ Medicare patients have the option to rent or purchase "inexpensive and routinely purchased equipment" as defined by Medicare. More details are included in this packet or you may call Washington Medical Equipment or Medicare in PA @1800-Medicare.

Personal Emergency Preparedness

Prepare your home and your Family! The American Red Cross recommends that you create a preparedness plan for yourself, you home and family (including pets). 3 Recommended steps to prepare:

1. Make a plan – identify 2 ways to escape from every room. Practice your plan at least twice a year.
2. Get a kit – keep supplies in an easy to carry emergency preparedness kit for home or take with you in case you must evacuate. At minimum, it is recommended to have the following basic supplies: *Water* – one gallon per person, per day (3-day supply for evacuation, 2 week supply for home) *Food* – non perishable, easy to prepare items (3 day supply for evacuation, 2 week supply for home), *Flashlight*, battery powered or hand-crank radio (NOAA weather radio, if possible), *Extra Batteries, First Aid Kit, Medications* (7 day supply) and Medical items, multipurpose tool, sanitation and hygiene items, copies of personal documents (medication list and pertinent medical information, proof address, deed/least to home, passports, birth certificates, insurance policies), cell phones and chargers, family and emergency contact information, extra cash, emergency blanket, maps of the area. Consider the needs of all family members and add supplies to your kit!
3. Be informed – learn what disasters or emergencies may occur in your area. These events can range from those affecting only you and your family, like a home fire or medical emergency, to those affecting your entire community, like an earthquake or flood.

More information is available from your local American Red Cross Chapter @www.swpa.redcross.org and (412-263-3100)

Washington Medical Equipment
Advance Medical Directives

Washington Medical Equipment is required by the state of Pennsylvania to inform its patients of their rights with respect to medical care. Among these is the patient's freedom to choose to receive or to refuse medical treatment.

Advance Medical Directives are legal documents that allow you to give directions for your future medical care.

Advance Medical Directives help protect your right to choose by communicating your wishes for medical care if you become physically or mentally unable to do so yourself.

Two types of Advance Medical Directives:

- Living Wills are written instructions that explain your wishes for medical care if you have a terminal condition or irreversible coma and are unable to communicate. (Not available in all states)

- A Durable Power of Attorney for Health Care is a document that lets you name a person to make medical decisions for you, if you become unable to do so.

Advance Medical Directives allow you to limit certain life prolonging measures including:

- Cardiopulmonary Resuscitation (CPR)
- Intravenous (IV) Therapy
- Feeding Tubes
- Pain Relief
- Respirators

Help and information concerning Advance Medical Directives are available from several sources:

- Hospitals and other health care facilities
- The state attorney generals office of your state
- Your personal attorney

Washington Medical Equipment
1100 West Chestnut Street
Washington, PA 15301
724-222-2545 Fax 724-222-2579

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Patient/Client Communication/Grievance/Compliance Issue Form

How are we doing?

Washington Medical Equipment wants to provide the best home care services for our customers. To do this, we want to hear what it is we need to improve. We ask that you communicate by telephone or in writing any problem that you are having. Your concerns will be sent to the Operations Director, Brandon J. Rae. You will be contacted with 5 days of receipt to acknowledge your complaint/grievance, and following investigation, you will be notified of investigation results in writing within 14 calendar days.

Thank you for your comments and your help to improve service to our valued customer.
Customer:_____HICN_____
Address _____
Phone Number_____Person Completing Form:_____
Email_____ Fax_____
Date of problem (if known):_____
Please describe your concern:
_____
_____
_____
_____
_____
Signature or name of person registering complaint/grievance _____
Date received_____
Should we call back? _____☐ Email_____☐ Fax_____Phone number_____

Date complainant notified of receipt_____By_____

Below this line – Office Use Only

Actions/Interventions/Investigations:_____
_____
_____
_____
_____
FinalDecision_____
_____
_____
Complainant Notified of Decision on _____ by_____
Date

_____ _____
Brandon J. Rae Date

Medicare 1-800-Medicare Accreditation Commission for Health Care 1-919-785-1214 Highmark 1-800-988-0668
For all other customer service telephone numbers please check the back of your insurance care or call Washington Medical Equipment and we will assist you with customer service telephone numbers. You may also contact us anonmonously by e-mail @ compliance@washingtonmedical.net.

