

## Set-up of Oxygen Respiratory

Policy # PTS-101R  
Date Effective: 01/01/2019  
Date Revised:  
Approved by: Michael W. Burns, CEO

Purpose: *To service our customers with appropriate and safe equipment.*

Policy: *All patient set-ups will adhere to the following guidelines.*

Procedure:

1. Order for equipment is received in the office.
2. Appropriate equipment is selected according to the physician's order and patient's condition.
3. Patient/Caregiver is notified and the following issues discussed:
  - \* Referral Source
  - \* Type and Purpose of device ordered
  - \* Patient's address and travel directions
  - \* Date and time of Set-up
4. Activate a new patient file, which should include the following forms:
  - \* Patient Agreement
  - \* Plan of Care
  - \* Patient's Rights & Responsibilities
  - \* Follow-up Plan of Care
5. Upon arrival, introductions are made to patient/caregiver.
6. Suitability for Home Care is determined based on a safety assessment including Fire safety. (e.g. the presence or absence of smoke alarm & fire extinguisher and the patient/caregiver's ability to understand instructions.
7. The location and placement of the tank/concentrator is assessed with the following criteria being used:
  - \* Stored in well ventilated area
  - \* Stored away from heat ducts, radiators, steam pipes, combustibles, oil, grease and electrical appliances.
  - \* If setting up a cylinder make sure it is secured in a cart.

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8. The patient/caregiver is educated on the reasons for prescribed treatment and goals to be achieved.
9. The patient rep utilizes universal precautions prior to actual set-up of patient (If appropriate for equipment).
10. The tank/concentrator is put in place and the mask/nasal cannula is applied.
  - \* Use caution not to kink the tubing causing restriction of Oxygen flow.
  - \* If setting up an oxygen concentrator, avoid the use of extension cords.
  - \* If the house does not have a 3-prong outlet, you must make sure the patient uses an adapter and instruct that the 3rd wire needs to be properly grounded. If the adapter cannot be connected correctly then inform the patient to call an electrician.
11. Make sure a "No Smoking" sign is posted at the front door (or main entrance to home) and in the location where the oxygen is being used.
12. Instructions and a demonstration should be given to the patient/caregiver on Oxygen's uses, the operation of controls, valves, alarms and liter flow as well as the following:
  - \* Rights & Responsibilities
  - \* Equipment instructions
  - \* Care of Oxygen tubing
  - \* Oxygen as a drug (Avoid alcohol and other sedating drugs)
  - \* Infection Control
  - \* Maintenance /Cleaning of equipment & filters
  - \* Frequency of use, duration
  - \* Safety hazards
  - \* Availability of Services & when to call for replacement tanks
  - \* Complaint Procedure
  - \* Emergency back up
13. Return Demonstration should be obtained from the person whom instruction was given.
14. Dispose of gloves (PPE) in patient's trash.
15. Complete and discuss paperwork:
  - a) Plan of Care
  - b) Patient Agreement
  - c) Patient's Rights & Responsibilities
16. Inform the patient/caregiver of your follow-up protocol. (Standard is a phone call seventy-two (72) hours after set-up and a visit as appropriate to the patient's condition).
17. Wash hands or use alcohol-based gel.

# Pick-up of Oxygen Equipment

## Respiratory

Policy # PTS -103R  
Date Effective: 01/01/2019  
Date Revised:  
Approved by: Michael W. Burns, CEO

Purpose: *All equipment should be returned to inventory to prevent billing errors and have equipment ready for patients.*

Policy: *When picking up equipment all staff will follow these guidelines.*

### Procedure:

#### Cylinders

1. Patient Representatives will use Universal Precautions when picking up equipment.
2. A pick-up form or Patient Agreement form is completed and patient/caregiver's signature is obtained with appropriate stop date and reason for pick-up
3. The cylinders are removed from the home and placed in the dirty side of the van along with other empty or used tanks.
4. The cylinders are secured in a cart or chained .

#### Concentrators/other Respiratory equipment

1. The equipment is placed in a dirty bag and tied .
2. The rep removes gloves and places them in the patient's trash.
3. Same as # 2 above.
4. The equipment is then placed in the dirty side of the van.





