



## **PATIENT WELCOME PACKET**

Welcome to Healthy Living Medical Supply! We look forward to serving you, while exceeding your expectations for customer service and making it easy for you to order and obtain your diabetes supplies and medications. If you ever have any questions at all or need our assistance, please do not hesitate to contact us:

**Phone: 866.779.8512**

**Text: 248.577.9903**

**Fax: 866.779.8511**

**Email: [orders@myhlms.com](mailto:orders@myhlms.com)**

**Chat: [myhlms.com](https://myhlms.com)**

### **Healthy Living Corporate Office & Customer Service:**

2111 Woodward Avenue, Suite 1100

Detroit, MI 48201

### **Healthy Living Shipping & Healthy Living Pharmacy:**

1095 Crooks Road, Suite 400

Troy, MI 48084



**In this Welcome Packet, you will find:**

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Healthy Living Medical Supply, LLC

## **Notice of Privacy Practices**

Effective: January 1, 2016

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice will tell you how we may use and disclose Protected Health Information (PHI) about you. Protected Health Information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information, "medical information." This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

### **How We May Use and Disclose Medical Information About You:**

We use and disclose medical information about you for a number of different purposes. Each of these purposes is described below.

#### **For Treatment**

We may use medical information about you to provide, coordinate, or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals, and other health facilities that become involved in your care. We may consult with other health care providers concerning you and, as part of the consultation, share your medical information with them. Similarly, we may refer you to another health care provider and, as part of the referral, share medical information about you with that provider.

#### **For Payment**

We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third-party payor. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to obtain determination if you are covered by that insurance or program.

#### **For Health Care Operations**

We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate Healthy Living Medical Supply, LLC and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff at Healthy Living Medical Supply, LLC. We also may use the information to study ways to more efficiently manage our organization.



# HEALTHY LIVING MEDICAL SUPPLY

## How We Will Contact You

Unless you tell us otherwise in writing, we may contact you by either telephone, email, text message, or mail at either your home or workplace. At either location, we may leave messages for you in voicemail, text message, and/or email. If you would like to request that we communicate to you in a certain way or at a certain location, see "Rights to Receive Confidential Communications" on page 7 of this Welcome Packet.

## How Else Can We Use or Share Your Health Information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers).

## Refill Notifications

We may use and disclose medical information about you to contact you to remind you of an order that you are scheduled to receive. This refill may be sent via telephone call, voicemail via a telephone call, text message to a mobile phone, or email.

## Treatment Alternatives

We may use and disclose medical information about you to contact you about treatment alternatives that may be of interest to you.

## Health-Related Benefits and Services

We may use and disclose medical information about you to contact you about health-related benefits and services that may be of interest to you.

## Marketing Communications

We may use and disclose medical information about you to communicate with you about a product or service to encourage you to purchase the product or service. This may be:

- To describe a health-related product or service that is provided by us;
- For your treatment;
- For case management or care coordination for you;
- To direct or recommend alternative treatments, therapies, health care providers, or settings of care.

We may communicate to you about products and services in a face-to-face communication by us to you. All other use and disclosure of medical information about you by us to make a communication about a product or service to encourage the purchase or use of a product or service will be done only with your written authorization.

## Individuals Involved in Your Care

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please notify Jennifer O'Donnell, Compliance Coordinator, at Healthy Living Medical Supply, 2111 Woodward Avenue, Suite 1100, Detroit, MI 48201 or tell our staff member who is providing care to you. If you are not able to tell us your preference, for example if you are unconscious, we may



share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

#### Disaster Relief

With your permission, we may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition, or death.

#### Required by Law

We may use or disclose medical information about you when we are required to do so by law.

#### Public Health Activities

We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety, or effectiveness of a United States Food and Drug Administration regulated product or activity.