*(A)*Notifier(s):

(B) Patient Name: *(C)* Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: **If Medicare doesn't pay for *(D)*_____ below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the *(D)*_____ below.

(D)	***(E)* Reason Medicare May Not Pay:**	***(F)* Estimated Cost:**
_____		

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- **Ask us any questions that you may have after you finish reading.**
- **Choose an option below about whether to receive the *(D)*_____listed above.**

  Note: **If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.**

***(G)* OPTIONS:**	**Check only one box. We cannot choose a box for you.**

❑ **OPTION 1.** I want the ***(D)***_____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN**.** If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

❑ **OPTION 2.** I want the ***(D)***_____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed**.

❑ **OPTION 3.** I don't want the ***(D)***_____listed above. I understand with this choice **I am** not **responsible for payment**, **and** I cannot appeal to see if Medicare would pay.

(H) Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice o
Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY**: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

***(I)* Signature:**	***(J)* Date:**

Washington Medical Equipment

Date: _____

Patient Satisfaction Survey

Washington Medical Equipment (WME) is pleased to have had the opportunity to provide you with home care products and services. We would appreciate it if you would take a few minutes to complete this form about the service you received. Please enclose this survey in the self addressed, stamped envelope.

- To meet my health care needs, WME provided me with the following product/service:

_____

(5 = excellent 4 = Good 3 = Average 2 = Fair 1 = Poor N/A = Not Answered/applicable)		
1.	Was the equipment and/or supplies promptly delivered?	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
2.	Was the equipment and/or supplies clean when received?	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
3.	Does the equipment operate properly?	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
4.	Were adequate instructions provide for safe use of the equipment?	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
5.	Was the staff courteous and helpful?	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
6.	Were your financial responsibilities appropriately explained?	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
7.	Was the after hours / on call policy explained?	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
8.	Overall, the services I received were to my satisfaction.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
9.	I would recommend your service to my friends and family.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
10	The service(s) I received met my healthcare needs.	☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

Comments:

Name: _____ Date: _____

Address: _____ City: _____State: _____Zip _____

Washington Medical Equipment
Phone: (724-222-2545)
Toll Free 877-464-6635
Fax: (724-222-2579)

ACHC ACCREDITED

Insurances Billed:
Medicare, Highmark Blue Cross Blue Shield (Any Plan), Keystone, Preferred Blue, Security Blue, Freedom Blue, Community Blue, Aetna, Gateway Medicare Assured, Gateway, Health America, Health Assurance, Most Medicare Secondary, United Health Community Plan Only, PDA Waiver/Area on Aging, Private Insurance

Temp Store Hours – Monday thru Friday 8:30 a.m. – 4:30 p.m. 24 Hour Service on Call
Mastercard, Visa, Discover, American Express, checks and cash accepted. Free Delivery

Washington Medical Equipment services clients in PA who reside approximately 60 miles or less from Washington, Pennsylvania. Call for further details, exceptions and referrals.

Respiratory Services: Oxygen (Concentrators/portable) Nebulizer Compressors CPAP/BIPAP

Orthotics: Diabetic & Therapeutic Footwear –Fitter on Staff – appointments required. Compression garments – off the shelf and custom, soft bracing, primarily ankles, knees, elbows and arms – non custom.