Patient/Caregiver Instructional Checklist for Oxygen

Patient Name: \_\_\_\_\_ Health Care Provider: \_\_\_\_\_
Address: \_\_\_\_\_ Prescription: \_\_\_\_\_ LPM: \_\_\_\_\_
City: \_\_\_\_\_ Zip: \_\_\_\_\_ hr/day: \_\_\_\_\_
Diagnosis/problems: \_\_\_\_\_

SpO2 today \_\_\_\_\_ with O2 \_\_\_\_\_ SpO2 today on Room Air: \_\_\_\_\_
Equipment: \_\_\_\_\_ Serial Number: \_\_\_\_\_
\_\_\_\_\_ Concentrator \_\_\_\_\_ Portable Unit \_\_\_\_\_ Back-up

Others receiving instruction: \_\_\_\_\_ relationship: \_\_\_\_\_

The AuBurn HME Representative has demonstrated, and the patient/caregiver has by return demonstration, shown the he/she understands the following:

- How to turn the concentrator on/off
How to read and adjust the flow meter on a concentrator
How to attach tubing and cannula/mask
Nasal cannulas should be changed every 2-3 weeks
Oxygen tubing should be changed every three months
How to attach, fill, assemble, and clean the humidifier
Humidifier should be cleaned twice weekly with hot soapy water and rinse thoroughly
How to attach and change regulator on a portable unit
How to turn the regulator on/off
How to read and adjust liter flow meter on the regulator
How to read contents gauge on a regulator
When and how to use the back-up system
How to attach and change regulator on high-pressure tank
When to call for replacement of back-up unit
Comprehends prescription from physician & importance of following
Understands audible alarm for power failure

Safety: Patient/caregiver has received and acknowledges understanding of:

- NO SMOKING within 5 feet of oxygen source including application device.
Oxygen is not flammable, but supports combustion. All sources of ignition, spark or flame must be kept 5' away.
NO SMOKING signs posted in the home
Operating instructions, safety precautions, cleaning instructions
3-pronged, grounded outlets checked
Telephone numbers to call for routine and after-hours emergencies

Patient Signature or Authorized Rep: \_\_\_\_\_

AuBurn HME Rep: \_\_\_\_\_ Date: \_\_\_\_\_



Detailed Written Order
&
Confirmation of a Verbal Order for OXYGEN & Equipment

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Insurance: \_\_\_\_\_

\_\_\_\_\_ DX: \_\_\_\_\_ ICD-10: \_\_\_\_\_

Phone: \_\_\_\_\_ Length of need: \_\_\_\_\_ months 1-99 (99=lifetime)

Home O2: \_\_\_\_\_ LPM [ ] Continuous [ ] At night [ ] Nasal Cannula [ ] Mask
[ ] CMN [ ] Initial [ ] Revised [ ] Recertification

A "restart" is considered an Initial Certification on the CMN with an RR & RA Modifier on the 1st month of the restart. It then reverts back to just an RR.

New testing is not required and there is no requirement for a physician visit that is specifically related to the completion of the CMN for replacement equipment.

Date of Face2Face: \_\_\_\_/\_\_\_\_/\_\_\_\_

Stationary Concentrator (E1390): Portable: [ ] Yes [ ] No O2 Regulator (E0431)

Testing was done in a chronic stable state: Date of testing: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1. Rest/awake without O2
2. Exercise without O2
3. Exercise with O2

If criteria is met in the above testing, it qualifies for portable & stationary O2
An Over Night Oximetry with the below criteria is for a stationary concentrator only.

Medicare criteria includes: An arterial PO2 at or below 55 mm Hg or an arterial oxygen saturation at or below 88% taken at rest and awake.

Provider: AuBurn Pharmacy

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

NPI#: \_\_\_\_\_

NPI#: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



### Oxygen Quality Assurance Home Visit

Name \_\_\_\_\_

City/Area \_\_\_\_\_

Serial Number \_\_\_\_\_ Hours \_\_\_\_\_

Set Flow Rate \_\_\_\_\_ Oxygen Concentration \_\_\_\_\_

Air Filter Clean? Yes ( ) No ( ) Alarms Working? Yes ( ) No ( )

Portable Checked\_\_ Regulator\_\_ Conserver\_\_ Pressure\_\_\_\_\_

Extra Cylinders? Yes ( ) No

Supplies Provided:  
Part#      Quantity

Number	ID Numbers
A_____	_____
B_____	_____
C_____	_____
D_____	_____
E_____	_____
H_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Physician \_\_\_\_\_ Change? Yes( ) No( )

