

**The purpose of RespicAir P.C. is to ensure the best patient outcomes possible by providing superior professional respiratory services to our patients. The management and employees of RespicAir P.C. are dedicated to achieving this goal by providing our patients with the highest standards of care and service. We strive every day to provide prompt professional service with top quality equipment.**

### **RESPICAIR RESPIRATORY THERAPY, PC ORGANIZATION OBJECTIVES**

RespicAir Respiratory Therapy, PC is a home care organization dedicated to providing comprehensive home care services to referred patients/clients with the utmost quality and professionalism. RespicAir Respiratory Therapy, PC 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:

- Clinical Respiratory Services
- Equipment Repair Services
- Home Medical Equipment
- Oxygen Therapy Products

At RespicAir Respiratory Therapy, PC, we not only provide the most professional home care products available, we genuinely care for the patients we serve.

RespicAir Respiratory Therapy, PC provides service for all of Western New York, with a focus on Niagara and Erie counties.

Hour of Operation: Monday through Friday 9:00AM-5:00PM with 24 hour emergency coverage seven days a week.

24 Hour Emergency Forwarding Service: Special emergency assistance is available to our Oxygen, Ventilator, CPAP and BIPAP patients through a 24-hour emergency phone number.

Please call 716 278-0204 24 hours a day in case of emergency.

Emergency Management: In case of an emergency situation, such as power outage, weather, etc., rest assured that every effort will be made to provide our patients with their necessary services. In the event that circumstances prevent our accessing your home during this period, we will contact you by telephone. If a critical medical emergency occurs call 911 for assistance.

Reimbursement Assistance: RespicAir Respiratory Therapy, PC accepts the following sources of payment for services:

Medicare  
Medicaid  
Third Party Insurances  
Visa  
MasterCard  
Cash  
Personal Check.

**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 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.

**Free Delivery Service:** Delivery service, setup, and patient instruction are provided free of charge. **Shipping Services:** Shipping will be charged if item requested by the patient is to be mailed or if the equipment not covered by insurance.

**Returns:** Rental equipment may be returned if discontinued by the physician. Sale items are non-returnable. Defective equipment will be exchanged for a same or similar piece of equipment.

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

**RespicAir Respiratory Therapy, PC** consists of a staff of specialists who are dedicated professionals, including Licensed Practical Nurses and Respiratory Therapists who take exceptional pride in the care and service they provide.

All of our staff's daily activities are guided by our mission statement which states: The purpose of RespicAir P.C. is to ensure the best patient outcomes possible by providing superior professional respiratory services to our patients. The management and employees of RespicAir P.C. are dedicated to achieving this goal by providing our patients with the highest standards of care and service. We strive every day to provide prompt professional service with top quality equipment.

## RESPICAIR RESPIRATORY THERAPY, PC EQUIPMENT AND SERVICES

RespicAir Respiratory Therapy, PC offers our patients the following home care products and services:

### Assistive Technology

1. Manual Wheelchairs, Standard Adult
2. Manual Wheelchairs, Standard Adult, Youth, Pediatric

### Clinical Respiratory Services

1. BIPAP Systems (With Back-Up Respiratory Rate)
2. BIPAP
3. CPAP
4. Mechanical Ventilators/Trilogy/Trilogy Evo
5. Nebulizers
6. Cough Assist Devices
7. Respiratory Systems Assessment

### Diagnostic Products

1. Pulse Oximeter

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### Respiratory Therapy

1. Compressed Oxygen Cylinders
2. Continuous Positive Airway Pressure (CPAP/BIPAP)
3. Ventilators/ Invasive & Non-Invasive
4. Pulse Oximetry Evaluation
5. Incentive Spirometry
6. Nebulizer Compressors
7. Oral Suction Pumps
8. Oxygen Concentrators
9. Oxygen Conservation Devices
10. Oxygen Delivery Supplies
11. Tracheostomy Products
12. Pep Device

Walking Aids (By Order-Not In Stock)

1. Crutches
2. Quad Canes
3. Straight Canes
4. Walkers

The above listing covers major products available from RespicAir Respiratory Therapy, PC but is not a complete listing of inventory or product availability.

