

# Care & Service



# Welcome!

Hello. I want to start off by welcoming you to the PHS family. We are grateful for the trust you place in us. We look forward to partnering with you to keep your child safe and healthy at home. When you work with PHS, you get more than just medical services – you get complete care. We provide a range of services that support a growing child. We can help with insurance and give warm hugs when life gets overwhelming.

As a Pediatric Center of Excellence, all decisions center around the needs of our patients and their families. This approach touches every aspect of our organization. It includes hiring and training our employees, supporting medical non-profits, representing patients' needs at the legislature, and doing medical research. To continually improve service, we at times send a patient experience survey and look forward to your feedback. We have been providing home care for complex pediatric patients for over three decades. Our mission is to take care of the child. Our goal is to make a positive difference in the life of every family we serve. Our hope is children with medical complexities have their best lives living at home participating in their communities.

We look forward to supporting you and your child through your journeys. Don't hesitate to call us if you have questions or concerns about anything related to your child's care. We are here to help.



Adam Nielsen  
Chief Executive Officer



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## About PHS

### EMERGENCY CARE

Call 911 if you think your child is having a life-threatening emergency. PHS does not provide emergency medical services. We provide 24-hour support for PHS equipment, supplies, medicine, and services.

### ACCREDITATION

A national organization approved by the Centers for Medicaid and Medicare Services officially recognizes PHS for the quality and safety of its patient care.

### PHS NONDISCRIMINATORY POLICY

Pediatric Home Service (PHS) does not discriminate based on race, color, national origin, age, disability, or sex. PHS meets the requirements of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010 and the regulations related to these Acts.

PHS does not exclude people from service or treat them differently because of race, color, national origin, age, disability, or sex. PHS provides free aids and services to people with disabilities for effective communication, such as:

- Qualified sign language interpreters
- Written information in other formats

### NOTICE OF PROGRAM ACCESSIBILITY

Pediatric Home Service and all its programs and activities are accessible to and usable by persons with disabilities. These include persons who are deaf, hard of hearing, blind, or who have other sensory impairments. Access features at our service sites include:

- Designated disability parking
- Level access or ramps between parking areas and entrance
- Fully accessible public waiting areas, restrooms, and meeting areas/rooms

Communication aids are available at all sites for no additional charge and include:

- Qualified sign language interpreters for persons who are deaf or hard of hearing
- Communication with PHS using the person's preferred Telecommunications Relay Service option
- Many materials are offered in a variety of written, visual, and audible formats and in other languages

Notify a PHS employee if you require any of these aids or other assistance.

## About PHS (continued)

### WHAT YOU CAN DO

If you believe that PHS fails to provide accessible services or discriminates in other ways based on race, color, national origin, age, disability, or sex, you can file a grievance with

V.P. of Quality and Compliance  
Pediatric Home Service  
2800 Cleveland Avenue North  
Roseville, MN 55113 651-642-1825 or 1-800-225-7477 (toll free)  
<https://www.pediatrichomeservice.com/contact-us/>  
651-638-0680 (fax)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the V.P. of Quality and Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, in the following ways:

Electronically through the Office for Civil Rights Complaint Portal at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

By mail at  
U.S. Department of Health and Human Services  
200 Independence Avenue SW Room 509F  
HHH Building  
Washington D.C. 20201

By phone at  
1-800-368-1019, 1-800-537-7697 (TTY)

Civil rights complaint forms are available at [hhs.gov/civil-rights/filing-a-complaint/index.html](https://hhs.gov/civil-rights/filing-a-complaint/index.html)

# Equipment and Supplies

Check that your child's health insurance pays for the equipment and services the doctor wants for your child. Your child's care plan and insurance determine the type of equipment we provide.

## EQUIPMENT

- Your child's insurance determines whether you rent or buy PHS equipment.
- We rent and bill equipment on a monthly basis. We charge a full month's rental if you return equipment before the end of a one month period.
- We pick up rental equipment you no longer need.

## EQUIPMENT MAINTENANCE OR REPAIR

Call a PHS clinician if you think your child's equipment needs maintenance or repair.

- Rented Equipment
  - We replace rented equipment at no cost if the unit needs maintenance or repair.
- Patient-Owned Equipment
  - You can rent a PHS replacement unit while we work on your child's equipment.
  - If your equipment is under warranty, there is no charge for maintenance, repair, and parts.
  - If your equipment is NOT under warranty, there is a charge for maintenance, repair, or parts.

### Attention

Notify us if the doctor says to stop using equipment, supplies, medicine, or services we provide your child.

## SUPPLIES

Your child's care plan and insurance determine the type, amount, and how often you can replace your child's supplies.

- You can only buy supplies – you cannot rent them.
- We can deliver supplies to your child's home or you can pick them up at our office.
- You cannot return supplies for credit or refund.
- PHS supplies are for home need only. Use hospital supplies if your child is admitted into the hospital.

## **Insurance**

Help us keep the billing and insurance process as simple as possible.

### **LET US KNOW IF**

- Your child's medical needs or insurance change.
- We need to send your child's billing information to someone other than the person who signed the PHS Home Patient Agreement.
- You have questions about your child's medical bill. We call your child's insurance company if we think the payment is less than it should be. We can request a special review of the payment decision (called an appeal).
- You have trouble paying your medical bill. Our Billing Specialists work with you to set up a payment plan.

### **UNDERSTAND**

- Insurance may not pay for everything the doctor wants for your child.
- Your child's insurance may
  - Only pay for part of the cost of a product or service
  - Place limits on how often and how much product or service can be ordered
- Your signed PHS Home Patient Agreement lets us directly bill your child's insurance. If we don't get your signed form we send you the medical bill.
- We send you a bill for whatever amount your child's insurance does not pay.

## Your Child's Care Plan

### YOUR CHILD'S INFORMATION

Correct information helps us safely manage your child's care plan.