Current Insurance \_\_\_\_\_ Change? Yes( ) No( )

Equipment Working Satisfactorily? Yes ( ) No ( )

Portable Used this Month? Yes ( ) No ( )

Concentrator Used Each Day? Yes ( ) No ( )

Patient Spo2: \_\_\_\_\_ Heart rate: \_\_\_\_\_

Problems/Comments/Inservices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Customer Signature \_\_\_\_\_



## OXYGEN THERAPY



**PURPOSE:** Oxygen is 21% of the air we breathe. When our lungs are damaged, obstructed, or restricted, they cannot oxygenate the blood. Each cell in our bodies must have oxygen to live. Raising the oxygen percentage allows more oxygen to pass into the blood. Your physician must order oxygen. Oxygen is **not flammable** but it does provide fuel for fires.

**PRESCRIPTION:** Your physician has written a prescription for oxygen and this value should *never* be deviated from without first consulting him/her. Your settings are prescribed as follows:

\_\_\_LPM at rest    \_\_\_LPM during activity    \_\_\_LPM while sleeping    \_\_\_Hours per day

**DELIVERY MODES:** There are three basic ways oxygen can be delivered. Oxygen concentrators are the most common and they are machines that concentrate the oxygen in the air we breathe. Compressed cylinders contain oxygen under pressure and allow portability. This pressurized oxygen is measured in pounds-per-square-inch gauge, or psig. Liquid oxygen is oxygen that has been cooled to allow it to turn into a liquid. This liquid is converted back into a gas when it's brought back to room temperature. Liquid systems require no electrical power and can be packaged for portability.

**USE:** Once the oxygen delivery method is decided upon, an appliance must be used to delivery it to the patient. The most common are nasal cannulas and oxygen masks. Nasal cannulas are prongs that are inserted into the nose and are suited for most needs. Nasal cannulas have curved prongs and the curve side should be down. These cannulas should be changed every two weeks or when they are soiled. Cannulas work exactly the same whether the user is a mouth breather or a nasal breather. When reading your flowmeter, you must read the *middle* of the float not the top.

Oxygen masks cover the entire nose and mouth areas and are intended for higher flowrates and oxygen percentages. A good seal on the face is needed to delivery accurate oxygen amounts. The holes on the side of the mask should never be obstructed. These ports allow your exhaled air to vent out of the mask. The *minimum* flowrate on an oxygen mask is 5 LPM.

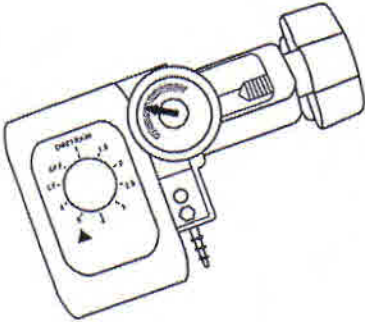
**HUMIDIFIERS:** Oxygen that is delivered has no moisture in it. Liquid oxygen is the driest. Liquid oxygen stationary units should always have a humidifier regardless of the flowrate. Do not put a humidifier on a liquid portable unit.

Humidifiers are disposable devices that bubble the oxygen through a column of water. This water attaches itself to the oxygen molecules. These devices should be filled with *distilled water* only, **do not use tap water!** This distilled water can be purchased inexpensively through your local drug store. When filling your humidifier, always empty out old water before adding new water. Change your humidifier at least weekly.

**EMERGENCIES:** Your medical equipment provider understands that oxygen services should never be interrupted. They maintain a technician on-call 24 hours a day, 365 days a year. If your equipment fails or your supplies are diminished, **call the main store number and leave an urgent message.** You should always maintain an adequate supply of oxygen on hand in case of natural disaster or other emergency. Your medical equipment provider can assist you in setting your safety limit.



## OXYGEN CONSERVING DEVICES



**PURPOSE:** Oxygen conserving devices' sole purpose is to conserve the oxygen that would otherwise be wasted, thus increasing the duration of portable oxygen systems. A physician must write a prescription for oxygen and the conserving device. Conserving devices do affect the amount of oxygen provided to the patient and they must be under the supervision of a physician. Always abide by all manufacturers' operational and safety procedures.