Bath & Safety:
Raised Toilet Seats; Bedside Commodes; Urinals; Bed Pans; Sitz Bath; Grab Bars; Toilet Safety Rails; Transfer Bench; Shower Chairs & Stools; Hand Held Shower Kits; Tub Diverters

Mobility: We service all makes of power and manual wheelchairs and equipment.
Electric Wheelchairs; Manual Wheelchairs; Transport Wheelchairs; Scooters; Stairlift installation and service; Liftchairs; 4-Wheeled Walkers (Rollators); Folding Walkers; Walker Accessories; Canes; Quad Canes; Crutches; Forearm Crutches; *Knee Walkers*; Platform Attachments; Replacement Parts & Accessories; Wheelchair/seat Cushions (Foam, Gel, Air); Transfer Boards ; Permanent Modular Ramp Systems; Portable Wheelchair Ramps

Bedroom Aids:
Electric Hospital Beds; Low Air Loss Mattress Replacement Systems; Trapeze Bars; Traction Bars; Patient Lifts; Sit/Stand Lifts; Bed Rails (All Types) (Also For Home Beds); Bed Accessories; Over Bed Tables; Alternating Pressure Pads; Mattress covers; Mattress Pads; Bed Wedges; Bed Bathers & Shampooers; Gowns; Bedside Commodes; Urinals; Bed Pans; Patient Care Kits; Bed & chair Alarm Systems, we also carry adjustable electric luxury beds.

Aids To Daily Living:
Seasonal Affective Disorder Lights (SADS) Emergency Call Monitor; Built-up Utensils; Angled Utensils; Sock-aids; Hip Protectors; Cast Covers; Mealtime Bibs; Reachers; Dressing Stick; Button Air/Zipper Puller; Velcro Buttons; Elastic Shoe Laces; Extra Long Shoe Horn; Long Handle Scrub Sponges; Door Knob Extension Handle; Turning Knob Aid; Button Pusher; Offset Door Hinges; Safety Stool/Step; Enurisis Devices (Bed Wetting Alarm); Washable Quilted Pads; Swivel Cushions/Seat Cushion

Professional/Diagnostic:
Stethoscopes; Digital Thermometers; Mecurial thermometers; Blood Pressure Monitors

Institutional:
Patient Safety Alarms; Restraint Alternatives; Fall Prevention; Door Guards; Door Alarms; Positioning Aids; Roll Guards; Floor Mats; Geri-Chairs; Decubitus Care; Bed Safety Products; Door Openers; Patient Lifts; Wheelchair Scales.

Medicare Capped Rental and Inexpensive or Routinely Purchased Items Notification for Services on or after January 1, 2006

I received instructions and understand that Medicare defines the _____that I received as being either a capped rental or an inexpensive or routinely purchased item.

_____ FOR CAPPED RENTAL ITEMS:

Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.

After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.

Examples of this type of equipment include:
hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

_____FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.

Examples of this type of equipment include:
Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymph edema pumps), bed side rails, and traction equipment.

I select the:

Purchase Option_____ Rental Option_____

Washington Medical Equipment, Inc
1100 W Chestnut St
Washington, Pa 15301
Phone- 724-222-2545, Toll Free 877-464-6635
Fax 724-222-2579

NOTICE OF PRIVACY PRACTICES

This Notice is effective March 26, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request. Please contact our Privacy Officer at **724-222-2545** to obtain a copy of our current Notice).

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at **724-222-2545**.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you.

For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at **724-222-2545**.

1. Treatment
We may use and disclose medical information about you to provide healthcare treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

***Example*:** Jane is a patient at the health department. The receptionist may use medical information about Jane when setting up an appointment. The nurse practitioner will likely use medical information about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use medical information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the nurse practitioner

concludes that Jane should be referred to a specialist, the nurse may disclose medical information about Jane to the specialist to assist the specialist in providing appropriate care to Jane.

2. Payment
We may use and disclose medical information about you to obtain payment for healthcare services that you received. This means that, within the health department, we may *use* medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may *disclose* medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

***Example*:** Jane is a patient at the health department and she has private insurance. During an appointment with a nurse practitioner, the nurse practitioner ordered a blood test. The health department billing clerk will *use* medical information about Jane when he prepares a bill for the services provided at the appointment and the blood test. Medical information about Jane will be *disclosed* to her insurance company when the billing clerk sends in the bill.