- We may contact you to confirm your child's name, birth date, gender, address, and insurance plan(s).
- Please let us know if any of your child's information changes.

### FOLLOWING YOUR CHILD'S CARE PLAN

A doctor writes a care plan that describes the medical care your child needs. We provide you information on how to safely use PHS equipment, medicine, and therapies for this care plan.

### ASSESSING PAIN

We need to know if PHS equipment, medicine, or therapies in the care plan cause your child pain. We work with you, your child, and the doctor or clinic to lessen or manage any pain.

### RESUSCITATION

Cardiopulmonary Resuscitation (CPR) is an emergency procedure to keep blood flowing through the body when the heart stops beating. All PHS Clinicians are certified in CPR. They perform CPR when ethically required to do so. Please let us know if your child has a Provider's Order for Life-Sustaining Treatment (POLST) or an Advanced Directive.

## Mandated Reporters

Under law, medical and social service professionals must report abuse and neglect they encounter while doing their jobs. Depending on the U.S. state, these persons must report if they know, or have reason to believe:

- A child or vulnerable adult is being neglected, abused, or exploited
- A child was neglected or abused within the preceding three years

PHS reports if we believe a child or vulnerable adult receiving our services is in danger. We make the report to the appropriate authorities. These could include local or state police, the county or state protective service agency, or a county or state attorney. PHS calls 911 if a child or vulnerable adult is in immediate danger.

To report an adverse event or medical device problem, please call FDA's MedWatch Reporting Program at 1-800-FDA-1088.

For information regarding a specific hospital bed, contact the bed manufacturer directly.

# Emergency Situations

Being prepared for emergencies can make the difference between there being a mild nuisance or a possible tragedy. Here are some things to keep in mind when you or your child depend on medical support equipment.

## EMERGENCY PLANNING

- Before going home from the hospital
  - Contact your police and fire departments and a local ambulance service. Notify them of your or your child's need for emergency services.
  - Alert the electric company to put your home on a medical priority list for restoring power after an outage.
  - Notify the phone company if you don't use a cell phone. Alert them to put your home on a medical priority list for restoring service.
- Create an Emergency Action Plan. Talk with your PHS Clinician if you have questions or need help creating an Emergency Action Plan. Keep your Emergency Action Plan where it is easy for everyone to see. Review the plan with your family and caregivers on a regular basis and update when needed.
- Notify your local fire department if you or your child use oxygen or life support equipment in your home.
- Keep a working flashlight near the medical equipment. Never use candles.
- Keep a battery-operated radio close to the equipment.
- Identify only one location for storing backup medical equipment and non-refrigerated supplies.
- Use power surge protectors with your medical equipment.
- Sign up to be on your community's emergency warning system.
- Include health insurance information and medical provider contact information in your severe weather or emergency evacuation kit.

### EMERGENCY PREPAREDNESS QUESTIONS?

Call PHS if you have questions about being prepared for an emergency when using medical equipment.

## EQUIPMENT FAILURE

- Call 911 if a medical equipment breakdown is life-threatening.
- Call PHS to troubleshoot if a medical equipment breakdown is not life-threatening. We may need to repair or exchange the equipment.

## POWER OUTAGE

- Prepare for a power outage by knowing
  - How long the battery for a piece of equipment can provide operating power
  - Where the equipment's backup battery is located
  - How to hook up or install the backup battery
  - How long you or your child can safely be without medical equipment support
- Remember that cordless phones do not work during power outages. Arrange for another method of emergency communication.

# Emergency Situations (continued)

## SEVERE WEATHER AND NATURAL DISASTERS

- Know where to find severe weather and natural disaster alerts. Examples include the Wireless Emergency Alert system and NOAA Weather Radio.
- Read information on preparing for and staying safe during severe weather and natural disasters. Go to any of the following: [ready.gov](https://www.ready.gov); [epa.gov/naturaldisasters](https://www.epa.gov/naturaldisasters); your state's weather safety or emergency preparedness websites.
- Contact the fire department for information on actions to take during severe weather or natural disasters.
- Locate evacuation routes and the nearest emergency shelters.
- Identify a safe place to go when not evacuating. Work out challenges to moving essential equipment and supplies, backup battery, flashlight, and battery-operated radio to that location.

## Patient Rights & Responsibilities

### STATEMENT OF PATIENT RIGHTS

A patient who receives equipment, treatment, or services from PHS has these rights:

1. Be fully informed, prior to or at the time of admission, of these rights and the patient's responsibilities.
2. Be informed, during the admission process, of services available through PHS and of any charges for services not covered by the patient's insurance company. A fee schedule will be made available to all private pay patients who request it.
3. Receive information about their illness, so that they may make informed decisions regarding their care and participate in the development and revision of their Plan of Care.
4. Be informed about the nature and purpose of any technical procedure that will be performed, including the potential benefits and burdens, as well as who will perform the procedure.
5. Refuse treatment or services and be informed of the medical consequences of such refusal.
6. Refuse to participate in treatment, investigational medication studies, clinical trials and/or experimental research unless the patient and/or guardian gives documented, voluntary, informed consent.
7. Be treated by a health care provider of their choice, including a physician if applicable.
8. Have personal, financial, and medical information kept private, and be advised of PHS policies and procedures regarding disclosure of such information.
9. Have access to the patient's own records and written information from those records in accordance with state and federal laws.
10. Be treated with consideration, respect and full recognition of individuality, including privacy in treatment and in care of personal needs. PHS staff will respect the property of the patient.
11. Be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment.
12. Have their cultural, psychosocial, spiritual, and personal values, beliefs, and preferences be respected.
13. Be served by people who are properly trained and competent to perform their duties.
14. Participate in the consideration and resolution of ethical issues and conflicts in decisions that arise in their care.
15. Have an Advance Directive for medical care respected to the extent provided by law (such as living wills or the designation of a surrogate decision maker).
16. Be informed of PHS policy regarding withholding of resuscitation services and the withdrawal of life-sustaining treatment.
17. Receive prompt response to all reasonable inquiries.
18. Complain to staff and others of the patient's choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the patient or the patient's property, and the right to recommend changes in policies and services, free from retaliation, including the threat of termination of services.
19. Have grievances/complaints regarding treatment or services that are (or fail to be) furnished, or lack of respect for property, investigated.
20. Be informed in reasonable time of the anticipated termination of services or plans for transfer to another agency.
21. Receive all information and notices in plain language and in terms the patient can understand.
22. Receive appropriate care and service without discrimination in accordance with physician orders.
23. Be able to identify visiting personnel members through an agency-generated photo ID.
24. Be informed of any financial benefits when referred to PHS.

