

## CUSTOMER BILL OF RIGHTS

As a customer of **Central Medical Supply, Inc.** you are entitled to:

- 1) Receive reasonable coordination and continuity of services for home medical equipment services
- 2) Receive a timely response when you request home medical equipment services
- 3) Be fully informed, in advance, about services/equipment/items to be provided
- 4) Informed consent and refusal of service after consequences of refusal are given
- 5) Be informed, in advance, of any charges for which you may be responsible
- 6) Be treated with respect, consideration and dignity
- 7) Be able to identify any staff members who may deliver item(s) to your home
- 8) Have a process to voice any complaints about staff or items/equipment/services without reprisal
- 9) Choose your equipment/supply provider
- 10) Confidentiality and privacy of all information contained in your record and Protected Health information
- 11) Receive services in accordance with your physician's orders
- 12) Fully informed of your responsibilities
- 13) Be informed of any limitations your equipment/supply provider may have
- 14) Be informed of customer/patient rights under state law for advanced care directives
- 15) Be informed of anticipated outcomes of service/equipment and of any barriers
- 16) To participate in the development and modification of their plan of care and also be fully informed in advance  
The service care to be provided.
- 17) Be informed of any changes in third party reimbursements.

Patient's signature implies understanding and agreement.

**Central Medical Supply, Inc.**  
**240 US Hwy 206 North**  
**Flanders, NJ 07836**  
**Tel: 973-927-3032 Fax: 973-927-3302**

## **CODE OF ETHICS**

- We will provide quality services to our customer community
- We will strive to maintain 100% compliance with all Federal, State and local laws, rules, regulations and ordinances.
- We will strive to maintain 100% compliance with Federal, State and Commercial insurance carriers requirements
- We will be courteous and professional to all of our customers
- We will not knowingly participate in any Medicare, Medicaid or other Third Party Carrier fraud or abuse
- We will not discriminate any of our customers on the basis of age, sex, creed, color, national origin, race, sexual orientation or disability
- We will perform background checks on all of our employees
- We will take steps to maintain the safety of our employees and customers
- We will treat each of our employees and customers with respect and personal dignity

# **CENTRAL MEDICAL SUPPLY**

## **Notice of Privacy Practices**

Effective April 1st, 2003

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### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW:**

Central Medical Supply, Inc. (CMS) is required to inform you of its practices in relation to the protected health information (PHI) that it maintains about you. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates minimum standards that a covered entity such as CMS must maintain in relation to your PHI. This Notice of Uses is being provided to help you understand how CMS meets these minimum standards. It is also meant to inform you of the ways that CMS may use the the personal information it collects about you and how it may disclose it.

### **UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION**

When you receive care from a healthcare provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your medical record. This medical record includes protected health information and lays the foundation for determining your plan of care and treatment and allows for successful means of communication between all healthcare professionals that contribute to your care.

HIPAA protects information found in your medical record from disclosure without your authorization. The information protected by HIPAA includes.

- a) Any information related to your past, present, or future physical or mental health;
- b) The past, present or future payment for health services you have received;
- c) The specific care that you have received, are receiving, or will receive;
- d) Any information that identifies you as the individual receiving the care;
- e) Any information that someone could reasonably use to identify you as receiving the care;

This information is referred to as protected health information throughout this Notice.

### **TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS**

CMS is required to inform you of how it may use your protected health information. In providing treatment to you, CMS will use your protected health information for the purpose of treatment, payment and healthcare operations.

**TREATMENT** – CMS will provide you, supplies and durable medical equipment as ordered by your physician.

Treatment also includes coordination and consultation with your physician and other health care providers. As CMS provides these services to you information obtained during this process will be recorded in your medical record. CMS will use this information, in coordination with your physician, to determine the best course of treatment for you.

**PAYMENT** – Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by CMS. This includes, but is not limited to, eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies.

**HEALTHCARE OPERATIONS** – Operations can, include, but are not limited to, review of your protected health information by members of the CMS staff to ensure compliance with all federal and state regulations. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you by CMS. Healthcare operations also include CMS's business management and general administrative activities.

### **OTHER USES AND DISCLOSURES**

In order to release information contained in your medical record for purposes other than treatment, payment or healthcare operations, CMS must obtain a specific signed authorization from you. You may revoke such authorization at any time, except to the extent CMS has taken action in reliance on the authorization.

There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. CMS may in the following circumstances disclose your protected health information.

1. CMS may disclose to a member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to such person's involvement with your care or payment related to your health care.
2. CMS may disclose protected health information for certain public health activities and purposes.
3. CMS may disclose protected health information to others as required by law.
4. CMS may disclose protected health information to a legal authority, or government authority.
5. CMS may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.
6. CMS may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.
7. CMS may disclose protected health information to attorneys, accountants, and others acting on behalf of CMS, provided they have signed written contracts agreeing to safeguard the confidentiality of the information.

