

PATIENT MANUAL

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PATIENT BILL OF RIGHTS

Medicare/Health System Services states that your rights as a home care patient are as follows:

1. You have the right to be fully informed of all of your rights and responsibilities by Health System Services.
2. You have the right to appropriate and professional care relating to your physician's orders.
3. You have the right to be free from mental and physical abuse.
4. You have the right to choose your health care provider.
5. You have the right to receive information necessary to give informed consent prior to the start of any procedure or treatment.
6. You have the right to refuse treatment within the confines of the law and to be informed of the consequences of your action.
7. You have the right to refuse experimental treatment and drugs. A patient's written consent for participation in research must be obtained and retained in his or her medical record.
8. You have the right to privacy, respect, and confidentiality of your medical records.
9. You have the right to receive a timely response from Health System Services to your request for services.
10. You shall be admitted for service only if Health System Services has the ability to provide safe and professional care at the level of intensity needed. You have the right to reasonable continuity of care.
11. You have the right to be informed within a reasonable time of the anticipated termination of service or plans for transfer to another health care provider.
12. You have the right to voice grievances and suggest changes in service or staff without fear of restraint or discrimination.
13. You have the right to be fully informed of Medicare's/Health System Services policies and charges for services, including eligibility for third party reimbursements.
14. If you are denied service solely on your inability to pay, you have the right to be referred elsewhere.
15. You have the right to have your property treated with respect.
16. You (and the public) have the right to receive honest, accurate, forthright information regarding the home care industry in general and Health System Services in particular.

ORIENTATION OBJECTIVES

Health System Services is a home care organization dedicated to providing comprehensive home care services to referred patients/clients with the utmost quality and professionalism. Health System Services accepts only patients whose home health care needs, as identified by the referring source, can be met by the treatment and/or services offered by this organization.

Our services include:

- Home Medical Equipment
- Medical Supplies
- Patient Transfer
- Equipment/Injury Prevention
- Equipment Repair Services
- Diabetic Products (Footwear, Monitors, etc.)
- Bariatric Equipment and products
- Oxygen Therapy Products

At Health System Services we not only provide the most professional home care products available, but we also genuinely care for the patients we serve.

24-hour Emergency Service: Special emergency assistance is available to our patients through a 24-hour phone answering service/messaging system. This service can be reached by contacting our main telephone number: 716-283-2339.

Reimbursement Assistance: Health System Services accepts the following sources of payment for services:

- Medicare
- Medicaid
- Third Party Insurances
- Visa
- MasterCard
- American Express
- Discover
- Cash
- Personal Check

Any charges or patient responsibility is available upon request.

Discharge Assistance: We work directly with physicians and/or discharge planners to ensure smooth transitions from hospital care to home care.

Patient Instruction and Training: A trained staff of home health care professionals ensures that each patient is trained on the operation and care of equipment. Instruction is carried out either in the showroom or in the convenience and comfort of the patient's home.

Patient Assessment: Trained staff meets with and assess the needs of the patient with respect to the services and equipment provided. Patients are monitored and assessed according to the Plan of Service and updated to ensure care that is timely and current.

Delivery Service: Delivery service and setup are provided free of charge for major equipment.

Shipping Services: Unless otherwise noted, shipping is provided free of charge. Return postage is not

included unless otherwise noted.

Consultations: Staff professionals will meet, as required, with referral personnel or with the patient to facilitate any matter involving home care treatment or service.

Geographic Scope of Service: Health System Services provides Home Medical Equipment to all eight counties of Western New York. It also provides services to patients in long-term care facilities throughout New York State, and ten other states.

Hours of Operation: Generally, Health System Services' hours of operation include the following:

- Monday: 10:00 AM - 4:00 PM
- Tuesday: 10:00 AM - 4:00 PM
- Wednesday: 10:00 AM - 4:00 PM
- Thursday: 10:00 AM - 4:00 PM
- Friday: 10:00 AM - 4:00 PM
- Saturday: Closed
- Sunday: Closed

Our retail department can be reached at 716-283-4879.

Health System Services consists of a staff of specialists who are dedicated professionals, taking exceptional pride in the care and service they provide. These include:

- Delivery Technicians
- Customer Service Representatives
- Registered and/or Practical Nurses

Our staff's concern for the patient's well-being is combined with our extensive inventory of home health care products, resulting in the most professional care and finest quality products available.

At Health System Services, we're convinced that patients are happier and progress faster when they can convalesce in the comfort and familiar surroundings of their own home. Our objective is to be an active and professional participant in making this a reality. We meet or exceed all Medicare Supplier Standards. See page 7 of this document.