# **Patient Rights & Responsibilities (continued)**

## **STATEMENT OF PATIENT RESPONSIBILITIES**

You need to partner with PHS so that the healthcare we provide is safe and effective. As a partner, you agree to do the following:

1. Give PHS accurate information about the patient's medical treatments, medicines, and health insurance.
2. Quickly notify PHS of changes in medical condition, health insurance, doctors, or contact information.
3. Use medical equipment and supplies from PHS according to doctor's orders.
4. Notify PHS if the medical need for rental equipment ends. Allow PHS access to equipment for repair or replacement, maintenance, and pickup of the equipment.
5. Protect PHS rental equipment from damage and follow equipment instructions for safe handling, use, care, and cleaning.
6. Promptly report any equipment failure, malfunction, or damage to PHS.
7. Be available at scheduled times for PHS home care visits and for equipment delivery and pickup.
8. Make timely payments for insurance deductibles and copays, and for products and services insurance does not cover.
9. Follow the PHS Plan of Care and tell PHS if you are unable to do so.
10. Tell PHS about risks you think might be involved with the care PHS provides.
11. Ask questions if you do not understand information you receive from PHS.
12. Treat PHS staff and property with respect.

# **PHS Notice of HIPAA Privacy Practices**

## **PLEASE REVIEW THIS NOTICE CAREFULLY**

This notice describes how medical information about a patient may be used and disclosed and how you can get access to this information.

## **WHAT ARE PHS HEALTH INFORMATION RESPONSIBILITIES?**

As we provide care and service, PHS collects information that becomes part of a patient's medical and billing record. This information is called Protected Health Information (PHI). PHI includes information about the patient we receive from:

- The patient or the patient's legal guardian or principal caregiver.
- The medical people involved in the patient's care, such as doctors, hospital or clinic staff, home care or school nurses, and mental health therapists.
- The patient's health insurance company.

Federal law and our concern about patient protection require us to keep a patient's PHI private. We do this in many ways.

- We have protections for paper and computer records to prevent accidental or intentional change, loss, or misuse of PHI.
- We have written policies protecting PHI that govern how we do business.
- We regularly train all our employees on laws and PHS policies for protecting PHI.
- We require all non-health care industry companies with which we work when we provide patient services to sign a legal agreement to follow PHI laws.

PHS notifies the patient or legal guardian if a loss of PHI occurs that is likely to cause patient harm. PHS sends this report no more than 60 days after we learn about the loss.

## **HOW DOES PHS USE AND SHARE PROTECTED HEALTH INFORMATION?**

Federal law allows PHS to use and share PHI without a patient's written permission for the following six purposes. For each purpose, we list one of many possible examples.

### **1. Patient Care and Treatment**

We may share PHI with other health care providers as we give, manage or coordinate health care and related services for a PHS patient. Example: Speaking with referring health care providers to obtain medical history or determine best equipment, supplies, or medicine for a patient.

### **2. Payment for PHS Services**

We may share PHI with the patient's health insurance provider as we seek payment for PHS services. Example: Sharing PHI to determine whether the patient's health insurance pays for equipment and supplies ordered by the doctor.

# PHS Notice of HIPAA Privacy Practices (continued)

## 3. On-Going Health Care Practices

We may use PHI for business operations and to check that PHS follows all laws and guidelines for providing safe, high-quality patient care. Example: Reviewing medical records to assure we follow proper billing practices.

## 4. Public Health

We may share PHI with appropriate authorities to prevent serious threat to individual or public health or safety. Example: Sharing a life-threatening patient event involving medical equipment with the federal Food and Drug Administration (FDA).

## 5. Suspected Abuse or Neglect

We may share PHI with appropriate authorities to address concerns about abuse, neglect, or domestic violence involving a child or vulnerable adult. Example: Sharing a nurse's observations with a county Child Protection Service if there is concern about a child's well-being.

## 6. Legal Actions

We may share PHI as required for court or law enforcement actions. Example: Sharing a patient's location in response to a court order from the police. In the following situations, federal law requires PHS to seek and receive written permission from the patient or the patient's legal representative before using or sharing PHI in the following situations. PHS must explain to the patient or the patient's legal guardian why and with whom we want to share PHI.

- For requests to use or share PHI for purposes other than the six purposes listed above under "How Does PHS Use and Share Protected Health Information?"
- For most requests to receive or share mental health treatment information contained within the medical record.

The patient or patient's legal guardian can refuse permission to use or share PHI. Refusal does not affect the care or service PHS provides the patient. The patient or patient's legal representative can withdraw permission in writing at any time.

## WHAT ARE THE PATIENT'S PRIVACY RIGHTS?

The patient or patient's legal guardian has the following Protected Health Information (PHI) rights. The person can

- Ask that PHS not share PHI for the purposes listed earlier under "How Does PHS Use and Share Protected Health Information?". The request must identify the following:
  - The information PHS should not share
  - The person or organization with whom PHS should not share the information
  - Whether the request applies to written or spoken communication or to both. NOTE: In some cases PHS may not be able to honor the request.
- Instruct PHS to not share information about service the patient or patient's legal representative paid for out of pocket and in full.