#### Victims of Abuse, Neglect, or Domestic Violence

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent that the disclosure is:

- a) required by law;
- b) agreed to by you; or,
- c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

#### Health Oversight Activities

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure, or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

#### Judicial and Administrative Proceedings

We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

#### Disclosures for Law Enforcement Purposes

We may disclose medical information about you to a law enforcement official for law enforcement purposes:

- As required by law;
- In response to a court, grand jury, or administrative order, warrant, or subpoena;



- To identify or locate a suspect, fugitive, material witness, or missing person;
- About an actual or suspected victim of a crime and that person agrees to the disclosure.

If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.

1. To alert law enforcement officials of a death if we suspect the death may have resulted from criminal conduct;
2. About crimes that occur at our facility;
3. To report a crime in emergency circumstances.

#### Coroners and Medical Examiners

We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

#### Research

Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave Healthy Living Medical Supply, LLC during that person's review of the information.

#### To Avert Serious Threat to Health or Safety

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

#### Protective Services for the President

We may disclose medical information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.

#### Security Clearances

We may use medical information about you to make medical suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.

#### Inmates and Persons in Custody

We may disclose medical information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if it is necessary:

- a) to provide health care to you;
- b) for the health and safety of others; or,
- c) the safety, security, and good order of the correctional institution.



#### Workers' Compensation

We may disclose medical information about you to the extent necessary to comply with Workers' Compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

#### Other Uses and Disclosures

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying Jennifer O'Donnell, Compliance Coordinator, at Healthy Living Medical Supply, 2111 Woodward Avenue, Suite 1100, Detroit, MI 48201 in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.

#### **Your Rights with Respect to Medical Information About You:**

You have the following rights with respect to medical information that we maintain about you.

##### Right to Request Restrictions

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to:

- a) family member, other relative, a close personal friend, or any other person identified by you; or,
- b) public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister. You may request a restriction at any time. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree to this unless a law requires us to share that information.

If you would like to request a restriction, you should do so by writing to Jennifer O'Donnell, Compliance Coordinator, at Healthy Living Medical Supply, 2111 Woodward Avenue, Suite 1100, Detroit, MI 48201 and providing these details:

- a) what information you want to limit;
- b) whether you want to limit use or disclosure or both; and,
- c) to whom you want the limits to apply (for example, disclosures to your spouse).

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the request would affect your care. Even if we agree to a restriction, either you or we can later terminate the restriction.

##### Right to Receive Confidential Communications

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by email or at work. We will not require you to tell us why you are asking for the confidential communication. If you would like to request confidential communication, you must do so in writing to Jennifer O'Donnell, Compliance Coordinator, at Healthy Living Medical Supply, 2111 Woodward Avenue, Suite 1100, Detroit, MI 48201. Your request must state how or where you can be contacted. We will accommodate all reasonable requests. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

##### Right to Inspect and Copy

With a few very limited exceptions you have the right to inspect and obtain a copy of medical information about you either as a paper copy or electronically. To inspect or copy medical information about you, you must submit



your request in writing to Jennifer O'Donnell, Compliance Coordinator, at Healthy Living Medical Supply, 2111 Woodward Avenue, Suite 1100, Detroit, MI 48201. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a reasonable cost-based fee for the costs of copying. We will act on your request within thirty (30) calendar days after we receive your request.

If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies. We may deny your request to inspect and copy medical information if the medical information involved is:

- a) Psychotherapy notes;
  - b) Information compiled in anticipation of, or use in, a civil, criminal, or administrative action or proceeding.
- If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

#### Right to Amend

You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us. To request an amendment, you must submit your request in writing to Jennifer O'Donnell, Compliance Coordinator, at Healthy Living Medical Supply, 2111 Woodward Avenue, Suite 1100, Detroit, MI 48201. Your request must state the amendment desired and provide a reason in support of that amendment. We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. Should we grant your request, in whole or in part, we will seek your identification of an agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- a) Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b) Is not part of the medical information maintained by us;
- c) Would not be available for you to inspect or copy;
- d) Is inaccurate and/or incomplete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreement with our denial. Your statement may not exceed five (5) pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information. If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved. You also will have the right to complain about our denial of your request.