Complaints: If you have any concerns or complaints about the service you receive, please submit them in writing or call 716-283-2339. All complaints will be addressed within five business days. You also may wish to contact any or all of the following organizations:

- A. National Heritage Insurance Company 1-800-633-4227
- B. ACHC 1-919-785-1214 (9 - 5 ET)
- C. State Attorney General Office 1-800-771-7755
- D. Office of Inspector General (OIG) 1-800-447-8477
- E. New York State Department of Health 1-866-881-2809
- F. Regional Resource Development Centers (for Medicaid Waiver Programs)
 1. Buffalo 716-629-3633
 2. Rochester 585-368-3562
 3. Southern Tier 315-472-3171 (NHTD), 607-724-2111 (TBI)
 4. Syracuse 315-472-3171

PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about a and participate in his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

Patient Responsibilities:

1. The patient should promptly notify the equipment supplier of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify the equipment supplier in such instances.
3. The patient should promptly notify the equipment supplier of any changes to their address or telephone.
4. The patient should promptly notify the equipment supplier of any changes concerning their physician.
5. The patient should notify the equipment supplier of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.

CMS 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). Implementation date- May 4, 2009
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.

NOTICE OF PRIVACY INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

State and federal laws require healthcare providers to implement policies and procedures to safeguard the privacy of your health information. This notice describes our privacy practices and applies to all of your health information created and/or maintained at our company, including any information that we receive from other health care providers, the ways in which we may use or disclose your health information and your rights and our obligations regarding any such uses or disclosures.

We may use or disclose your health information for:

I. Treatment: to provide you with health care treatment and services. We may disclose your health information to personnel who are involved in your health care.

2. Payment: to accurately bill and collect payment from you, your insurance company, or another third party for the health care services you receive from our company.

3. Health care operations: to perform administrative functions necessary to operate our company and to make sure that our customers receive quality care.

We may use or disclose your health information for other specific purposes **with your written authorization**. You may revoke a written authorization at any time, and we will no longer use or disclose your health information for the purposes identified in the authorization.

We may use or disclose your health information **with your verbal agreement** to family and friends who are involved in your care or help pay for your care or in disaster relief efforts for the purpose of notifying your family or friends of your condition.

State and federal regulations either require or permit other uses or disclosures of your health information without your permission. These may include the following: public health activities, health oversight activities such as audits & licensure inspections, requirements of federal, state, or local law, law enforcement officials, national security & intelligence activities and Worker's Compensation or Military & Veterans if pertinent to you.

You have the following rights regarding your health information which we create and/or maintain:

1. You have the **right to inspect and copy** health information that may be used to make decisions about your care. Generally, this includes

medical and billing records but does not include psychotherapy notes.

2. You have the **right to request an amendment** if you feel that the health information, we have about you is incorrect or incomplete. We may deny your request if you ask us to amend information that was not created by us or is determined to be accurate and complete.

3. You have the **right to request an accounting of the disclosures** which we have made of your health information. This accounting will not include disclosures that supported treatment, payment, or health care operations.

4. You have the **right to request a restriction** or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to specific persons, such as a family members or friends, who are involved in your care or in the payment of your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

5. You have the **right to request that we communicate confidentially** with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

6. To exercise any of your rights under this section, contact the Director of our company.

If you believe your privacy rights have been violated, or you need more information regarding your rights, please contact our privacy officer or the secretary of the Department of Health and Human Services as follows. **You will NOT be penalized for filing a complaint**

Privacy Officer for Office of Civil Rights

Instructions located at: <http://www.hhs.gov/ocr/howtofileprivacy.htm>

NOTICE OF PROTECTED HEALTH INFORMATION PRACTICES

Patient Rights under the Final Privacy Standards:

1. *Right to Notice*: All customers have the right to be provided this written "Notice of Protected Health Information (PHI) Practices"
2. *Right to Request Restriction*: All customers have the right to restrict the use and disclosure of their Protected Health Information (PHI) by providing a written signed and dated "Restriction Notice" with specific instructions to the Supplier.
3. *Right to Access*: All customers have the right to access, inspect, and copy their own Protected Health Information (PHI) within 30 days of their request.
4. *Right to Amend*: All customers have the right to amend their PHI with legitimate information that is corroborated by their treating physician.
5. *Right to Accounting*: All customers have the right to an accounting of all Company disclosures that are not related to Treatment, Payment, or Operations within 60 days of their request.