## **PHS Notice of HIPAA Privacy Practices (continued)**

- Identify how and where to receive PHI. Examples include telling us we should
  - Send PHI by email, surface mail, or phone.
  - Mail PHI to an address different than the primary address in the medical record.
  - Not leave health information in voice mails or with family members at phone numbers in the medical record.
- Receive a copy of the medical record, not including certain types of mental health treatment information. We send a copy of the record within 30 days of receiving a written request. We may charge a small fee for photocopying and mailing the medical record.
- Ask that we change, add, or remove information in the medical record. We respond in writing within 60 days of receiving the written request. If we agree, we forward the changed or new information to persons or organizations that use the medical record for treatment, payment, or other health care services. If we do not agree, we explain our reasons in writing. The patient or patient's legal guardian can follow the process described below to file a complaint about our decision.
- Receive details about the health information PHS shared for purposes four, five, or six listed on page one and two of this Notice of HIPAA Privacy Practices. The patient or patient's legal guardian can also request details about any loss of PHI that PHS considers not likely to cause patient harm.
- The person must send a signed hard copy letter with any of these requests to the Privacy Officer at PHS by following the process on the next page.

### **HOW DO I FILE A COMPLAINT?**

Contact the Privacy Officer at PHS with questions or concerns about patient privacy rights or PHS privacy policies. The patient or patient's legal guardian can file a complaint with the PHS Privacy Officer if the person thinks there has been a violation of PHI privacy. Contact the PHS Privacy Officer at 651-642-1825 or send a written complaint to the following address:

**PHS Privacy Officer**  
**Pediatric Home Service**  
**2800 Cleveland Avenue North, Roseville, MN 55113**

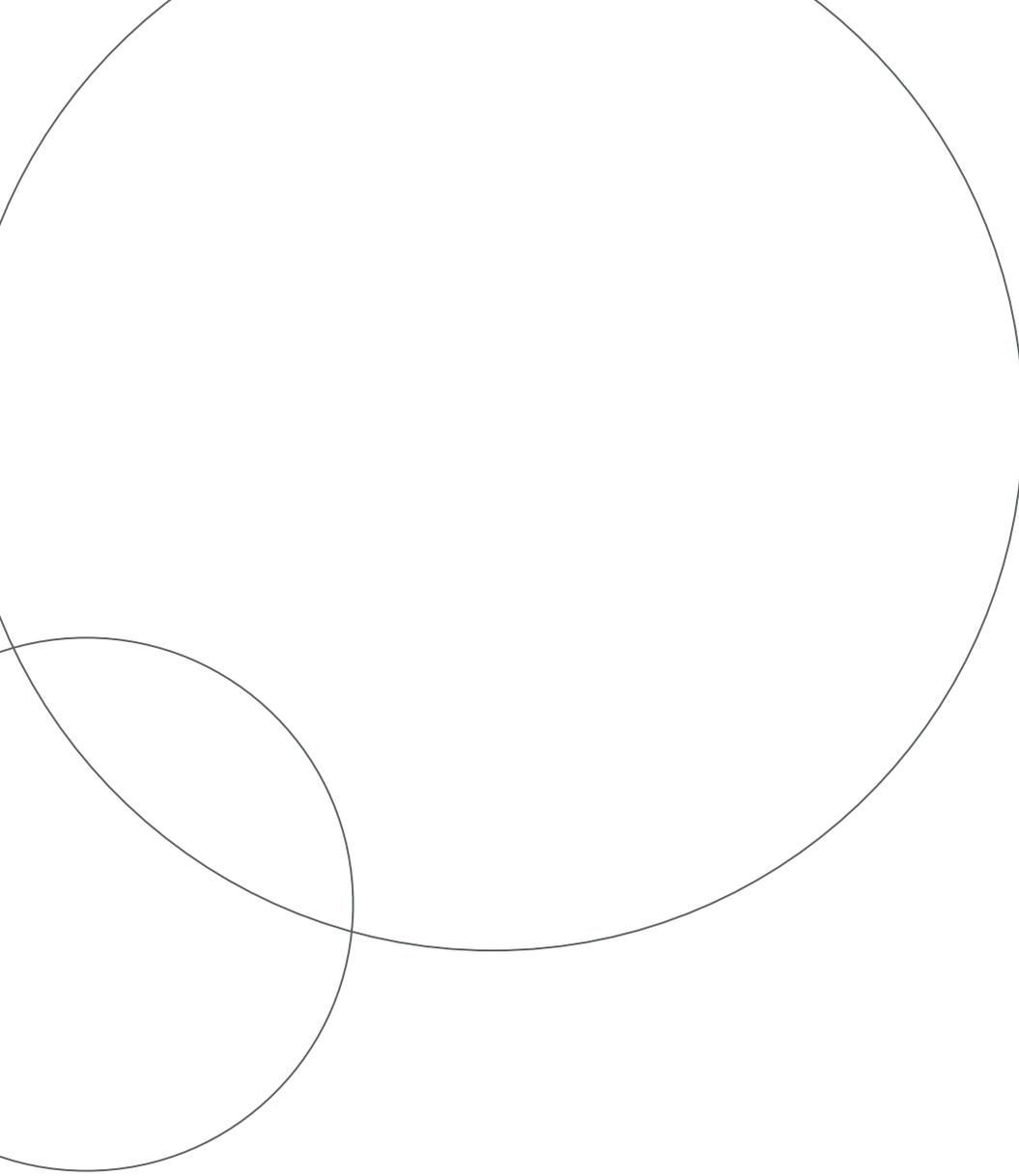
The patient or patient's legal guardian has the right to file a complaint with the United States Department of Health and Human Services—Office of Civil Rights. We cannot punish the patient in any way for filing such a complaint.

