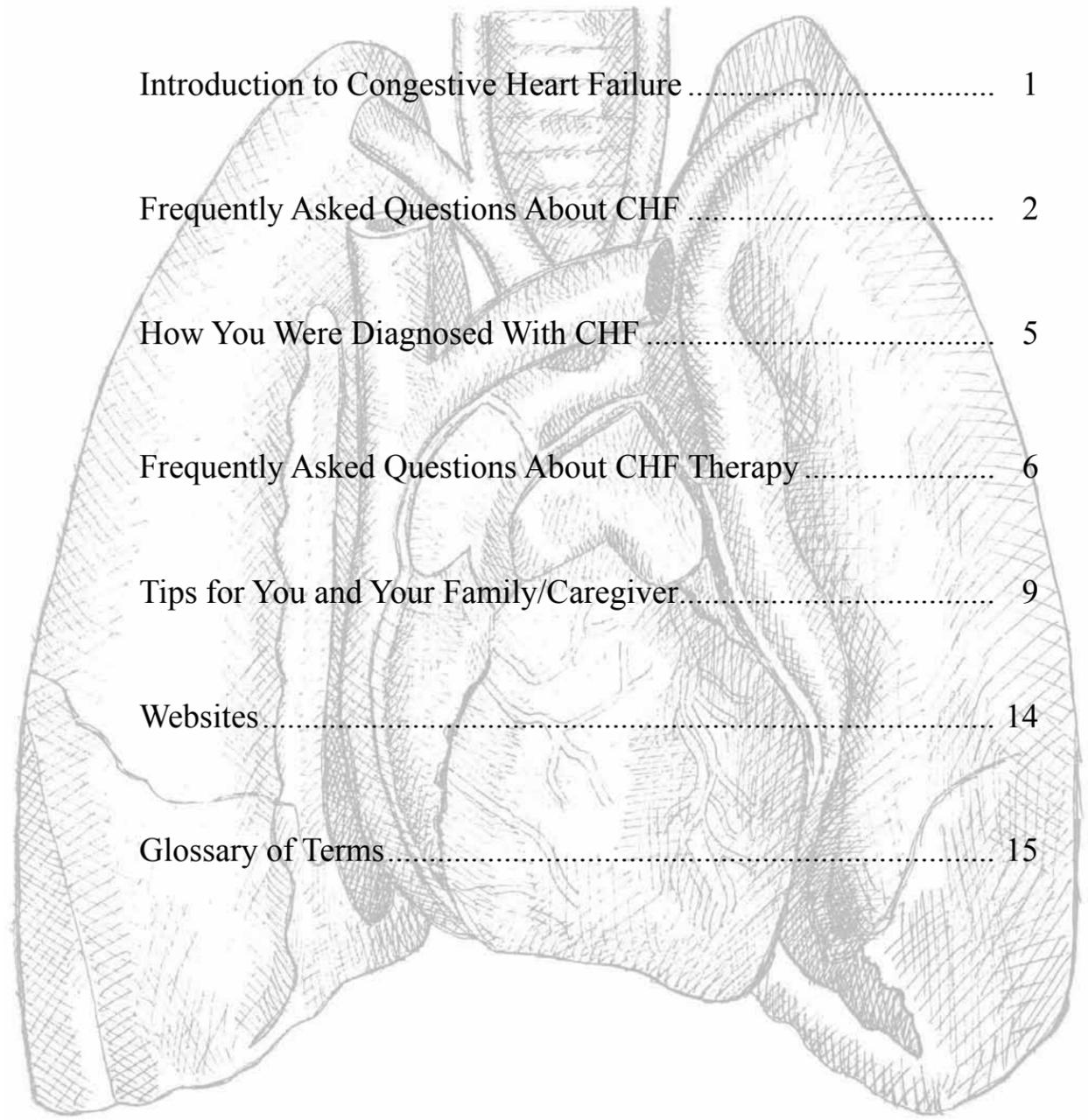


Table of Contents

Introduction to Congestive Heart Failure	1
Frequently Asked Questions About CHF	2
How You Were Diagnosed With CHF	5
Frequently Asked Questions About CHF Therapy	6
Tips for You and Your Family/Caregiver.....	9
Websites.....	14
Glossary of Terms.....	15



Introduction

Welcome to Premier Home Care, Inc. We look forward to sharing this time with you. If after reading this brochure you have any questions we would like to offer a free consultation with our clinician. The clinician can answer any further questions you may have about **Congestive Heart Failure (CHF)** and the therapy to treat it. Just give our office a call.