#### Right to an Accounting of Disclosures

You have the right to receive an accounting (list) of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting. Certain types of disclosures are not included in such an accounting:

- a) Disclosures to carry out treatment, payment, and health care operations;
- b) Disclosures of your medical information made to you;
- c) Disclosures that are incident to another use or disclosure;
  
- d) Disclosures that you have authorized;
- e) Disclosures for our facility directory or to persons involved in your care;
- f) Disclosures for disaster relief purposes;
- g) Disclosures for national security or intelligence purposes;
- h) Disclosures to correctional institutions or law enforcement officials having custody of you;
- i) Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).

Under certain circumstances, your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency. To request an accounting of disclosures, you must submit your request in writing to Jennifer O'Donnell, Compliance Coordinator, at Healthy Living Medical Supply, 2111 Woodward Avenue, Suite 1100, Detroit, MI 48201. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request. We will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary. There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you a reasonable, cost-based fee for providing the list.

#### **Our Duties:**

##### Generally

We are required by law to maintain the privacy and security of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind by submitting your request in writing to Jennifer O'Donnell, Compliance Coordinator, at Healthy Living Medical Supply, 2111 Woodward Avenue, Suite 1100, Detroit, MI 48201.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

##### Our Right to Change Notice of Privacy Practices

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice. You will be notified at your next appointment about our new notice in the event of a change, and it will be available upon request in our office and on our website.



#### Availability of Notice of Privacy Practices

A copy of our current Notice of Privacy Practices will be posted on the wall in the Receptionist's area of our offices. At any time, you may promptly obtain a paper copy of the current Notice of Privacy Practices, even if you agreed to receive it electronically, by contacting Jennifer O'Donnell, Compliance Coordinator, at Healthy Living Medical Supply, 2111 Woodward Avenue, Suite 1100, Detroit, MI 48201, or by phone at (866)779- 8512.

#### Effective Date of Notice

The Effective date of the notice will be stated on the first page of the notice.

#### Complaints

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, you must submit your request in writing to Jennifer O'Donnell, Compliance Coordinator, at Healthy Living Medical Supply, 2111 Woodward Avenue, Suite 1100, Detroit, MI 48201. All complaints should be submitted in writing. To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, send a letter to 200 Independence Avenue SW, Washington, D.C. 20201, or call (877)696-6775, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You will not be retaliated against for filing a complaint.

#### Questions and Information

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact Jennifer O'Donnell, Compliance Coordinator, at Healthy Living Medical Supply, 2111 Woodward Avenue, Suite 1100, Detroit, MI 48201.



## **Understanding Your Protected Health Information (PHI)**

### **Treatment, Payment, and Healthcare Operations**

As a Covered Entity, Healthy Living Medical Supply is required to inform you of the ways it may use your Protected Health Information (PHI).

#### **Treatment:**

As it pertains to Healthy Living Medical Supply, treatment means providing you with medications, supplies, and durable medical equipment services as ordered by your physician. It also includes coordination and consultation with your physician and other health care providers. As Healthy Living Medical Supply provides these services to you, information obtained during this process will be recorded in your medical record. Healthy Living Medical Supply will use this information, in coordination with your physician, to determine the best course of treatment for you.

#### **Payment:**

Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by Healthy Living Medical Supply. This includes, but is not limited to: eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies.

#### **Healthcare Operations:**

Operations can include, but are not limited to: Review of your protected health information by members of Healthy Living Medical Supply's professional staff to ensure compliance with all federal and state healthcare regulations.