### **YOUR RIGHTS AS A PATIENT OF CENTRAL MEDICAL SUPPLY**

In accordance with HIPPA you have the following rights in relation to your protected health information.

1. You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, CMS is not required to agree to the requested restrictions.
2. You have the right to request amendments to your medical record.
3. You have the right to obtain a copy of this Notice of Uses.
4. You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations.
5. You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment and healthcare operations.
6. You have the right to request communications of your medical record by alternative means (i.e. electronically) or at alternative locations.
7. You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.

### **RESPONSIBILITIES OF CENTRAL MEDICAL SUPPLY**

In accordance with HIPPA, CMS is required to:

1. Maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and, in that case, we will abide by the more restrictive statute.
2. Provide you with notice of our legal obligations and privacy practices regarding information it may accumulate about you and is obligated to abide by the terms of this notice.
3. Notify you if it is unable to agree to a requested restriction, and make every effort to accommodate reasonable requests for communication of health information by alternative means.

Please be advised that in addition to these responsibilities, CMS reserves the right to change the terms of its Notice of Uses and make those changes applicable to all protected health information maintained at that time. If there is a change to its Notice of Uses, you may obtain a copy of the revised Notice of Uses by contacting the Privacy Officer at the address below.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions, would like additional information or, if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact:

Privacy Officer

Central Medical Supply, Inc.

PO Box 28

240 US Highway 206

Flanders, NJ 07836

973-927-3032

ACHC

4700 Falls of the Neuse Road

(Suite 280)

Raleigh, NC 27609

919-785-1214

The Office of Civil Rights

U.S. Dept. Of Health & Human Sciences

200 Independence Ave. SW

Room 509 HHH Building

Washington D.C. 20201

800-368-1019

## CUSTOMER DELIVERY INFORMATION PACKET

**CENTRAL MEDICAL SUPPLY:** PO Box 28, 240 US Hwy 206, Flanders, NJ 07836:

**973 927-3032**

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**OUR MISSION:** Central Medical Supply is dedicated to providing high quality health care solutions that result in an improved quality of life for our patients. Our staff is dedicated to working with healthcare professionals to facilitate the most appropriate equipment needs of our patients with over 20 years of experience.

**OFFICE HOURS:**     **Monday – Friday:** 9:00 am – 5:00 pm         **Saturday:** 10:00 am – 2:00 pm

**AFTER HOURS EMERGENCY:** 800 879-4851 (24 hours/7 days)

**SCOPE OF SERVICES:** Medical Equipment and Supplies, Home Oxygen, Respiratory Services and Wound Care.

**WARRANTY & PREVENTATIVE MAINTANENCE:** Central HealthCare Group assumes responsibility for all preventative and needed repairs on all rental equipment. We will assist you in arranging for any repairs or needed maintenance. Please call our office to your location if you have any questions regarding maintenance, repairs or supplies.

**SUPPLY RE-ORDER:** As part of our commitment to excellence, meeting your medical equipment and supply needs is very important to us. In doing so, we ask for your help by following these simple “ABCD” reminders:

- 1.) Always check your supply inventory early in the week.
- 2.) Be aware of your supply or Oxygen Tank needs; check to be sure you have enough to get you through the weekend and the following weeks if you are using Portable Oxygen Tanks.
- 3.) Call in your supply, oxygen tank or equipment service orders to your Nurse or when necessary, directly to Customer Service between 9:00 am and 5:00 pm, Monday through Friday.

**DISASTER PREVENTION:** In the event of a natural disaster or severe weather, we recommend the following “Course of Action” if there is a medical emergency:

- 1.) Tune your radio to your “local Station” for weather condition updates.
- 2.) Attempt to contact local emergency services or call “911”.
- 3.) If an equipment emergency exists, attempt to contact us directly.
- 4.) If unable to make needed telephone contact, make your way to the nearest hospital.

**OXYGEN CONCENTRATORS:** An oxygen concentrator is a machine that separates room air into oxygen and nitrogen. The nitrogen is recycled back into the room while the oxygen is stored, concentrated and delivered at 90 – 95 % purity.

NOTE: The use of this device does not reduce the oxygen in the room air because of the small amount required.

\*If you are using an oxygen concentrator and need continuous oxygen, you may want to notify your power company and explain to them that you have life sustaining equipment in your house. In the event of a power failure in your area, they will know to give priority to restoring power to your home over others in the area not using life-sustaining equipment.