Example: The nurse practitioner referred Jane to a specialist. The specialist recommended several complicated and expensive tests. The specialist's billing clerk may contact Jane's insurance company before the specialist runs the tests to determine whether the plan will pay for the test.

3. Healthcare Operations
We may use and disclose medical information about you in performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving healthcare and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.

- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

Example: Jane was diagnosed with diabetes. The health department used Jane's medical information – as well as medical information from all of the other health department patients diagnosed with diabetes – to develop an educational program to help patients recognize the early symptoms of diabetes. (Note: The educational program would not identify any specific patients without their permission).

Example: Jane complained that she did not receive appropriate healthcare. The health department reviewed Jane's record to evaluate the quality of the care provided to Jane. The health department also discussed Jane's care with an attorney.

4. Persons Involved in Your Care
We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Officer at **724-222-2545**.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

Example: Jane's husband regularly comes to the health department with Jane for her appointments and he helps her with her medication. When the nurse practitioner is discussing a new medication with Jane, Jane invites her husband to come into the private room. The nurse practitioner discusses the new medication with Jane and Jane's husband.

5. Required by Law
We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

6. National Priority Uses and Disclosures
When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at **724-222-2545**.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.

- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose medical information about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- ❑ Uses and disclosures for marketing purposes.
- ❑ Uses and disclosures that constitute the sales of medical information about you.
- ❑ Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- ❑ Any other uses and disclosures not described in this Notice.

YOU HAVE RIGHTS WITH RESPECT

TO MEDICAL INFORMATION ABOUT YOU

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at **724-222-2545**.

1. Right to a Copy of This Notice
You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer at **724-222-2545**.

2. Right of Access to Inspect and Copy
You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an **Access Request Form**. Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request. Contact us for fee schedule.

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

3. Right to Have Medical Information Amended
You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an **Amendment Request Form**. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made
You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an **Accounting Request Form**, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting. Contact us for a fee schedule.

5. Right to Request Restrictions on Uses and Disclosures
You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,

2. The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

6. Right to Request an Alternative Method of Contact
You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an **Alternative Contact Request Form**. Alternative Contact Request Forms are available from our Privacy Officer.

7. Right to Notification if a Breach of Your Medical Information Occurs
You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- ❑ A brief description of what happened;
- ❑ A description of the health information that was involved;
- ❑ Recommended steps you can take to protect yourself from harm;
- ❑ What steps we are taking in response to the breach; and,
- ❑ Contact procedures so you can obtain further information.

8. Right to Opt-Out of Fundraising Communications
If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you chose to do so.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will <u>not</u> take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

Washington Medical Equipment, Inc Attn : Brandon Rae
1100 W Chestnut St
Washington, Pa 15301
P- 724-222-2545, Toll Free 877-464-6635 Fax 724-222-2579

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Toll-Free Phone: 1-(877) 696-6775

Website: http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

Email: OCRComplaint@hhs.gov

Notices of Privacy Practices (NPPs)

Providers and health plans will likely need to update their Notices of Privacy Practices (NPPs). The updated NPPs must advise individuals of the Omnibus Rule's required changes, specifically including, as applicable:

1. The prohibition on the sale of PHI without the express written authorization of the individual;
2. The duty of a CE to notify affected individuals of a breach of unsecured PHI;
3. The individual's right to opt out of receiving any fundraising communications from the CE; and,
4. The right of the individual to restrict disclosures of PHI to a health plan with respect to health care for which the individual (or their family or friends) has paid out-of-pocket and in full.

All covered entities must include the following in their NPPs:

- ❑ A statement that the following uses and disclosures will be made only with authorization from the individual:
  - uses and disclosures for marketing purposes;
  - uses and disclosures that constitute the sale of PHI;
  - most uses and disclosures of psychotherapy notes (if CE maintains them); and,
  - other uses and disclosures not described in the notice

- ❑ A statement that the CE is required by law to notify affected individuals following a breach of unsecured PHI. This statement may be general in nature and is not required to provide detailed information about what constitutes a breach or what notices are required.