### **HOW DOES PHS NOTIFY PATIENTS OF CHANGES TO PRIVACY PRACTICES?**

This Notice of HIPAA Privacy Practices goes into effect September 1, 2013. PHS has the right to change this Notice and the PHI policies it describes. If we change the Notice of HIPAA Privacy Practices, at a minimum we do the following:

- Put the new Notice on our website ([PediatricHomeService.com](http://PediatricHomeService.com))
- Post the notice in a public area of our office

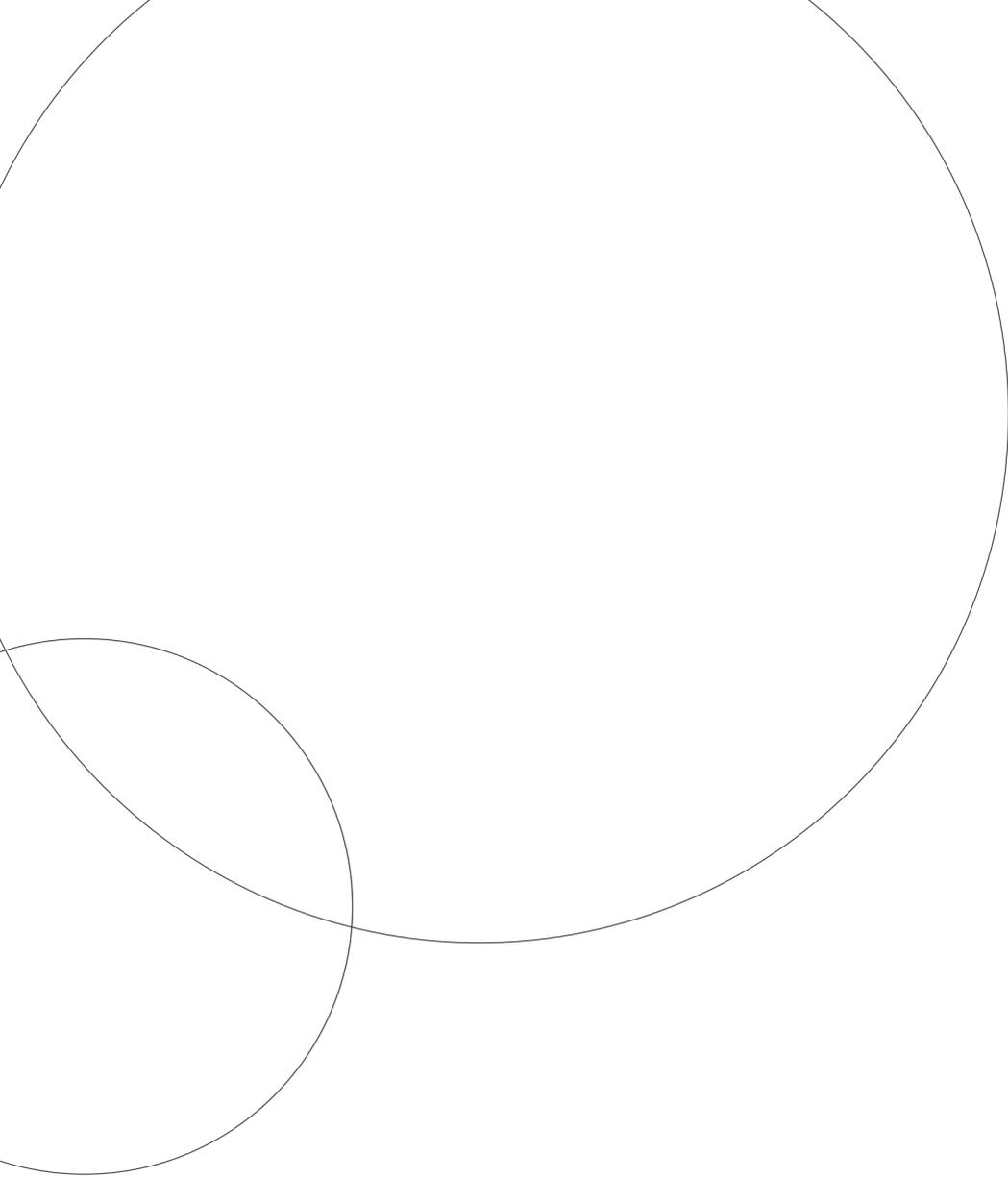
The patient or patient's legal representative can request a written copy of the new *Notice of HIPAA Privacy Practices*.



# PROVIDING ADVANCED, INTEGRATED SERVICES

*Nebraska*





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## **Hours & Locations**

### ***NURSING***

#### **GRAND ISLAND**

1811 W. 2<sup>nd</sup> Street

LL200

Grand Island, NE 68803-1751

308-382-1884

#### **OMAHA**

220 N. 89<sup>th</sup> Street

Suite 202

Omaha, NE 68114

402-502-5750

### **REGULAR BUSINESS HOURS**

Our offices are open Monday through Friday, from 8 a.m. to 5 p.m. (4 p.m. on Fridays for nursing locations) for:

- Scheduled visits with a PHS clinician (DME)
- Supply ordering and pick-up
- Billing or insurance questions

### **AFTER REGULAR BUSINESS HOURS, WEEKENDS, AND HOLIDAYS**

- We are available for emergency questions about your child's PHS equipment, supplies, medicine, or services. Contact our 24-hour on-call service for a PHS clinician to return your call within 10–20 minutes.
- **Note:** For nursing clients, call your local office first to start with a triage/support call.

## Nebraska PHS Services

### NURSING

Our PHS nurses provide care for children in the comfort and convenience of their homes.