Administrative Requirements for (the Company):

6. The Company has designated a Privacy Officer who will oversee compliance of Company rules and procedures regarding PHI.
7. All Company employees are trained and updated on all Company privacy policies, rules and procedures.
8. The Privacy Officer will accurately document and promptly investigate all customer complaints regarding the use and disclosure of PHI.
9. The Privacy Officer will provide the complainant with a detailed report of the results of the investigation and explain the action taken to resolve the problem and prevent its recurrence.
10. Employees who fail to comply with Company privacy policies and procedures are promptly sanctioned in accordance with the Company Disciplinary Policy.
11. The Company retains all Company privacy policies and procedures for 6 years from the date of their initial implementation.
12. The Company must obtain a one-time "Authorization for Disclosure and Use of Protected Health Information" from each Customer before it can use and disclose their PHI for any treatment, payment, and operations related to that Customer.
13. On each separate occasion that the Company intends to disclose a customer's PHI to a Business Associate the Company must first obtain an additional "Authorization to Disclose PHI" from the Customer. Business Associates explaining the specific reason for disclosure and limiting its use by the Business Associate.

Company Privacy Policy and Procedures:

14. The Company ensures that the software utilized to electronically transmit PHI has been tested and approved by Medicare and it provides reports that reflect its use and disclosure.
15. The Company has placed "firewall" and "anti-virus" software in its Internet-based computers possessing PHI.
16. The Company maintains all Protected Health Information in a **secure** location
17. Company personnel will view **only the minimum necessary** PHI to perform the specific jobs at hand.
18. A dated Sign-out Log is utilized by the Company requiring all authorized personnel to enter the description of the specific PHI used, the reason for its use, the time it is taken, and the time it is promptly returned upon completion of the specific job.
19. Company personnel are required to diligently protect all PHI from unauthorized use or disclosure when it is in their possession. It must be kept from the plain view of other customers, visitors, and

other unauthorized persons. It must not be spoken of in the presence of other customers, visitors, and other unauthorized persons.

20. The Company employee last signing out a customer's PHI from the file room is held responsible for its total protection, safeguard from unauthorized persons, and prompt return.

21. No Company employee is allowed to speak about a customer's PHI outside of or in conflict with their professional responsibility (i.e. with family, friends, for personal benefit or with malicious intent).

22. All Company personnel are instructed to remain alert for any abuses of these privacy policies and procedures and to immediately correct, prevent and report such abuses to the Privacy Officer in accordance with Company Communication Policy.

23. Should the company assets including patient base be sold, the Company will notify all customers in advance of transfer of files containing any PHI.

COMPLAINT FORM

Date/time: _____

Complaint received by: _____

Date of problem: _____

Complainant's name: _____ Phone: (____) _____

Name of client/patient involved (if different from above): _____

Address of client/patient involved: _____

Patient's Medicare or Insurance ID #: _____

Employee involved (if applicable): _____

Method of complaint:

Phone ____ Walk-in ____ Letter ____ Email ____

Type of complaint:

Billing ____ Equipment ____ Late delivery ____ Service ____ Staff ____ Other ____

Detailed description of the problem/complaint: (use back of form if needed):

Resolution of the complaint:

Date resolved: _____ Supervisor signature: _____

CUSTOMER SERVICE SURVEY

Health System Services is committed to offering the best customer service in the industry. In that effort, we ask for your input on how we are doing, and how we can improve. Please take a few minutes to complete the following brief questionnaire and return it to us at 6867 Williams Road, Niagara Falls, NY 14304. If you wish, please complete the survey anonymously.

Name _____ *Optional*

Email _____ *Optional*

Please rate HSS on the following scale for all that apply:

Telephone/In Person Support:

	Poor	Fair	Average	Good	Excellent
• Friendliness	1	2	3	4	5
• Ability to answer questions	1	2	3	4	5
• Overall telephone support	1	2	3	4	5

Personal Visits by Customer Service Rep:

• Friendliness	1	2	3	4	5
• Ability to answer questions	1	2	3	4	5
• Overall personal visits	1	2	3	4	5

Delivery Personnel:

• Friendliness	1	2	3	4	5
• Appearance	1	2	3	4	5
• Willingness to go the extra mile	1	2	3	4	5
• Overall delivery personnel	1	2	3	4	5

Miscellaneous:

• Accuracy of deliveries	1	2	3	4	5
• Timeliness of <u>emergency</u> deliveries	1	2	3	4	5
• Product availability	1	2	3	4	5
• After hours Answering Service	1	2	3	4	5

Overall:

• Please rate our service overall	1	2	3	4	5
• Are you satisfied	Yes/No				

Please name any HSS employee you feel does an exceptional job:_____

Suggestions on how we can improve:_____

May we use you as a reference? **Yes/No** If yes, your name (if not above)_____

Is there anyone you feel we should contact about our service **Yes/No**

If yes, Name(s)

Facility (if applicable)

_____	_____
_____	_____

Comments (please use back if necessary):