



Genesis Healthcare Services

Specialty Hospice and Rehab Equipment.

A Home Health Depot Company

**6659 Peachtree Industrial Blvd., Suites I & J,
Norcross, GA 30092**

Hours of Operation:

Monday- Friday 9:00 am – 5:00pm

24 hour emergency service

Phone: (770) 662-8172

Fax: (770) 662-8173

PATIENT INFORMATION PACKET

CONTENTS:

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- Welcome
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Welcome to Genesis Healthcare Services!

Thank you for choosing Genesis Healthcare Services where our motto is:

“To serve the patient”.

Durable Medical Equipment:

We offer a variety of durable medical supplies including; oxygen concentrators and portable systems, nebulizers, CPAP, BiPAP, enteral feeding, hospital beds, pressure-reducing mattresses, wheelchairs and cushions, patient lifts, rolling walkers, canes/crutches, bedside commodes, and bath safety products. Our staff will instruct you how to use the equipment and answer any questions you may have. We service greater metro Atlanta from our six strategically positioned warehouses.

SERVICE AND DELIVERY

Business Hours

The hours of operation for Genesis healthcare are 9:00 AM to 5:00 PM, Monday through Friday. However, Genesis staff is available for services 24 hours a day, 7 days a week.

Delivery

Deliveries are provided 24 hours a day for our hospice organizations and patients. It is preferable that routine and repeat orders be called in 24 hours in advance but at least before 9:00 AM for same day delivery.

Service and Repair

All equipment delivered to our patients will remain the property of Genesis. Genesis does not sell home medical equipment. Should there be a need for any service or repair to any piece of home medical equipment, contact us so we can address any issues. If the patient or caregiver is injured using the equipment please call Genesis at 770.662.8172.



Patient Bill of Rights

Patient Rights

At Genesis Healthcare, we believe that our patients have rights and responsibilities and we are committed to ensuring that we care for people respectfully, safely, and in a quality manner. As a patient of Genesis Healthcare, you have the right to, which includes but is not limited to, the following:

1. Be fully informed in advance about service/care to be provided and any modifications to the service/care plan.
2. Participate in the development and periodic revision of the plan of service/care.
3. Informed consent and refusal of service/care or treatment after the consequences of refusing service/care or treatment are fully presented.
4. Be informed both orally and in writing, in advance of the charges, including payment for service/care expected from third parties and any charges for which the client/customer will be responsible. In this case your hospice will be billed for all medical equipment rented through Genesis Healthcare Services as part of your hospice plan of care.
5. Have one's property and person treated with respect, consideration, and recognition of client/customer dignity and individuality.
6. Be able to identify visiting staff members through proper identification.
7. Voice grievances/complaints regarding treatment of care, lack of respect of property or recommend changes in policy, staff or service/care without restraint, interference, coercion, discrimination, or reprisal.
8. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
9. Confidentiality and privacy of all information contained in the client/customer record and of Protected Health Information.
10. Be advised on agency's policies and procedures regarding the disclosure of clinical records.
11. Receive appropriate service/care without discrimination in accordance with physician's orders.
12. Be informed of any financial benefits when referred to an organization.
13. Be fully informed of one's responsibilities.
14. Be informed of provider service/care limitations.
15. Be informed of client/customer rights under state law to formulate advanced care directives.

Patient Responsibilities

Genesis Healthcare and its personnel have the right to expect from you — our patient, your relatives, and friends — reasonable behavior, which takes into consideration the nature of your illness or predicament.

These responsibilities include, but are not limited to the following:

1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service.



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2. To inform a staff member, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve you, as needed and as able, in developing, carrying out, and modifying your home care service plan, such as properly cleaning and storing your equipment and supplies.
4. To review the organization's safety materials and actively participate in maintaining a safe environment in your home.
5. To request additional assistance or information on any phase of your health care plan you do not fully understand.
6. To notify your attending physician when you feel ill, or encounter any unusual physical or mental stress or sensations.
7. To notify the organization when you will not be home at the time of a scheduled home care visit.
8. To notify the organization prior to changing your place of residence or your telephone number.
9. To notify the organization when encountering any problem with equipment or service.
10. To notify the organization if you are to be hospitalized or if your physician modifies or ceases your home care prescription.
11. To make a conscious effort to properly care for equipment supplied and to comply with all other aspects of the home health care plan developed for you.
12. To notify the organization of denial and/or restriction of the organization's privacy policy.