- Provided by RNs and LPNs
- Coordinated care with PHS's multidisciplinary healthcare team
- Available 24 hours a day, seven days a week
- Our licensed, trained nurses care for children in their homes while empowering families to be confident caregivers.
- Home Health Aide service
- Infusion Nursing (via contract)

As a Pediatric Center of Excellence, we believe in the benefit of comprehensive care. Our services and teams work together to make life easier for the parents and caregivers of medically complex children. Clinical experts from each department collaborate on comprehensive care patients and are available 24 hours a day, seven days a week.

### CLINICAL ONLINE EDUCATION

#### Written Education

- PHS written education materials help ensure family members, staff, and other healthcare professionals are confident caregivers.

#### Online Education

- PHS clinical online education brings our high-level training right into your home or workplace at <https://phsuniversity.com/>. With courses geared toward caring for medically complex children, participants can access education from anywhere, at any time.

### PHS DOES NOT OFFER THE FOLLOWING SERVICES IN THIS REGION:

- Physical Therapy
- Occupational Therapy
- Speech/Language Pathologist
- Hospice Care
- Home Health Aide
- Delegated tasks to unlicensed personnel
- Housekeeping or other household chores including laundry, meal preparation and shopping
- Infusion Nursing and Pharmacy
- Respiratory Therapy and Durable Medical Equipment (limited areas)
- Enteral Nutrition

# Medicare DMEPOS Supplier Standards

Below is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet to obtain and retain 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.
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 enrollment 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.
5. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State healthcare programs or from any other federal procurement or non-procurement programs.
6. 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.\*
7. 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.
8. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be 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.
9. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
10. 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.
11. 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.
12. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR 424.57 (c) (11).
13. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare-covered items and maintain proof of delivery and beneficiary instruction.

## **Medicare DMEPOS Supplier Standards (continued)**

14. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
15. 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.
16. 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.
17. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
18. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
19. 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).
20. 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.
21. 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.
22. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
23. 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).
24. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
25. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited to bill Medicare.
26. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
27. A supplier must meet the surety bond requirements specified in 42 C.F.R. 424.57(C).
28. A supplier must obtain oxygen from a state-licensed oxygen provider.
29. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R.424.516(f).
30. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
31. A supplier must remain open to the public for a minimum of 30 hours per week except for physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom-made orthotics and prosthetics.

\*Although CMS has revised payment rules for capped rental items, supplier standard 5 still applies for inexpensive and routinely purchased items that do not fall into the capped rental category and applicable capped rental items (i.e., complex rehabilitative power wheelchairs and parental/enter pumps, etc.)

# Reporting Concerns and Complaints

## OUR COMMITMENT TO YOU

PHS knows caring for a child with special medical needs can be stressful at times. We hope we reduce some of that stress by giving you high-quality service. Please tell us if we fall short of this goal. Your feedback helps us improve our service.

For concerns or complaints about our service, you can stop by our closest office during regular business hours.

You may also contact PHS corporate office.

- Call us and talk with a manager or the Vice President (V.P.) of Quality and Compliance. You can reach the V.P. of Quality and Compliance by calling 1-651-642-1825.
- Write a letter or email any Manager or the V.P. of Quality and Compliance. Call us for email addresses.
- Report a concern or problem without our knowing who you are. Call 833-920-0001 or go to [www.lighthouse-services.com/pediatrichomeservice](http://www.lighthouse-services.com/pediatrichomeservice).
- Include a complaint or concern when responding to our patient experience survey.
- Send any comment or question by using the CONTACT US tab on the PHS website.

We promise to:

- Review your concern or complaint within five calendar days of receiving it.
- Send you a response about your concern or complaint.
- Keep your concern or complaint private.
- Not punish you or the patient for any concern or complaint you express.

## Reporting Concerns and Complaints (continued)

### ACCREDITATION COMMISSION FOR HEALTH CARE (ACHC) (DME)

At our Kansas City location, PHS is accredited by the Accreditation Commission for Health Care (ACHC), an independent, not-for-profit organization that reviews the performance of health care organizations around the country for safety and quality of care. You can report a PHS patient safety event of concern directly to ACHC.



Complaints Department  
139 Weston Oaks Ct.  
Cary, NC 27513  
1-855-937-2242  
<https://www.achch.org>

### COMMUNITY HEALTH ACCREDITATION PARTNER (CHAP) (Nursing/HHA)

For nursing services, PHS is accredited by Community Health Accreditation Partner (CHAP), a nonprofit independent organization that assesses home and community-based healthcare organizations across the United States to make sure they are meeting the highest standards of care. You can report a PHS patient safety event of concern directly to CHAP.



Community Health Accreditation Partner  
2300 Clarendon Boulevard, Suite 405  
Arlington, VA 22201  
800-626-9656  
<https://chapinc.org/contact/>

### REPORTING TO STATE REGULATORY OR PATIENT ADVOCACY ORGANIZATIONS

If you have a complaint about PHS or anyone providing PHS services, you may call or write any of the agencies below. Use the following licensee information if you report a concern or complaint to any of these outside agencies.

**Licensee Name:** Pediatric Home Service

**Phone:** 651-642-1825

**Website:** <https://www.pediatrichomeservice.com>

**Address:** 2800 Cleveland Ave N, Roseville, MN 55113

**PHS person to whom problem or complaint should be directed:** Compliance and Privacy Officer

*For reporting suspected abuse or neglect of a child or vulnerable adult*

NEBRASKA CHILD ABUSE AND NEGLECT HOTLINE

- 800-652-1999 (24-hour toll-free hotline)

*For reporting suspected Medicaid fraud*

MEDICAID FRAUD AND PATIENT ABUSE UNIT

- 800-727-6432 (toll free)
- <https://www.nebraskatotalcare.com/providers/resources/report-fraud.html>

## **Identifying an Adult Patient's Health Care Preferences**

You have the right to make decisions about your health care. This includes identifying in advance health care you want or do not want if you cannot express your wishes yourself. You can do this by completing an advance directive.

