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STAFF NEWSLETTER

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“ARE WE BUYING A HOME OR GETTING HME?” THE NEW CUSTOMER FORM PACKAGE

If your company has separate forms for the patient to sign for every Medicare and accreditation standard, your new customer setup package probably has a pile of documents with as many pages as the average mortgage agreement.

There is a simpler way to achieve documentation compliance!

Medicare requires routine distribution of supplier standards, rent / purchase, and product warranty information; and accreditors require that written instructions be given to the customer that address use, care, and troubleshooting (if applicable) of the product(s) they are getting. The operant words in the standards are ‘provide beneficiaries with information’ and ‘documentation’. Be sure the customer is receiving pre-printed product-specific instructions and warranty information. If the manufacturer includes a tag on that walker, a booklet with the nebulizer or CPAP, you’ve met the requirement, but if not, you’ll need to distribute your own version of customer education handouts.

You may bundle many of the required delivery confirmations onto one document and now just one signature proves receipt of all of the other forms in the setup packet. There may still be a signature for the ABN form or orientation checklist, but the total number of signatures is down to just a few. For instance, consider placing the following checklist onto pre-printed delivery tickets, and then ensure delivery and store staff checks off each item prior to departing the home or completing the store transaction:

- I have received **instruction information** for the safe operation, and maintenance of my equipment and/or supplies, as appropriate.
- I have received a copy of the **Medicare Supplier Standards**
- I have been advised that the company does not **rent items that Medicare categorizes as inexpensive and frequently purchased**, if applicable. (supplier standard #5)
- I have received information on **warranty coverage** and services covered under warranty (supplier standard #6)
- I have received, read and understand my **Rights and Responsibilities** (CHAP requires this one but if you are with another accreditor you may skip it)
- I have received a copy of the **Privacy Notice** which outlines how protected health information about me may be used and disclosed

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, or is duly authorized by the patient as patient’s general agent to execute the above and accept its items.

<u>Signature (Patient)</u>	<u>Date</u>	<u>Reason Why Patient Could Not Sign:</u> <input type="checkbox"/> Physically unable <input type="checkbox"/> Cognitively impaired <input type="checkbox"/> Unable to be disturbed <input type="checkbox"/> Pending discharge from a facility <input type="checkbox"/> Pt is a minor <input type="checkbox"/> Other: _____
Patient’s Agent or representative Name (if applicable)	Relationship to Patient (if applicable)	Patient’s Agent or representative Address

Have the patient or their representative date and fill out all the applicable areas. **30** is the number: Be sure the supplier standards that are in your setup packet is the current version with 30 standards.