We are committed to providing you with quality service that meets your homecare needs and exceeds your expectations. If you have a complaint or suggestion about products, equipment, or services provided by Genesis Healthcare please contact us at (770) 662 – 8172.

INFECTION CONTROL FOR THE HOME

Controlling the spread of an infectious disease means interrupting the way the illness travels from an infected person to a non-infected person. For example, if you have a cold and cover your mouth when you sneeze, you are stopping the spread of infected droplets. Careful personal hygiene is very effective in preventing the spread of disease.

We discuss these and other helpful infection control measures below.

INFECTION CONTROL MEASURES

1. Maintain good personal hygiene.
2. Wash your hands frequently.
3. Wash your hands thoroughly.
4. Clean your household thoroughly.
5. Clean contaminated household and medical equipment thoroughly.
6. Decrease your exposure to people with infectious diseases.



DISASTER/EMERGENCY PREPAREDNESS

In case of an emergency or disaster, get medical help quickly: **Dial 911.**

When the next disaster strikes, you may not have much time to act. Prepare now for a sudden emergency. By planning ahead you can avoid waiting in long lines for critical supplies such as food, water and medicines. Remember to review your plan regularly.

Your Disaster Checklist

- Assemble a disaster supplies kit with enough supplies for 3 days.
- Plan and practice the best escape routes from your home.
- Plan for transportation to evacuate to a shelter.
- Find the safe places in your home for each type of emergency.
- Post emergency phone numbers near the phone.
- Teach those who may need to assist you in an emergency how to operate necessary medical equipment.

For Your Medical Needs

- First-aid kit.
- Prescription medicines, list of medications, and list of allergies.
- Extra eyeglasses and hearing aid batteries.
- Extra wheelchair batteries and oxygen.
- List of the style and serial numbers of your medical devices such as pacemakers, Medical insurance, and Medicare cards.
- List of doctors, relatives, and friends who should be notified if you are injured.

General Disaster Supplies

- Battery powered radio and flashlight with extra batteries.
- Change of clothing, rain gear and sturdy shoes.
- Blanket or sleeping bag.
- Extra set of keys.
- Cash, credit cards, and change for pay phones.
- Personal hygiene supplies.
- Phone numbers of local and non-local relatives and friends.
- Insurance agent's name and phone number.
- It may be necessary to evacuate or you may be ordered to stay in your home. If this happens, you will need in addition to the above items:
 - Water supply, 1 gallon per day per person. Remember to plan for at least 3 days.
 - Non-perishable food supply—including any special food.
 - Manual can-opener you are able to use.
 - Non-perishable food for pets.



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If You Need To Evacuate:

- Wear appropriate clothing and sturdy shoes.
- Take your disaster supply kit.
- Lock your home.
- Use the travel routes specified and follow any special directions provided by local officials.
- Notify shelter authorities of any need you may have.

In the event of a disaster which temporarily interrupts all phone service, you should tune your radio to a local news radio station for details regarding emergency procedures.

BILLING POLICY

Your hospice organization has already made all of the arrangements necessary for payment for all of the home medical equipment provided. Your hospice is responsible for payment in accordance with our company's terms. We will never charge you or your hospice any additional fees.

PATIENT GRIEVANCE AND COMPLAINT PROCEDURE

Our patients are very important to us. We follow comprehensive patient grievance and complaint procedures to help resolve problems that may arise in a rapid and effective manner.

1. When you have a concern that does not need to be addressed immediately, you may speak to the Patient Service Associate delivering your equipment at the next visit.
2. If you do not want to wait to speak to the Patient Service Associate, or if the issue you have involves our employee, you can call the office at 770.662.8172.

We will ensure that your concerns will be addressed promptly and resolve your grievance quickly.