**TYPES:** There are two basic types of conserving devices, fixed-pulse or demand-pulse. The fixed-pulse type delivers a pulse of oxygen when the patient initiates a breath. The oxygen flow stops at a preset limit. These devices have higher flowrates in the beginning of the flow of oxygen, and thus are the most conserving. These devices are usually best for those patients with stable oxygen needs.

Demand-pulse units deliver an amount of oxygen that meets more of the patient need. Oxygen flow is started when the patient initiates a breath and usually continues until the patient has stopped inhaling. This type is usually better for active individuals and those with varying needs.

**DECIDING:** Deciding on which type to use is based on patient needs. Your medical equipment provider consults with your physician and utilizes the type that best meets your needs. Most medical equipment providers maintain a supply of both types. If at any time you feel your oxygen needs are not being met by your conserving device call your medical equipment provider immediately. The amount of conserving varies greatly depending upon the type you are using, the oxygen flowrate, and the frequency of your breathing. The patient must understand that the conserving times they may have heard about from other patients or television commercials, may not apply to them because of these variants. Some patients may not tolerate the conserving device at all.

**USE:** Most conserving devices require special oxygen regulators. Do not attempt to attach any regulator to a conserving device that was not manufactured for that specific purpose. Make sure all operational and safety procedures are followed at all times. The conserving device usually attaches to a regulator via a tube or directly. Make sure your conserving device has the correct settings and batteries. Most conserving devices require a power source, usually rechargeable nickel cadmium. Battery types vary depending on brand used. Make sure you pay attention to the amount of oxygen in your tanks. Conserving devices are made of sophisticated electronics and should not be abused or banged around. Always keep unit in designated carrying pouch. **When using a conserving device do not use a humidifier.**



## Re Supply Request

Patient: \_\_\_\_\_ Store: \_\_\_\_\_

On this date: \_\_\_\_\_, I am requesting the following supplies.

Ask Pt what is the  
Remaining

Requested Supplies	Quantity	Last Rcvd	Quantity Rcvd	Quantity

Requested by patient or patient representative in person.

Requested by patient or patient representative via phone call.

\_\_\_\_\_  
Patient/Patient Rep Signature

\_\_\_\_\_  
Time and Date

\_\_\_\_\_  
If other than patient list relationship and reason patient is not requesting supplies.

Is the patient on Home Health or in a Skilled Nursing Facility?

YES     NO

If they are on Home Health, they become responsible for equipment.

\_\_\_\_\_  
Health Services Staff Signature

\_\_\_\_\_  
Date





Dear Customer:

This statement has been prepared in an effort to avoid any misunderstanding, which might arise regarding your insurance coverage.

Because an insurance premium is paid, the assumption is that payment of medical bills will be automatic and that payment in full will be made. This is often not the case. Payment will be made in accordance with the policy that you have purchased. If you have deductible not met, or co-pay from each transaction, those monies are due to the supplier, in this case, AuBurn Pharmacy, Inc.

In the case of the equipment or supplies that you are currently requesting, AuBurn Pharmacy, Inc. believes you will have the following amounts due:

<b>Equipment/Supplies</b>	<b>Monthly or /transaction total</b>	<b>Estimated Co-pay Amt.</b>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

We ask that you pay these prior to receiving supplies. In the event of a monthly rental, we have created a process to easily debit your debit/credit card to ensure that you can continue to receive your equipment and services on a monthly basis.

( Our staff will help you fill out the credit card form and explain the process to you)

I, \_\_\_\_\_, understand the charges that may be due to me on a regular basis, and by signing this form, agree to pay them as they are due to ensure that my account is kept in good standing and I may receive my supplies or equipment.

\_\_\_\_\_  
Customer signature

\_\_\_\_\_  
Date



RELEASE OF LIABILITY FOR REFUSAL OF PHYSICIAN ORDERED EQUIPMENT AND/OR SERVICES

I, \_\_\_\_\_, request the removal of  
(patient or caregiver (list relationship to patient))

\_\_\_\_\_ Company Staff from \_\_\_\_\_  
(equipment or services) (name of company)

have informed me of the potential danger to myself (or the patient) for refusal of this equipment or service. I understand that my physician will be informed by the Company.

I release \_\_\_\_\_, its officers, employees  
(company name)

and personnel from any or all responsibility for consequences associated with the refusal against medical approval of this equipment and/or service.