**TURNING ON OXYGEN:**

- 1.) Plug the concentrator into a properly grounded electrical wall outlet. DO NOT use an extension cord.
- 2.) Attach the tubing from your cannula to the oxygen output.
- 3.) Turn the switch to the ON position.
- 4.) Adjust the flow adjustment knob until the flow meter registers the flow rate prescribed by your doctor.  
Your doctor prescribed a flow rate of \_\_\_\_\_ LPM. (Liters Per Minute)
- 5.) Put on the cannula & adjust for comfort.

**TURNING OFF OXYGEN:**

- 1.) Remove the nasal cannula.
- 2.) Turn the concentrator power switch to the OFF position.
- 3.) It is not necessary to turn the flow control OFF after it has been properly set. It should be checked: however, each time the concentrator is turned ON and periodically during use. The flow control may require minor

**IF THE ALARM GOES OFF:** Your oxygen concentrator is equipped with an alarm to alert you in case of a power failure or an equipment malfunction. If the alarm goes off, first check to see that the power cord is still connected to the electrical wall outlet. Then, quickly check other electrical appliances in the home to determine if there is a power failure or if a fuse or circuit breaker has been tripped.

**IF THERE IS A POWER FAILURE:** Turn OFF the concentrator to stop the alarm. Then, turn ON your back-up cylinder system and connect your oxygen tubing to it. If your electrical service does not return within a reasonable length of time, notify our office so that you can be provided additional oxygen for your back-up system.

**IF YOU DETERMINE THERE IS NO POWER FAILURE:** And the alarm indicates an equipment malfunction, turn OFF the concentrator. Then, turn ON your back-up cylinder system. During several intermittent short-term power failures, it is important to check the pressure gauge to ensure that you have an adequate supply of back-up oxygen.

**OXYGEN CLEANING AND MAINTENANCE:** Once or Twice each week you will need to clean the inlet air filter. ( Not All models have this filter! ) This sponge-like filter should be removed & washed under running tap water. Be sure to shake out the excess water, then press or squeeze dry with a clean towel before replacing the filter. You should also wipe down the outside of the concentrator with a damp cloth periodically.

**OTHER IMPORTANT INFORMATION:** Never place your concentrator directly against a wall, drapes or other objects. There must be sufficient space to allow free circulation of air around all sides of the unit. You may notice some heat from the unit. This is normal.

**NO SMOKING:** “No Smoking” signs should be prominently displayed in all areas where oxygen is being used or stored. Follow all of the other safety precautions.

**Carefully follow your Doctor’s Orders for the flow Rate and Duration of Daily Oxygen.**

**CLEANING INSTRUCTIONS & REPLACEMENT GUIDELINES:**

To **WASH:** Use dish detergent and warm tap water, rinse well and air dry on paper towel.

To **DISINFECT:** Soak in 3 parts water and 1 part white vinegar solution for 3 minutes, rinse well.

| <b><u>OXYGEN:</u></b>   | <b><u>Cleaning Instructions</u></b>   | <b><u>Replacement Guidelines</u></b> |
|---|---|--------------------------------------|
| Oxygen nasal cannula  | Wash as needed  | Replace monthly or as needed         |
| Oxygen Extension tubing   | N/A   | Replace every 3 months or as needed  |
| Oxygen Humidifier bottle  | Daily: empty & refill with distilled water. Wash, rinse & disinfect/week                              | Replace monthly or as needed.        |
| Concentrator filters  | Wash/ dry once per week or as needed  | N/A                                  |
| <b><u>SUCTION MACHINE:</u></b>                                    |   |                                      |
| Suction Canisters   | Daily: wash, rinse & air dry  | Replace as needed                    |
| Suction Connection tubing   | Rinse after each use  | Replace as needed                    |
| Filters   | N/A   | Replace as needed                    |
| <b><u>NEBULIZER:</u></b>  |   |                                      |
| Medication Cup  | Rinse after each treatment & air dry<br>Disinfect 2x per week. Wipe down with damp cloth periodically | Replace monthly or as needed         |
| Compressor  |   |                                      |
| Filters   | N/A   | Replace as needed                    |
| <b><u>LARGE VOLUME NEBULIZER</u></b><br>(For use with Compressor) | Daily: empty and refill with water<br>Wash, rinse & disinfect 2x per week                             | Replace every 2 weeks or as needed   |
| <b><u>BPAP/CPAP</u></b>   |   |                                      |
| Hoses   | Daily: drain water, air dry, wash weekly  | Replace as needed                    |
| Humidifier/Chamber  | Daily : empty/refill with distilled water<br>Wash, rinse & disinfect 2x per week                      | Replace as needed                    |
| Filters (non-disposable)  | Wash, rinse & dry once per week   | Replace as needed                    |
| Filters ( disposable )  |   | Replace as needed                    |
| Masks   | Wash, rinse & air dry as needed   | Replace as needed                    |

## **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, with visible signage. 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.
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.