CONSENT FOR THIRD PARTY REVIEW

I understand that there may be occasions where my medical record would need to be provided for review by an outside third party (such as an accreditation agency, hospice or other) and I hereby give you my consent for such review as needed.



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Home Safety Information

Each year thousands of adults and children are injured in and around their homes. Many of the injuries result from hazards that are easy to overlook, but also easy to correct. By taking the time to spot hazards, many injuries, even deaths, can be prevented. This information can help you spot possible safety problems in your home. Please review the material and decide which items need attention. Keep this information as a reminder of safe practices and share it with your family and friends.

Fire Safety

Smoke detectors and fire extinguishers should be located properly on each floor of the home. They should be checked routinely to ensure working order. Space heaters and small stoves can cause fires or serious burns if they cause you to trip or if they are knocked over. A qualified professional should install wood-burning stoves. We recommend that you practice a fire drill in your home with an emergency exit plan.

Kitchen Safety

Make sure towels, curtains, and other things that might catch fire are located away from the stove. Do not wear clothing with long or loose-fitting sleeves while cooking. Make sure kitchen ventilation systems and exhaust fans are working properly. Be sure good, even lighting exists over the stove, sink, and counter top work areas, especially where food is sliced or cut.

Bathroom Safety

Bathtubs and showers should be equipped with non-skid mats or abrasive strips to avoid slippery surfaces. They should also have at least one grab bar or tub rail. All small appliances such as hair dryers, curling irons, etc. should be unplugged when not in use and kept away from wet surfaces at all times. Always check water temperature by hand before entering bath or shower.

Stair Safety

Stairs should be lighted so that each step can be seen clearly. You should be able to turn on the lights before you use the stairway. Carpet should be firmly attached to the steps. Try to avoid wearing only socks or smooth-soled shoes when using the stairs. Remove all objects from the stairway to avoid trips and/or falls.

Basement/Garage/Storage Area Safety

Have adequate lighting in all areas where power tools are used. You should keep an operating flashlight handy. Always use correct sized fuses in the fuse box. Check containers periodically to make sure contents are known and that toxic vapors are not escaping. Gasoline, kerosene, paints, solvents, etc., should be stored out of living areas in properly labeled containers.

General Safety Tips

Check electrical cords to make sure they are not frayed or cracked. Do not overload or use extension cords unnecessarily. Remove rugs and runners that are not slip-resistant. Make sure emergency telephone numbers are readily available. Make sure all outlets/switches have cover



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plates to avoid electrical shock from exposed wiring. Replace light bulbs with ones of the correct type and wattage to avoid overheating and fire hazards. Keep medications, supplies, and needle containers away from children and pets. Keep walkways and porches clear of clutter, snow, and ice.

NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this notice, please contact Genesis Healthcare Services at 770.662.8172.

We are required by law to provide you with this written Notice of Information Practices. This notice is provided to you so that you know what our legal duties are and what we do to keep your Protected Health Information ("PHI") private. It will also tell you what your legal rights are concerning your PHI. We reserve the right to revise this Notice of Information Practices in accordance with applicable law.

I. Who We Are

This notice describes the privacy practices of your home healthcare company.

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures for Treatment, Payment and Healthcare

Operations: We may use and disclose PHI, but not your "Highly Confidential Information" (defined in Section IV. C below), in order to treat you, obtain payment for equipment and services provided to you and conduct our "healthcare operations" as detailed below:

- **Treatment.** We use and disclose your PHI to provide treatment and other services to you (for example, to treat your injury or illness). In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related



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benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

- **Payment.** We may use and disclose your PHI to obtain payment for equipment and services that we provide to you -- for example, disclosures to claim and obtain payment from your hospice provider, health insurer, HMO, or other company that arranges or pays the cost of some or all of your healthcare (Your "payer") to verify that Your payer will pay for healthcare.

- **Healthcare Operations.** We may use and disclose your PHI for our healthcare operations, which include internal administration, planning, and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our respiratory therapists, nurses and other healthcare workers. We may also disclose PHI to your other healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations, such as quality assessment and improvement activities, reviewing the quality and competence of healthcare professionals, or for healthcare fraud and abuse detection or compliance.

B. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member or other relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member or other relative, or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your healthcare or payment related to your healthcare. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death.

C. Public Health Activities. We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U. S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

D. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental authority, including a social



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service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

E. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

F. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law, or in compliance with a court order, a grand jury, or an administrative subpoena.

H. Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law.

I. Organ and Tissue Procurement. We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking, or transplantation.

J. Research. We may use or disclose your PHI without your consent or authorization if an Institutional Review Board or Privacy Board approves a waiver of authorization for disclosure.

K. Health or Safety. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

L. Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U. S. military or the U. S. Department of State under certain circumstances.

M. Workers' Compensation. We may disclose your PHI as authorized and to the extent necessary to comply with state law relating to workers compensation or other similar programs.

N. As Required by Law. We may use and disclose your PHI when **required** to do so by any other law not already referred to in the preceding categories.

IV. Uses/ Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, we only may use or disclose your PHI when you grant us your written authorization ("Your Authorization"). For instance, you will need to execute an authorization before we can send your PHI to your life insurance company or to the attorney representing the other party in any litigation in which you are involved.

B. Marketing. We must also obtain your written authorization ("Your



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marketing authorization") prior to using your PHI to send you any marketing materials (We can, however, provide you with marketing materials in a face-to-face encounter without obtaining your marketing authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your marketing authorization). In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers, or care settings without your marketing authorization.

C. Uses and Disclosures of Your Highly Confidential Information.

In addition, federal and state law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"). We will comply with such special privacy protections which may cover the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment, and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about venereal disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic abuse of an adult with a disability; (9) is about sexual assault; or (10) is about abortion.

V. Your Rights Regarding Your Protected Health Information

A. For Further Information; Complaints. If you desire further information about your privacy rights or are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact Genesis. You may also file written complaints with the Director of the Office for Civil Rights of the U. S. Department of Health and Human Services. Upon request, we will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

B. Right to Request Restrictions. You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and healthcare operations; (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction. If you wish to request restrictions, please submit a written request to our Genesis.

C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

D. Right to Revoke Your Authorization. You may revoke Your Authorization, Your Marketing Authorization or any written authorization obtained in connection with your Highly Confidential Information (except to the extent that we have taken action in reliance upon it) by delivering a written revocation statement Genesis.



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E. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please submit a written request to the Genesis.

Requests for a copy of a limited amount of your medical or billing records (e. g., a prescription) maintained by us on- site may be made orally to our local facility. We may, however, require that you submit a written request.

F. Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please send a written request for the amendment (including the reason for the amendment) to Genesis.

We will comply with your request unless we believe that the information that would be amended is accurate and complete or if other special circumstances apply.

G. Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request, provided that such a period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003.

H. Right to Receive Paper Copy of This Notice. Upon request, you may obtain a paper copy of this notice, even if you have agreed to receive such notices electronically.

VI. Effective Date and Duration of This Notice

A. Effective Date. This notice is effective as of April 14, 2003.

B. Right to Change the Terms of This Notice. We reserve the right to (meaning we may) change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice.

VII. Compliance Department.

You may contact the Genesis Healthcare Services Inc. at:

Genesis Healthcare Services, Inc

HIPPA Compliance

6659 Peachtree Industrial Blvd.

Suites I and J

Norcross, GA 30092

Telephone Number: 770.662.8172

Facsimile Number: 770.662.8173



Medicare Supplier Standards

Below is a summary of the standards Medicare requires of home medical equipment providers. Our company meets or exceeds all of these standards.

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.



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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.



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Checklist of Paperwork Provided

Customer Name _____ Date: _____

Item(s) received: _____

This packet has been provided to you by Genesis Healthcare and satisfies the requirements according to the Centers for Medicare and Medicaid Services.

I have received the following information:

- Company Information/Hours of Operation
- Welcome
- Service and Delivery
- Patient Bill of Rights
- Patient Responsibilities
- Infection Control
- Disaster Preparedness
- Emergency Preparedness
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Educational and instructional materials provided with each item such as a user manual or the educational materials provided by the manufacturer

Patient/Caregiver Signature

If Caregiver, Relationship to Patient