I. PURPOSE

The purpose of the procedure is to outline the client bill of rights and responsibilities, specific to Next Science's Durable Medical Equipment (DME) business.

II. APPLICATION

This procedure applies to Durable Medical Equipment (DME) business only.

III. RESPONSIBILITIES

- All Next Science Employees who deal with Durable Medical Equipment shall be responsible for following this procedure.

IV. DEFINITIONS

- CMS – Centers for Medicare and Medicaid Services
- DMEPOS – Durable Medical Equipment, Prosthetics, Orthodontics and Supplies.

V. PROCEDURE

1.0 Clients have a right to be notified in writing of their rights and obligations before treatment begins. With the client's permission, the client's family or guardian may exercise the client's rights when the client has been judged incompetent. The providers must protect and promote the rights of their clients to care, treatment, and services within their capability and mission and in compliance with applicable laws, regulations, and standards, including the following rights.

2.0 You have the right to:

2.1 Be treated, and have your property treated, with dignity, courtesy, and respect, recognizing that each person is a unique individual.

2.2 Have relationships with home care providers based on honesty and ethical standards of conduct.

2.3 Receive a written statement of the company's scope of care, treatment, and services directly or through contractual arrangements.

2.4 Proper coordination and continuity of services from referring agency to home medical equipment service provider, timely response when home care equipment is needed or requested, and promptly informed of impending discharge.

2.5 Upon admission, be fully informed of the company's policies, procedures, ownership or control of the local facility, and the process for receiving, reviewing, and resolving your complaints or concerns about your care, treatment, and services.

2.6 Receive complete explanations of charges for care, treatment, services, and equipment, including eligibility for third-party reimbursement, costs for which you may be responsible, and a description of all forms you are requested to sign.

2.7 Receive quality home medical equipment/product that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status, or disability.

2.8 Receive home care equipment, treatment, and services from qualified personnel and receive instructions on self-care, safe and effective equipment operation, and your responsibilities regarding home care equipment, treatment, and services, including pain and pain management modalities.

2.9 Participate in decisions concerning the nature and purpose of any technical procedure which will be performed and who will perform it, the possible alternatives and risks involved, and your right to refuse all or part of the services and to be informed of expected consequences of any such action.

2.10 Be informed of the anticipated outcomes of care, treatment, and services and any barriers to achieving those outcomes.

2.11 Confidentiality of all your records (except as otherwise provided for by law or third-party payer contracts) and to review and even challenge those records and to have your records corrected for accuracy.

2.12 Review information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.

2.13 Express dissatisfaction and suggest changes in any service without discrimination, reprisal, or unreasonable interruption of services.

2.14 Be advised of the telephone number and hours of operation of the Agency for Health Care Administration "Hot Line." The hours are 9:00 AM to 5:00 PM and the number is 1-888-419-3456.

2.15 Be advised of any change in the care plan before the change is made.

2.16 Participate in the planning of the care and planning changes in the care and be advised that you have the right to do so.

2.17 Receive information in a manner and language that you understand.

2.18 Accept or refuse medical treatment while competent and decide about care/services to be received should you lose competency.

2.19 Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision-maker involved in care, treatment, and service decisions.

3.0 You have the Responsibility to:

3.1 Adhere to the plan of treatment or service established by your physician.

3.2 Adhere to the company's policies and procedures.

3.3 Participate in developing an effective plan of care that will involve the management of pain, if appropriate.

3.4 To the best of your knowledge, provide accurate and complete medical and personal information necessary to plan and deliver services.

3.5 Ask questions about your care, treatment, and services, or to have clarified any instructions provided by company representatives.

3.6 Communicate any information, concerns, questions related to pain, perceived risks in your care, treatment and services, and unexpected changes in your condition.

3.7 Notify the company if you are going to be unavailable.

3.8 Treat company personnel with respect and dignity without discrimination.

3.9 Provide a safe environment for staff to provide care and services.

3.10 Care for and safely use equipment, according to instructions provided, for the purpose it was prescribed and only for/on the client for whom it was prescribed. Monitor the quantity, medications, and supplies in your home and reorder as required to assure timely delivery of the needed items.

3.11 Communicate any concerns about your/caregiver's/family member's ability to follow instructions or use the equipment provided.

3.12 TO PROMOTE THE EDUCATION OF OUR CLIENTS, WE HAVE ELECTED TO POST THESE CLIENT RIGHTS IN THE LOBBY OF OUR DME COMPANY AND ON OUR COMPANY WEBISTE @ WWW.NEXTSCIENCE.COM

4.0 Client Information

4.1 After-Hours Services:

4.1.1 An answering service will answer Next Science, LLC's phones after normal business hours. You may leave a message or inform the operator that you wish to speak to a company representative.

4.2 Complaint Procedure:

4.2.1 You have the right and responsibility to express concerns, dissatisfaction, or make complaints about services you do or do not receive without fear of reprisal, discrimination, or unreasonable interruption of services. The company telephone number is 855-564-2762. When you call, ask to speak with the Chief Operating Officer or the CEO.

4.2.2 Next Science, LLC has a formal grievance procedure that ensures that your concerns shall be reviewed, and an investigation started within 48 hours.

4.2.3 Within 5 calendar days of receiving a complaint, you will be notified using either oral, telephone, email, or letter format, that the complaint has been received and is being investigated.

4.2.4 Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance.

4.2.5 If you feel the need to discuss your concerns, dissatisfaction, or complaints with someone other than management staff, the Agency for Health Care Administration can be contacted on their "Hot Line." The hours of operation are 9:00 AM to 5.00 PM and the number is 1-888-419–3456. Other contact information available:

- CMS Medicare Service Center: 800-MEDICARE (800-633-4227)
- Board of Certification/Accreditation (BOC) 877-776-2200
- Next Science Corporate Compliance Officer Jon Swanson located at:

  10550 Deerwood Park Blvd., Suite 300,

  Jacksonville, FL 32256

  office 855-564-2762 ext. 1003, cell 917-838-6286

VI. RECORDS

- Records are maintained in the electronic document control system.
- Refer to QOP-42-03 for record retention requirements.

VII. ASSOCIATED DOCUMENTS

- Provide a bullet list of all reference documents required to complete this process.

VIII. CHANGE CONTROL TABLE

Revision	Change
A	Initial Release.
B	Updated Client Information Section to include notification within 5 days of receiving complaints and added hotline contact information for BOC and CMS. Also added the Medicare DMEPOS Supplier Standards.
C	Updated procedure to align with current practices. Added Annex I in editable form, previously was an image. Revision C is a complete rewrite to be consistent with Next Science QOP formatting. In this new document format, the Change Control table, section VIII, was added to include current and previous revision changes of the document.

Annex I

Medicare DMEPOS Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
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. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise benefits 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 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 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.
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. Suppliers are prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR §424.57 (c)(11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items and maintain proof of delivery and beneficiary instruction.

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 cost either directly or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less that 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 standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier, 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 with any information required by the Medicare statute and 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 for those specific products and services (except for certain exempt pharmaceuticals).
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 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. A supplier must meet the surety bond requirements specified in 42 CFR §424.57 (d).
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 CFR §424.516 (f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j)(3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthodontics and prosthetics.