If you are reading this booklet you probably have been diagnosed with **CHF** or perhaps someone you know or a family member has **CHF**. You may just want to gain some information about a health condition that affects 5.7 million Americans according to the National Institutes of Health. Whatever your reason for reading this, we hope you will find that when you finish you have a better understanding of **CHF** and what can be done to treat it.

Call us toll free at 1 (866) 696-9902

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 take 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 SMS-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). 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. All Suppliers 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.

9/9/2010

Palmetto GBA
National Supplier Clearinghouse
P.O. Box 100142 * Columbia, South Carolina * 29202-3142 * (866) 238-9652
A CMS CONTRACTED INTERMEDIARY and CARRIER

Frequently Asked Questions About CHF

What is Congestive Heart Failure?

The term “heart failure” is scary and misleading. The heart does not fail in the sense that it just stops. Heart failure means the heart is not working as well as it should. It is not a disease, but a syndrome. It is a weakened heart muscle that cannot pump enough blood. It is called Congestive Heart Failure (CHF) because fluids typically build up in the body which is then said to be congested.

What causes CHF?

Two important causes of heart failure are **Coronary Artery Disease (CAD)** and **Hypertension (high blood pressure)**. CAD is a condition where fatty deposits build up in the arteries supplying the heart muscle. Hypertension is the pressure blood puts against the walls of the arteries. To diagnose high blood pressure, your doctor must monitor your blood pressure with a sphygmomanometer (blood pressure cuff), chest x-ray and echocardiograms to observe any effects on the heart. High blood pressure is managed with a combination of diet and medication.



Not only do our personal choices make a difference in our lives, but our healthcare (lifestyle) choices have a profound effect.

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 or the purchase option for capped rental equipment.
6. A supplier must notify the 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 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.

What are some other factors that cause CHF?

- Smoking
- Previous heart attacks
- Diseased heart valves
- Heart defects present from birth
- Excess alcohol consumption
- Viral infections of the heart
- Lung disease
- Diabetes
- Unknown (idiopathic) causes

What are some of the signs and symptoms of CHF?

- **Shortness of breath (dyspnea)**—Can be present with congestion in the lungs especially during activity. Sometimes this worsens when you try to lay flat.
- **Fatigue**—Often presents itself when getting older or being out of shape. If this persists for long periods of time it may be a result of heart failure. This is a sign your organs are not getting the oxygen they need to function.
- **Swollen ankles and/or legs (edema)**—Fluid being retained due to the heart's inability to pump the fluid. Fluid build up may also cause weight fluctuations.
- **Loss of appetite**—Excessive fluid accumulates in the digestive organs and gives you a sense of being full.
- **Persistent Coughing or Wheezing**—Can occur as a result of congestion in the lungs.



Glossary of Terms

Arteries – Branching, elastic tubes that carry oxygen-rich blood AWAY from the heart

Blood– The fluid that travels in the vascular system. It has three components:

Plasma - A fluid substance that is mostly water.

Red blood cells - Cells that give blood its characteristic red color and ability to transport oxygen.

White blood cells - Proteins, fats, etc.

Cardiovascular System – Includes not only your heart, but also the arteries and veins it pumps blood through.

Chest X-ray – Radiographic picture of your heart, lungs and blood vessels.

Cardiomegaly – Enlargement of the heart.

Congestive Heart Failure (CHF) – Fluid in the lungs or body, resulting from inadequate pumping from the heart.

Coronary artery disease (CAD) – Obstruction in the coronary arteries preventing blood flow / oxygen delivery to the heart.

Dyspnea – Difficulty breathing

Echocardiogram – A procedure used to visualize the pumping action of the heart.

Edema – Fluid accumulation in the tissues usually due to excessive pressure in the blood vessels.

Electrocardiogram – Measures the electrical activity of the heart.

Heart – This organ is the driving force of the entire circulatory system. It pumps blood throughout the body.

Heart failure – Condition initiated by impairment of the heart's function as a pump. A progressive disorder in which damage to the heart causes weakening of the cardiovascular system. It is clinically manifested by fluid congestion or inadequate blood flow to the tissues.