- ❑ If a CE intends to contact an individual for fundraising purposes, a statement of such intent and the individual's right to opt out of receiving fundraising communications.

- ❑ Notice of the right to opt out of fundraising communications (if the covered entity conducts fundraising).

- ❑ A description of the types of uses and disclosures that require an authorization under § 164.508(a)(2)(a)(4). These include most uses or disclosures of psychotherapy notes, marketing communications and sales of PHI. The NPP also must state that other uses and disclosures not described in the notice will be made only with the individual's written authorization.

Health care providers must include in their NPPs a statement about an individual's right to restrict disclosures of protected health information to health plans if an individual has paid for services out of pocket in full.

Health plans (except for long-term care plans) must include in their NPPs a statement that the health plan is prohibited from using or disclosing genetic information for underwriting purposes.

The previously required statement that the a CE may contact an individual with appointment reminders or information about treatment alternatives or other health-related benefits or services, at the option of the covered entity, may be *deleted* from the notice.

CEs also will want to review their NPPs to ensure that they accurately describe their privacy practices, especially in light of the Omnibus Rule's new requirements.

Distribution of Revised NPPs – Different for Providers versus Health Plans
The requirements for distributing updated NPPs have been modified for health plans but *not* for health care providers. Health plans may include their revised NPP in their next annual mailing as long as they prominently post the revised NPP on their web sites by the effective date of the material change to the NPP. Health plans that do not have customer service web sites are required to provide the revised NPP, or information about the material change and how to obtain the revised notice, to individuals covered by the plan within 60 days of the material revision to the NPP.

Health Care Providers – The revised NPP must be available to existing patients upon request, and must be posted both to the provider's website (if they have a website) and in a prominent location on the premises. New patients must be provided with a copy of the revised NPP.

Health Plans – The revised NPP must either (1.) be posted to the health plan's website and all members notified of the revisions in the next annual mailing, or (2.) if it is not posted to a website, the revised NPP, or information about the material changes and how to obtain the revised notice, must be distributed to all members within 60 days of the revisions.

Consent/Authorization

I hereby authorize and consent to the provision of products or services ("Equipment") to me by the company. I also understand and acknowledge that I am under the control of my attending physician and that the company is not liable for any act or omission when following the instructions of said physician. I hereby authorize any holder of medical information about me to release to the company any records pertaining to my medical history, services rendered, or treatment. I further consent to the release of my records by the company to be reviewed by authorized representatives of Medicare/Medicaid, Medicare/Medicaid intermediary, ACHC, and other licensing bodies and/or my private insurance company(ies) for use in determining my benefit. Specifically, I authorize and request the company to allow the individual/agency requesting to review my records to examine my personal and medical records. I understand that I have the legal right to refuse the release of my personal and medical records now held by the company and that I am waiving this legal right by signing this consent. This consent will be valid for whatever period of time is necessary for the individual/agency requesting to review my records to fulfill their purpose, or until I revoke this consent in writing. Such a revocation of this consent will have a prospective effect only.

On-Call/Safety Policy

In the event that your rental equipment malfunctions for any reason after business hours or on weekends, Washington Medical Equipment is on-call and will return your call by calling 724-222-2545. We will make every effort to help troubleshoot the problem over the phone, and make a service call only as a last resort. If you have a piece of equipment that is electronically powered, please notify your power company that you have medical equipment and asked to be placed on a priority list for power to be restored. In the event of a disaster which temporarily interrupts all phone service, you should tune your radio to **1450AM or 95.3 FM** for details regarding the distribution and maintenance of your equipment. Please inform us if you plan on leaving your home in the event of a disaster.

I hereby acknowledge receiving full instructions and have demonstrated my understanding in the proper use and care of the equipment that has been delivered to me by the company. I agree to operate only in a reasonable manor consistent with the use for which the equipment was designed I am responsible for the equipment and will be liable for all damages resulting from its misuse, loss, damage or theft. The equipment will be returned to the company in the same condition as it was delivered, reasonable wear and tear expected. If the equipment becomes inoperative, or a defect is discovered, I agree to notify the company immediately and not attempt to make any repairs. I agree to pay for misused, lost, damages, or stolen equipment at the retail cost thereof. I understand that drugs, enteral products, purchased equipment and supplies provided to me may not be returned. I will notify the company in writing of any changes in my prescription, domicile, or mailing address.