For more information about advance directives, please visit

### **Nebraska**

<https://dhhs.ne.gov/Medicaid%20SUA/Advance%20Directives%208.5x11.pdf>

AND/OR:

[https://dhhs.ne.gov/Behavioral%20Health%20Documents/Advance\\_Directives.pdf](https://dhhs.ne.gov/Behavioral%20Health%20Documents/Advance_Directives.pdf)

PHS follows the applicable state's laws about advance directives. We notify a patient in writing if PHS cannot follow any part of an advance directive. PHS does not change the services we offer based on whether a patient has an advance directive.

## Nebraska Resources

This list is not comprehensive, but it may be a good place to start when searching for more information. Inclusion on this list does not imply endorsement by PHS.

### NEBRASKA RELAY

Free service to help persons with hearing or speech difficulties communicate with users of standard telephones

- 711 or 1-800-833-7352 (TTY/Voice - 24 hours)
- <https://nebraskarelay.com/contact-us/>

### NEBRASKA MEDICAID

Health care coverage for families that qualify

- 1-855-632-7633
- <https://dhhs.ne.gov/Pages/Medicaid-Eligibility.aspx>

### PARENT TRAINING AND INFORMATION (PTI) NEBRASKA

Resources for families with disabilities and special health care needs

- 1-800-284-8520
- <https://pti-nebraska.org/>

### DISABILITY RIGHTS NEBRASKA

Protection and advocacy for people with disabilities

- 1-800-422-6691 (toll free)
- <https://www.disabilityrightsnebraska.org/>

### ALONG THE WAY

A free guide for parents of infants and children with disabilities

- <https://dhhs.ne.gov/DD%20Council%20Resources/A%20Guide%20for%20Parents%20of%20Infants,%20Toddlers,%20and%20Children%20with%20Disabilities.pdf>

### SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Monthly benefit to help eligible people buy healthy food

- 402-471-3121
- <https://dhhs.ne.gov/Pages/SNAP.aspx>

### ASSISTIVE TECHNOLOGY PARTNERSHIP (ATP)

Devices and services for Nebraskans with disabilities

- 877-713-4002
- <https://atp.nebraska.gov/>

### ANSWERS 4 FAMILIES

Resources and support for Nebraskans with special needs

- 1-800-746-8420
- <https://www.answers4families.org/>

### WOMEN, INFANTS & CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM

Program to help eligible pregnant women, new mothers, babies and young children eat well and stay healthy

- 402-471-3121
- <https://dhhs.ne.gov/Pages/WIC.aspx>

## ADVOCACY & DISABILITY RESOURCES

### Center for Independent Living

<http://www.respite.ne.gov/partners-and-advocates/resources/centers-independent-living>

#### **Independence Rising**

3335 West Capital Avenue  
Grand Island, NE 68803  
308-258-1914

<https://respite.ne.gov/Independence-Rising>

Director: Irene Britt  
ibritt@cilne.org

#### **League of Human Dignity**

1701 P Street  
Lincoln, NE 68508  
402-441-7871  
888-508-4758

<https://leagueofhumandignity.com/>

Director: Mike Schafer  
mschafer@leadgueofhumandignity.com

#### **League of Human Dignity CIL - Omaha**

5513 Center Street  
Omaha, NE 68106  
402-595-1256  
800-843-5784

<https://leagueofhumandignity.com/oinfo@leadgueofhumandignity.com>

Director: Lora Young  
lyoung@leadgueofhumandignity.com

#### **League of Human Dignity - Norfolk**

400 Elm Street  
Norfolk, NE 68701  
402-371-4475

<https://leagueofhumandignity.com/ninfo@leadgueofhumandignity.com>

Director: Jean Kloppenborg Ruge  
jkloppenborg@leadgueofhumandignity.com

### Protection and Advocacy Agency

#### **Disability Rights Nebraska**

134 S 13<sup>th</sup> St, Suite 600  
Lincoln, NE 68508  
402-474-3183  
800-422-6691

Fax: 402-474-3274

[info@disabilityrightsnebraska.org](mailto:info@disabilityrightsnebraska.org)

#### **Client Assistance Program**

301 Centennial Mall South, Box 94987  
Lincoln, NE 68509  
402-471-3656  
800-742-7594

Fax: 402-471-0117

### Protection and Advocacy Agency

See map on the next page for your regional resource.

### Quality Improvement Organization

#### **Livanta**

10820 Guilford Rd #202  
Annapolis Junction, MD 20701  
888-755-5580; 888-985-9295 (TTY)

<https://www.livantaqio.cms.gov/en>

Aging Office of Western Nebraska - AOWWN  
 AAA & ADRC ★  
 1517 Broadway, Suite 122  
 Scottsbluff, NE 69361  
 Phone: 308-635-0851  
 Toll free: 800-682-5140  
 Website: www.aowwn.org

# Nebraska Area Agencies on Aging (AAAs) & Aging & Disability Resource Centers (ADRCs ★)

URL: <http://ADRCNebraska.org/>  
 Toll free: 1-844-843-6364

Northeast Nebraska AAA & ADRC★ - NENAAA  
 119 Norfolk Avenue  
 Norfolk, NE 68702  
 Phone: 402-370-3454  
 Toll free: 800-672-8368  
 Website: www.nenaaa.com

Eastern Nebraska Office on Aging - ENOA  
 AAA & ADRC ★  
 4780 South 131 Street  
 Omaha, NE 68137  
 Phone: 402-444-6444  
 Toll free: 888-554-2711  
 Website: www.enoa.org