## **Client Rights & Responsibilities**

As a patient of Healthy Living Medical Supply, you have the right to:

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and frequency of visits, as well as any modifications to the plan of care
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care of lack of respect or property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physicians order, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities



Healthy Living Medical Supply protects and promotes the exercise of these rights. If the client has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the client are exercised by the person appointed to act on the client's behalf. If a state court has not adjudged a client incompetent, any legal representative designated by the client in accordance with state law may exercise the client's rights to the extent allowed by state law.

## **Your HIPAA-Related Rights as a Client of Healthy Living Medical Supply**

In accordance with HIPAA, you have the following rights in relation to your protected health information:

- You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, Healthy Living Medical Supply is not required to agree to the request for restrictions.
- You have the right to request amendments to your medical record.
- You have the right to obtain a copy of Healthy Living Medical Supply's policy (Healthy Living's Privacy Policy can be found at the beginning of this packet).
- You have the right of access to inspect and obtain a copy of your medical records, subject to certain limitations.
- You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment, and healthcare operations.
- You have the right to request communications of your medical record by alternate means (i.e. electronically) or at alternate locations.
- You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.



## **Healthy Living Client Responsibilities**

In order to ensure that the client receives the best possible care in collaboration with Healthy Living Medical Supply, the client agrees to:

1. Use the supplies and equipment for the purpose so indicated and in compliance with the physician's prescription.
2. Notify Healthy Living Medical Supply of any hospitalization, changes in customer insurance, address, telephone number, physician, or when the medical need for the supplies longer exists.
3. Request that payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to Healthy Living Medical Supply for any services provided by them.
4. Acknowledge that Healthy Living Medical Supply shall not insure or be responsible to the client for any personal injury or property damage, including that caused by use or improper functioning of the equipment, the act or omission of any other third party, or by any criminal act or activities, war, riot, insurrection, fire, or act of God.
5. Understand that Healthy Living Medical Supply retains the right to refuse delivery of service to any client at any time.
6. Any legal fees resulting from a disagreement between the Parties shall be borne by the unsuccessful party in any legal action taken.

## **Safety & Emergency Planning**

**Fire Safety & Prevention:** Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year. If appropriate, you may consider carbon monoxide detectors as well. Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in good working order. Have a plan of escape in the event of a fire. Discuss this plan with your family. If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your technician to go over it with you.

**Electrical Safety:** Make sure that all medical equipment is plugged into a properly grounded electrical outlet. If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw. Use only good quality "extenders" or "power strips" with the internal circuit breakers. Don't use cheap extension cords.

**Bathroom Safety:** Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady. Use non-slip rugs on the floor to prevent slipping. Install a grab-bar on the shower wall, and non-slip footing strips inside the shower or tub. Ask your technician or customer care coordinator about a shower bench you can sit on in the shower. If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier getting on and off the commode. If you have problems sensing hot and cold, you should consider lowering the temperature in your water heater so you don't accidentally scald yourself without realizing it.

**Bedroom Safety:** It's important to make a safe, well-planned, and comfortable bedroom since a lot of your recuperation and home therapy may occur there. Ask your technician or customer care coordinator about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. Bed rails would also be a good idea, especially if you have a tendency to roll in bed at night. If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet. Make sure you can easily reach the light switches and other important things you might need during the day or night. Install night lights to help you find your way in the dark. If you are using an IV pole for your IV or external therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall.

**Kitchen Safety:** Your kitchen should be organized so you can easily reach the items you use most, especially during your recuperation while you are still a bit weak. Have a friend or health care worker remove all commonly used small appliances and utensils from cabinets and place them on your counter. Have a chair brought into the kitchen work area if you have difficulty standing. Make sure you are careful lifting pots and pans. Not only could they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pots and pans on both sides. Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including basic electric can openers and large-handled utensils.

When working at your stove, be careful that IV tubes, feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

**Getting Around Safely:** Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady. If you are using a walker, make sure that furniture and walkways are arranged to give you enough room. If you are using a walker or wheelchair, you may need a ramp for getting in and out of the house. Ramps can be purchased ready-made or may be constructed for you. Talk to your technician about the available options.