**RESPICAIR RESPIRATORY THERAPY, PC  
PATIENT/CLIENT BILL OF RIGHTS**

As an individual receiving home care services from RespicAir Respiratory Therapy, PC, let it be known and understood that you have the following rights:

1. To select those who provide your home care services.
2. To be provided with legitimate identification by any person or persons entering your residence to provide home care for you.
3. To be provided with adequate information from which you can give your informed authorization for the commencement of service, the continuation of service, the transfer of service to another health care provider, or the termination of service.
4. To be fully informed in advance of any changes in the care or treatment to be provided by our organization when those changes may affect your well-being.
5. To be fully informed in advance about services and/or care to be provided, including the disciplines that furnish care and the frequency of visits as well as any modification of your service or care plan.
6. To participate in the development and periodic revision of the plan of service or care.
7. To accept or refuse care, within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
8. To be advised, before care is initiated, of the extent to which payment for services may be expected from Medicare/Medicaid, insurance, or your liability for payment, billing cycles and changes in payment.
9. To have your privacy and your property always respected and to be treated with respect, consideration, and recognition of dignity and individuality.
10. To express concerns or grievances or recommend modifications to your home care service without fear of restraint, interference, coercion, discrimination, or reprisal.
11. To expect that all concerns, grievances, or complaints will be properly investigated.
12. To expect that all information received by this organization shall be kept confidential and shall not be released without written authorization.
13. To review RespicAir Respiratory Therapy, PC Privacy Notice.
14. To confidentiality and privacy of all patient/client medical information or Protected Health Information.
15. To be advised on agency's privacy policies and procedures regarding the disclosure of clinical records.
16. To receive the appropriate or prescribed service in a professional manner without discrimination.
17. To be informed of any financial benefits when referred to another organization.
18. To be fully informed of your rights and responsibilities in a language you understand.
19. To be promptly informed if the prescribed care or services are not within the scope, mission, or philosophy of the organization, and therefore be provided with transfer assistance to an appropriate care or service organization.
20. To formulate and have honored by all health care personnel an advance directive such as a Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order. (Clinical Respiratory Patients Only).
21. To be informed of anticipated outcomes of services or care and of any barriers in outcome achievement. (Clinical Respiratory Patients Only)

## RESPONSIBILITIES OF THE CLIENT/PATIENT

You and RespicAir Respiratory Therapy, PC are partners in your health care plan. To ensure the finest care possible, you must understand your role in your health care program. As a patient of RespicAir Respiratory Therapy, PC, you are responsible for the following:

1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service.
2. To inform a staff member, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve yourself, as needed and as able, in developing, carrying out, and modifying your home care service plan, such as thoroughly cleaning and storing your equipment and supplies.
4. To review RespicAir Respiratory Therapy, PC 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 RespicAir Respiratory Therapy, PC when you will not be home at the time of a scheduled home care visit.
8. To notify RespicAir Respiratory Therapy, PC prior to changing your place of residence or your telephone number.
9. To notify RespicAir Respiratory Therapy, PC when encountering any problem with equipment or service.
10. To notify RespicAir Respiratory Therapy, PC 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 RespicAir Respiratory Therapy, PC of denial and/or restriction of the Respicair Respiratory Therapy, PC privacy policy.
13. To Notify RespicAir of any changes in Insurance ASAP or changes in address, or you may be responsible for payment.

**RESPICAIR RESPIRATORY THERAPY, PC  
MEDICARE SUPPLIER 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, 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 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 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 exception.



**RESPICAIR RESPIRATORY THERAPY, PC  
PATIENT COMMUNICATION FORM**

At RespicAir PC we genuinely strive to provide the highest quality health care services to all our patients. That is why your concerns are our concerns. We encourage you to voice your concerns to us without fear of discrimination, reprisal or interruption of care, treatment, or service.