Patient/Caregiver (list relationship) \_\_\_\_\_ Date \_\_\_\_\_

Company Representative \_\_\_\_\_ Date \_\_\_\_\_

Manager notified: Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

Physician notified: Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

Written follow-up to physician: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## MEDICARE DMEPOS SUPPLIER STANDARDS

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

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. 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.
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.





## Equipment warranty information

Every product sold or rented by our company carries a 1-year manufacturer's warranty. AuBurn Pharmacy will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. AuBurn Pharmacy will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment if manual is available.

### Store Locations

AuBurn Pharmacy	429 N Maple, Garnett, Ks 66032	785-448-6122	Hours: M-F 8:30 – 7:00, Sat 8:30 – 2:00	PTAN# 0524000001
AuBurn Pharmacy	6 S Metcalf Rd, Louisburg, Ks 66053	913-837-5555	Hours: M-F 9:00 – 7:00, Sat 9:00 – 4:00	PTAN# 0524000005
AuBurn Pharmacy	311 N Hospital Dr., Paola, Ks 66071	913-294-3516	Hours: M-F 8:30 – 8:00, Sat 8:30 – 5:00, Sun 11:00-4:00	PTAN# 0524000026
AuBurn Pharmacy	1021 Poplar, Suite A, Wellsville, Ks 66092	785-883-2462	Hours: M-F 8:30 – 6:30, Sat 8:30 – 1:00	PTAN# 0524000006
AuBurn Pharmacy	400 Ames St, Baldwin City, Ks 66006	785-594-0340	Hours: M-F 8:30 – 7:00, Sat 8:30 – 2:00	PTAN# 0524000025
AuBurn Pharmacy	625 Main St, Mound City, Ks 6605	913-795-4435	Hours: M- F 8:30 – 6:00, Sat 8:30 – 1:00	PTAN# 1273520001
AuBurn Pharmacy	2020 Main, Parsons, Ks 67357	620-421-2360	Hours: M- F 9:00 – 7:00, Sat 9:00 – 2:00, Sun 11:00-4:00	PTAN# 0524000003
AuBurn Pharmacy	13351 Mission Rd, Leawood, Ks 66209	913-469-9315	Hours: M-F 9:00 – 7:00, Sat 9:00- 4:00	PTAN# 0524000020
AuBurn LTC	1011 Baptiste Drive, Paola, Ks 66071	913-294-912	Hours: M-F 9:00 – 7:00, Sat 1:00- 5:00	PTAN# 0524000007
AuBurn Pharmacy	16611 E 23rd St Independence, MO 64055	816-833-8629	Hours: M- F 9:00 – 7:00, Sat 9:00 – 4:00	PTAN# 0524000019
AuBurn Pharmacy	9107 NW 45 HWY, Parkville, Mo 64152	816-587-2211	Hours: M- F 9:00 – 7:00, Sat 9:00 – 4:00	PTAN# 0524000021
AuBurn Pharmacy	890 Lakin St Osage City, Ks 66523	785-528-4415	Hours: M-F 8:00 – 6:00, Sat 8:00 – 2:00	PTAN# 4571000001
AuBurn Pharmacy	310 E. 15th Eudora, Kansas 66025	785-690-7575	Hours: M-F 9:00 – 7:00, Sat 9:00–4:00	PTAN# 0524000008
AuBurn Pharmacy	1518 N Buckeye Ave, Abilene, KS 67410	785-263-3770	Hours: M-F 8:00–7:00, Sat 9:00–4:00, Sun 11:00-4:00	PTAN# 6857520002
AuBurn Pharmacy	211 Main St, Carbondale, KS 66414	785-836-7202	Hours: M-F 8:30-5:30, Sat 9:00–1:00	PTAN# 0524000009
AuBurn Pharmacy	216 N. Harrison, Lindsborg, KS 67456	785-227-3374	Hours: M– F 9:00– 6:00, Sat 9:00– 1, Sun 5:00– 7:00	PTAN# 0524000014
AuBurn Pharmacy	1526 Lincoln, Concordia, KS 66901	785-243-1212	Hours: M-F 9:00-7:00, Sat 9:00-2:00	PTAN# 0524000010
AuBurn Pharmacy	209 West 2nd Street, Minneapolis KS 67467	785-392-2213	Hours: M-F 9:00-6:00, Sat 9:00-1:00	PTAN# 0524000012
AuBurn Pharmacy	20375 W. 151st suite 100A, Olathe, KS 66061	913-393-4440	Hours: M-F 8:30-6:00, Sat 9:00-2:00	PTAN# 0524000011
AuBurn Pharmacy	113 E Highway 54, Camdenton, MO 65020	573-346-3396	Hours: M-F 9:00-6:00, Sat 9:00-5:00	PTAN# 0524000016
AuBurn Pharmacy	1200 E 10th, Suite B., Holden, MO 64040	816-732-5514	Hours: M-F 9:00-6:00, Sat 9:00-5:00	PTAN# 0524000017
AuBurn Pharmacy	301 North 14th, Rich Hill, MO 64779	417 -395-4700	Hours: M-F 9:00-6:00	PTAN# 0524000023
AuBurn Pharmacy	105 S Oak, Nevada, MO 64772	417-667-7802	Hours: M-F 9:00-6:00, Sat 9:00-6:00	PTAN# 0524000027
AuBurn LTC	125 S Washington, Nevada, MO 64772	417-667-2500	Hours: M-F 9:00-6:00	PTAN# 0524000022
AuBurn Pharmacy	54 B.S. E. 1st Lane,Lamar, MO 64759	417-682-5838	Hours: M-F 9:00-6:00, Sat 9:00-5:00	PTAN# 0524000018
AuBurn Pharmacy	6 W Broadway, Lebo, KS 66856	620-256-6122	Hours: M-F 8:00-6:00, Sat 8:00-1:00	PTAN# 0524000015
AuBurn Pharmacy	5318 W Central, Wichita, KS 67212	316-252-8600	Hours: M-F 8:00-5:00, Sat 8:00-12:00	PTAN# 0524000024
AuBurn Pharmacy	810 W 35th St, Higginsville, MO 64037	660-584-2700	Hours: M-F 9:00-6:00, Sat 9:00-12:00	PTAN# 0524000028
AuBurn Pharmacy	1103 S 169 Hwy Smithville, MO 64089	816-532-0977	Hours: M-F 9:00-7:00, Sat 9:00-1:00	PTAN# 0524000029