### **Emergency Planning:**

- **Know what to expect:** What types of natural disasters occur in your area?
- **Know where to go:** If you cannot easily get to a friend or relative's house, you should know how to make it to your nearest shelter.
- **Know what to take with you:** Bring the supplies that you have. You can also contact Healthy Living and we will deliver, if possible, an additional one week's worth of medications and supplies.
- **Reaching us if phones are out of operation:** If there is a warning of an emergency, we will make every attempt to contact you and provide you with a cell number that you can use to reach us.
- **Most importantly:** If you are unable to contact our company and you are in need of prescribed medication, equipment, or supplies, you should go to your nearest emergency room or other healthcare treatment facility for assistance.





## **Contacting Us about a Complaint or Grievance**

If you have a concern or complaint, please do not hesitate to call our Compliance Coordinator at (866)779-8512 x70162. You also have the option of reporting your complaint via email at [compliance@myhlms.com](mailto:compliance@myhlms.com) or through our compliance hotline at (866)779-8512 x70162. We will review the grievance procedure with you and/or a family member and communicate, in writing, all results within seven days.

Customers can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, or services. You may also direct your complaint or grievance directly to Medicare at 1-800-MEDICARE or our accreditation organization, Accreditation Commission for Health Care (ACHC) at 1-919-785-1214.

## **Advance Directives: Making Decisions about Your Healthcare**

“Advance Directives” are forms that say, in advance, what kind of treatment you want or do not want under serious medical conditions. Some conditions, if severe, may leave you unable to tell the doctor how you want to be treated. Your Advance Directives help the doctor to provide you care, according to your wishes.

Most hospitals and home health organizations are required to provide you with information on Advance Directives. Many are required to ask you if you have Advance Directives prepared.

There are two basic types of Advance Directives available. One is called a *Living Will*. The other is called a *Durable Power of Attorney*. A Living Will gives information on the kind of medical care you want (or do not want) if you become terminally ill and unable to make your own decisions. It is called a “Living” Will because it takes effect while you are living. In all cases, your Living Will must be signed, witnessed, and dated. Some states require verification.

A Durable Power of Attorney is a legal agreement that names another person as an agent or proxy. This person would then make medical decisions for you if you should become unable to make them for yourself.

## **Medicare Supplier Standards**

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



# HEALTHY LIVING MEDICAL SUPPLY

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 the 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.



## What to Do If Your Insulin Pump Isn't Working

In the event of an emergency, please call 911.

- If you have a Medtronic Pump, please call the Medtronic 24-hour customer service hotline at **800.646.4633**.
- If you have a Tandem pump, please call the Tandem 24-hour customer service hotline at **877.801.6901**.
- If you have an Animas Pump, please call the Animas 24-hour customer service hotline at **877.937.7867**.

## Insulin Pump & Pump Supply Return Policy

It is extremely important that you do not open the insulin pump until you have confirmed the model/type with your doctor or insulin pump educator.

Insulin pumps provided to Medicare members may be returned at any time during the 13-month rental period. The insurance and any co-pays, if any exist, will stop being billed on the day that the insulin pump is received by Healthy Living.

Pump supplies may be returned within 45 days as long as the packaging is unopened. If you open your pump supplies, they cannot be returned.



## Healthy Living Medical Supply Contact Information

***Hours of operation: 8:00 a.m. – 6:30 p.m. EST\****

*\*If you call after hours, please leave a message and we will contact you as soon as possible (on the next business day).*

*You can also email us at [orders@myhlms.com](mailto:orders@myhlms.com).*

Phone: 866.779.8512

Text message: 248.577.9903

Fax: 866.779.8511

Email: [orders@myhlms.com](mailto:orders@myhlms.com)

Website chat: [www.myhlms.com](http://www.myhlms.com)

***Put this page on your refrigerator or someplace  
where you can easily see it!***