To ensure that our service meets your total satisfaction, we ask you to describe completely any problem, concern, or compliments that you may have regarding your care. Please mail this completed form to RespicAir P.C. - Attention: Theresa Cooper Merletti, R.T. or Mark Merletti or feel free to call the office at any time. We will promptly review your concerns and will make verbal or written communications with you no later than five calendar days of receiving the complaint to let you know that the matter is being investigated. Within fourteen calendar days we will provide you written notification of the results of the investigation and respond to your complaint to assure you that the problems will be corrected, or compliments shared.

We appreciate your candid comments as well as your assistance in helping us to continually improve our service to our valued customers. If you feel our investigation into your complaint and/or our response is unsatisfactory, you have the right to contact any of the following agencies to voice your concerns.

Medicare (NHIC): 1-800-633-4227

ACHC: 1-919-785-1214 (9-5 ET)

State Attorney General Office: 1-800-771-7755

Office of the Inspector General: 1-800-447-8477

Individual completing form: \_\_\_\_\_

Date form completed \_\_\_\_\_ Date of Concern \_\_\_\_\_

Name of individual this concern: \_\_\_\_\_

RespicAir Account Number \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Medicare or insurance ID Number \_\_\_\_\_

Issue \_\_\_\_\_

OFFICE USE ONLY

Resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manager: \_\_\_\_\_

Date \_\_\_\_\_



## HIPAA NOTICE

### WHAT INFORMATION IS PROTECTED?

- Information your doctors, nurses, and other health care providers put in your medical record.
- Conversations your doctor has about your care or treatment with nurses and others.
- Information about you in your health insurer's computer system
- Billing information about you at your clinic
- Most other health information about you held by those who must follow this law.

### HOW IS THIS INFORMATION PROTECTED?

- Respicair has safeguards to protect your health information.
- Respicair reasonably limits uses and disclosures to the minimum necessary to accomplish their intended purpose.
- Respicair has contracts in place with our contractors and others ensuring that they use and disclose your health information properly and safeguard it appropriately.
- Respicair has procedures in place to limit who can view and access your health information as well as implement training programs for our employees about how to protect your health information.

### WHAT RIGHTS DOES THE PATIENT HAVE?

- Ask to see and get a copy of your health records.
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared.
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as for marketing.
- Get a report on when and why your health information was shared for certain purposes.
- If you believe your rights are being denied or your health information is not being protected, you can.
  - File a complaint with your provider or health insurer.
  - File a complaint with the U.S. Government.

RespicAir P.C.  
**PERCEPTION OF CARE SURVEY**

Dear Home Care Customer: To help maintain the highest level of professional care and service possible, we periodically ask for your assistance. Answering the following questions in an objective and straight-forward manner will help us to constantly improve our service to you and to all our other valued customers. We appreciate your help, just as we appreciate your business. Thank you.

1. Type of care or service you are receiving: <input type="checkbox"/> Oxygen <input type="checkbox"/> Nebulizer <input type="checkbox"/> CPAP/BiPAP <input type="checkbox"/> Medical Equipment (Wheelchair, hospital bed, etc.) <input type="checkbox"/> Repairs <input type="checkbox"/> Other _____	Comments:
2. Was equipment and/or supplies delivered at the agreed upon time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
3. Was equipment and/or supplies received in clean condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
4. Did equipment operate properly at time of delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
5. Were adequate instructions provided for the safe use of the equipment/supplies at time of delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
6. Was organization staff courteous, helpful, and knowledgeable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
7. Was our after-hours or on-call policy explained to you or your care providers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
8. How would you rate the care and/or service you received? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Comments:
9. Do you feel that the service provided to you can be improved? If yes, describe. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
10. Were your financial responsibilities clearly explained to you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:

Name of Customer (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

Name of person completing this form, (Optional): \_\_\_\_\_

Please sign if you agree to allow us to share this information with your physician: \_\_\_\_\_