## **PROTOCOL FOR RESOLVING COMPLAINTS FROM MEDICARE BENEFICIARIES**

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to the Director of Customer Services or Pharmacy Manager. These complaints will be documented on the Medicare Beneficiary Complaint Summary Log, and completed forms will include the patient's name, address, telephone number, health insurance claim number, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or telephone by the manager/representative within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint the next level of management will be notified progressively and up to the president or owner of the company.

The patient will be informed of this complaint protocol at the time of set-up of service.

If you have any unresolved issues, you may file a complaint with our Auburn Corporate Office or our Accrediting Organization.

AuBurn Corporate @ 1-785-448-3600

The Compliance Team @ 1-888-291-5353

## AuBurn Pharmacy Patient Rights & Responsibilities

### Patient Rights:

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

### Patient Responsibilities:

1. The patient should promptly notify AuBurn Pharmacy of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify AuBurn Pharmacy in such instances.
3. The patient should promptly notify AuBurn Pharmacy of any changes to their address or telephone.
4. The patient should promptly notify AuBurn Pharmacy of any changes concerning their Physician.
5. The patient should notify AuBurn Pharmacy of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.







**Medicare Capped Rental Service and  
Inexpensive or Routinely Purchased Item  
Notification for Services on or after January 1, 2006**

I received instructions and understand that Medicare defines the \_\_\_\_\_ that I received as being either capped rental service or an inexpensive or routinely purchased item.

\_\_\_ FOR CAPPED RENTAL SERVICES:

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which Ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include:  
Hospital beds, wheelchairs, alternating pressure pads, air fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

\_\_\_ FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include:  
Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors, (lymphedema pumps), bedside rails, and traction equipment.
- I select the :

Purchase Option \_\_\_\_\_

Rental Option \_\_\_\_\_

\_\_\_\_\_  
Beneficiary Signature

\_\_\_\_\_  
Date



**Check -off Sheet for DME to determine Pt Eligibility and Pt Liability  
(Walker/Rollator/Canes/Diabetic Shoes/Nebulizer/Glucometer/Etc.)**