Patients Bill of Rights

Washington Medical Equipment staff will function using the following guidelines while providing patient care. The patient/client has the right to:

1. Kind and respectful care of ones person and property in which his/her individual, physical, emotional, social, and spiritual needs are considered: (2)Participate in decisions regarding his/her care in advance, including frequency of visits: (3) Receive information in a manner in which he/she can understand and be able to give informed consent to the start of any procedure or treatment: (4) Be provided with information concerning those aspects of his/her condition related to the care provided by Washington Medical Equipment or other agencies contracted by Washington Medical Equipment all of whom are identifiable through organizational identification: (5) Be informed of any responsibilities he/she may have in the care process: (6) Have care provided by qualified personnel who are knowledgeable to perform procedures at the level of care required: (7) Refuse treatment to the extent permitted by law and to be informed of the consequences of such action: (8) Be informed of the availability, upon request, of Washington Medical Equipment policies and procedures: (9) Be informed, at admission, of the organization's charges and policies concerning payment for services: (10) Voice grievances/complaints and suggest changes regarding the services staff , or lack of respect for property, or recommend changes in policy without fear of discrimination, restraint, interference, coercion or reprisal by notifying Director of Operations., who will investigate and follow up (Complaint Form Provided).: (11) Privacy concerning his/her records and Company's Policy of Disclosure: (12) Expect and receive care in a timely manner, appropriate to his/her needs without discrimination in accordance with physicians orders: (13) Choose their home care provider: (14) Formulate advance medical directives which are legal documents that allow you to give directions for your future medical care: (15) Be informed of any financial benefits when referred to an organization outside of Washington Medical Equipment: (16) Be informed of anticipated outcomes of care and of any barriers in outcome achievement, including provider service/care limitations.(17) Be Free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.

Patient/Client Responsibilities

As a home health care patient/client, you have the responsibility to:

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies, infectious diseases, and other pertinent items. 2.Assist in developing and maintaining a safe environment: (3) Inform Washington Medical Equipment when you will not be able to keep a home care visit: (4) Participate in the development of, and adhere to, your home care plan of service treatment: (5) Request further information concerning anything you do not understand: (6) Contact your doctor whenever you notice any change in your condition: (7) Contact Washington Medical Equipment whenever you have an equipment problem: (8) Contact Washington Medical Equipment whenever you have received a change in your home care prescription: (9) Contact Washington Medical Equipment whenever you are to be hospitalized: (10) Give information regarding concerns and problems you have with a Washington Medical Equipment staff member: (11) Ensure that the financial obligation for your equipment is fulfilled as promptly as possible: (12) Maintain and repair purchased equipment when equipment is no longer under warranty:13. Follow equipment care procedures as outlined on equipment orientation form

Additional Emergency Preparedness Tips:

If you are experiencing a personal emergency- the first thing you should consider is to call 911 , go to the nearest emergency care center or call your local fire dept/first responders.

Contact us for non-life threatening equipment or supply emergencies or lack of delivery (note-we are not an emergency response company , but we will do everything we can to help you)

If the emergency involves our equipment and you cannot contact us due to a telephone issue of ours-you may contact the equipment manufacture for technical support.

Each piece is labeled with Manufactures name, phone numbers can be found on their websites for information on replacement/drop shipping.

You may find a friendly competitor for equipment by calling directory assistance or searching the web for local supplies by equipment type and location.

You may also call Medicare @ 800-Medicare, or your health insurance provider using toll free # on the back of your insurance card.

If a local, regional disaster or emergency occurs and we cannot open- tune to 1450AM or 95.3 FM for details regarding distribution or maintenance of equipment or supply delivery.

See our On-Call/Safety Policy also located in the packet.

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date - October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.