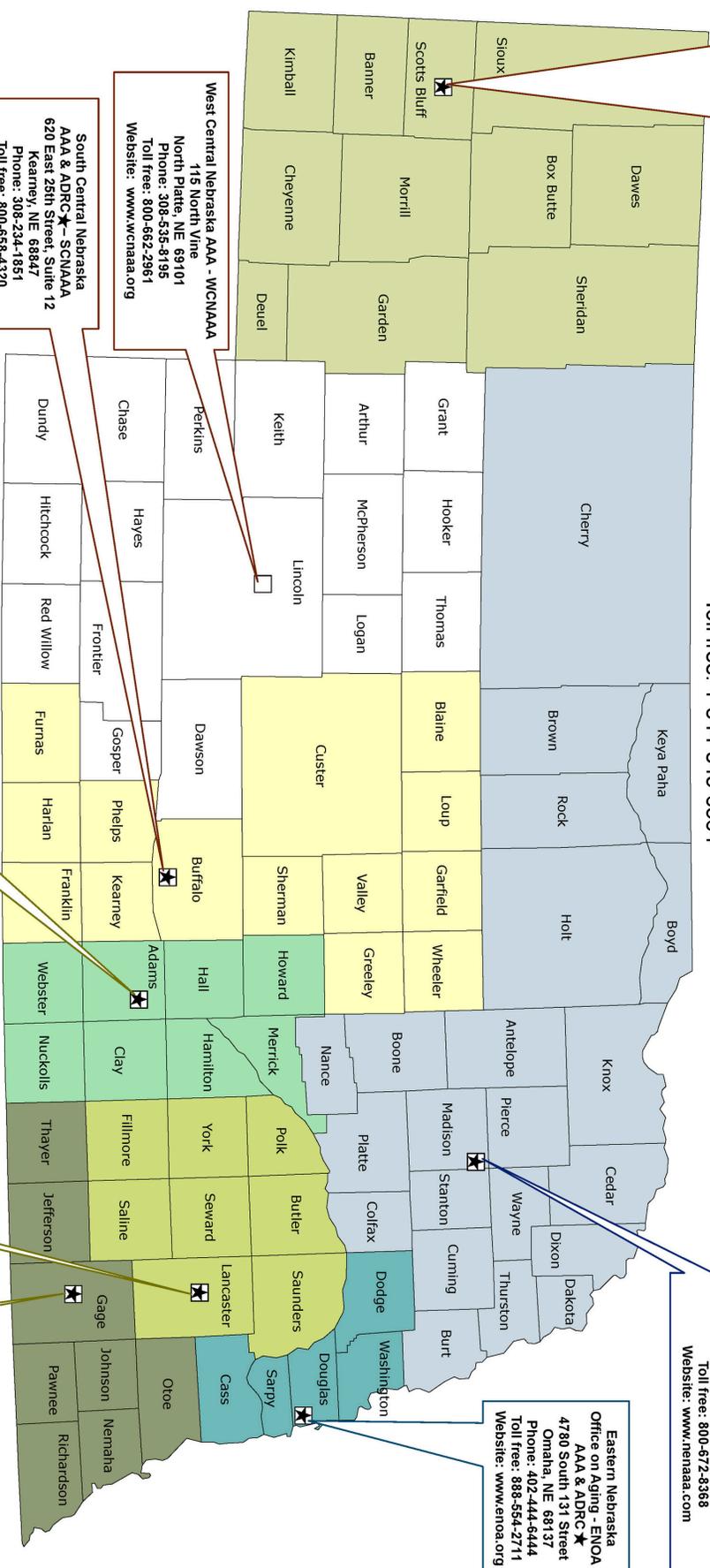
South Central Nebraska AAA & ADRC★ - SCNAAAA  
 620 East 25th Street, Suite 12  
 Kearney, NE 68847  
 Phone: 308-234-1851  
 Toll free: 800-658-4320  
 Website: www.agingkearney.org

West Central Nebraska AAA - WCNAAA  
 115 North Vine  
 North Platte, NE 69101  
 Phone: 308-535-8195  
 Toll free: 800-662-2961  
 Website: www.wcnaaa.org

Midland AAA & ADRC★ - MAAA  
 2177 West 2nd St, Suite 440  
 Hastings, NE 68901  
 Phone: 402-463-4565  
 Toll free: 800-955-9714  
 Website: www.midlandareaaagencyonaging.org

Aging Partners AAA & ADRC★  
 1006 O Street  
 Lincoln, NE 68508-3628  
 Phone: 402-441-7070  
 Toll free: 800-247-0938  
 Website: www.lincoln.ne.gov/city/imapovr/aging/

Blue Rivers AAA & ADRC★ - BRAAAA  
 103 Eastside Boulevard  
 Beatrice, NE 68310  
 Phone: 402-223-1376  
 Toll free: 888-989-9417  
 Website: www.branaa.org



**NEBRASKA**  
 Good Life. Great Mission.  
 DEPT. OF HEALTH AND HUMAN SERVICES

Map revised by  
 DHHS GIS  
 Revised 7/18



**This page applies for clients receiving an Oasis assessment.**

Home Health Agency Outcome and Assessment Information Set (OASIS)

## **STATEMENT OF PATIENT PRIVACY RIGHTS**

As a home health patient, you have the privacy rights listed below.

**You have the right to know why we need to ask you questions.**

We are required by law to collect health information to make sure:

- 1) you get quality health care, and
- 2) payment for Medicare and Medicaid patients is correct.

**You have the right to have your personal health care information kept confidential.**

You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

**You have the right to refuse to answer questions.**

We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.

**You have the right to look at your personal health information.**

We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.

If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

**This is a Medicare & Medicaid Approved Notice.**



## PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the ^Outcome and Assessment Information Set] (OASIS) assessment, it is protected under the federal Privacy Act of 1974 and the ^Home Health Agency Outcome and Assessment Information Set] (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and A support constituent requests made to a Congressional representative.

III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

### CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.  
TTY for the hearing and speech impaired: 1-877-486-2048.