**Please follow the check list below to determine Pt Eligibility**

- Complete Written /faxed order with diagnosis code.
- Beneficiary's Zip Code is in the Competitive BID area. [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com) Zip Code: \_\_\_\_\_
- Medicare IVR System checked to make sure a same or similar item has not been billed. (1-877-320-0390)  
Information you will need to call the IVR Line: (Diabetic shoes can billed once every year if eligible) (ALL other DME is every 5 Years)
  - NPI: \_\_\_\_\_
  - PTAN: \_\_\_\_\_
  - Last 5 Digits of TIN: \_\_\_\_\_
  - Pt. Medicare # \_\_\_\_\_
  - Patient Name and DOB: \_\_\_\_\_
  - HCPCS: \_\_\_\_\_ Modifier: \_\_\_\_\_

**Please follow the check list below to determine pt. Liability**

- Copy of Medicare Card and or Copy of Advantage Plan (front and back) Please follow check list below.
- Copy of Medicare supplemental card (front and back) Please follow check list below.
- Is our Pharmacy in the Beneficiary's Plan Network, if not does this Beneficiary have out of network coverage.
- Does this item/HCPCS require a PA?
- Is this HCPCS a covered service for this Beneficiary's Plan?
- If a covered service, has the Pts Medicare/ Advantage Plan deductible been met, if not met does this plan pick up the Medicare/ Advantage Plan deductible.
- If Advantage Plan and billing Diabetic strips, you will need to find out what strips and lancets are on the Beneficiary's formulary and bill them on the prescription side and not through Major Medical.
- If this is an Advantage Plan, what will the Pt. co-pay be?

\*\*\*\*\*

Order Product **ONLY** after we have received Medical Record Documentation to support the need for the Product that was ordered by the Physician.

Order Product **ONLY** after all of these questions have been answered and the Pt. is aware up front what any out of pocket expense will be.

- ABN completed and explained to patient (only complete ABN if indicated).
- Bill Medicare or Advantage Plan.
- Copy of Product page scanned in documents section with:
  - Serial Number and Lot Number
  - Noted in Rx notes for Amanda
  - Copy in Folder
- Have pharmacist check RX and Product.
- Ring out through register and get signature
- Patient Satisfaction Survey Completed at least 72 hours after patient receives product.





Store Location: \_\_\_\_\_

## Durable Medical Equipment Benefit Check

### Patient Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

### Insurance Information

Insurance Company Name \_\_\_\_\_ Program Name \_\_\_\_\_

Provider and/or Customer Services Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Relationship to Subscriber \_\_\_\_\_

DOB \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Prescription Information

Type of Item Prescribed \_\_\_\_\_ Quantity Prescribed \_\_\_\_\_

HCPCS Code(s) \_\_\_\_\_ Diagnosis & ICD-10 Code(s) \_\_\_\_\_

<b>Internal Use:</b> Date of Benefit Check _____ Type of Policy <b>Self-funded</b> <b>Group</b> <b>Grandfathered</b>
Call Reference Number _____ Representative Name _____
Percentage Coverage of Allowable _____
Quantity covered _____ Per Day Supply _____ Subject to Deductible: Yes _____ No _____
Remaining Deductible _____ Out of Pocket Maximum: _____
Coinsurance _____ Prior Authorization: Yes _____ No _____

Copies of insurance cards (front and back of each) must be provided.  
Benefit sheet must be maintained at store level in patient file.



Store # \_\_\_\_\_

**AuBurn Pharmacy Satisfaction Measure**

Date of Service \_\_\_\_\_

Survey Method       In Store       By Phone

Patient \_\_\_\_\_ Phone # \_\_\_\_\_

Equipment Provided \_\_\_\_\_  New     Existing

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Survey Conducted by \_\_\_\_\_

Survey Conducted on \_\_\_\_\_

Delivery and Instruction Tech Names \_\_\_\_\_

\_\_\_\_\_

**Access, Delivery, and Service**

Equipment/supplies were delivered in a timely manner.	Yes	No	N/A
Equipment/supplies were ready for patient use upon delivery.	Yes	No	N/A
Received and understood instructions on proper application and use of equipment/supplies.	Yes	No	N/A
Feel confident to operate/use equipment/supplies.	Yes	No	N/A
Received info on my Rights & Responsibilities, complaint process, billing, contact numbers.	Yes	No	N/A
Satisfied with equipment or supplies.	Yes	No	N/A
Satisfied with the service. Would recommend to others.	Yes	No	N/A

Comments: \_\_\_\_\_