Hypertension – High blood pressure. The normal range: the first number (systole) 100 – 140 mm Hg. and the second (diastole) 60 – 90 mm Hg.

Implanted Defibrillator – A implanted device that uses electrical pulses or shocks to control life threatening irregular heart beats.

Left Ventricular Assist Device – A implanted mechanical device that will assist the heart in pumping.

Lungs – Two sac-like organs that occupy the chest cavity and take in air

Pulmonary edema – Fluid that leaks into the lungs causing congestion.

Syndrome - A collection of findings which may arise from a number of causes.

Vascular system – A closed system of different forms of living vessels that carry and transfer blood products to organs and tissues.

Veins – Thinner walled branching vessels that carry oxygen-poor blood BACK to the heart. The only veins that carry oxygen-rich blood are those that return blood from the lungs to the heart.

What are the effects of CHF?

If the heart is injured, the body will attempt to compensate for the reduced blood flow. This process actually increases strain on the heart and accelerates the process of heart failure. The heart will begin to change its shape after suffering damage or being under stress from high blood pressure, this is called **Cardiomegaly**.

How Does CHF affect my lungs?

During actual heart failure the heart is unable to circulate the blood throughout the body. When the left ventricle is unable to perform its duties the blood tends to pool and back-up in the pulmonary (lung) arteries & veins. This results in fluid backing up into the lungs, this is called **Pulmonary Edema**.

Does this mean I'm going to have a heart attack?

No. A weakened heart muscle does not cause heart attacks. Heart attacks are usually caused by blockage of the **arteries** that supply the heart muscle with blood and oxygen.

Will I ever be cured?

Unfortunately, once you are diagnosed with **CHF** you have it for life. That does not mean that you cannot live a long vibrant life with it. By following your treatment regimen you can slow the disease process and live a fairly normal active lifestyle.

The heart is about the size of a fist and it beats more than 2.4 billion times over your lifetime.

How You Were Diagnosed With CHF

Your doctor had any number of tests done that aided him in determining you have CHF. Some of these tests are listed below:

- **Chest x-ray**—An x-ray is used to look at your heart, lungs and blood vessels. If your heart is enlarged or you have fluid around your lungs, this is abnormal and indicates some type of heart failure.
- **Echocardiogram (ECG)**—This procedure visualizes the pumping action of the heart and all of its moving parts. This measures blood flow into and out of the heart.
- **Electrocardiogram (EKG)**—This test measures the electrical activity of the heart. It checks the heart's rhythm, evidence of enlargement and a possible recent or prior heart attack.
- **Tracer studies**—This is a procedure where radioactive materials are given through an IV to outline the chambers of the heart to determine the pumping force of your heart and measure the blood flow of the heart muscle.



- **Treadmill test**—Better known as a “Stress Test.” This test is performed while walking on a treadmill for specific intervals of time and different intensity levels. You will be monitored for symptoms brought on by exertion such as shortness of breath or abnormal EKG.
- **Catheterization (Coronary Angiography)**—This test is performed by your physician inserting a catheter into the femoral artery and directing it to a region of the heart with visual guidance of a monitor. Once in place, the catheter will measure the pressures in the heart. The physician will also release a dye and watch the flow of blood through the chambers of the heart and in the blood vessels surrounding the heart.

The heart pumps about 4,000 gallons of blood each day or about 108 million gallons over the average person's lifetime.

Websites

Thank you for reading our brochure. We hope this information was helpful to you and your family. We are sure you have many more questions and would like additional information. Also, new studies and drugs emerge often and you will want to be informed about them. They may help you discover ways to improve the quality of your life. That is why we have provided you below with additional websites to assist you in your research. Remember to always consult with your physician before trying anything new or different. Visit the websites below or call **PREMIER HOME CARE, INC.** for further details.

www.healthcarecentral.com/heart-disease
(Health Central)

www.heart.org
(American Heart Association)

www.hfsa.org
(Heart Failure Society of America)

www.heartpoint.com
(Heart Point)

If you have any questions about our CHF program, please do not hesitate to contact us at 1-866-696-9902.

There are several ways to treat heart failure

- **Outpatient treatments**
 - ❖ Medications
 - ❖ Exercise
 - ❖ Lifestyle changes
 - ❖ Home oxygen
 - ❖ Sleep therapy equipment
- **Inpatient treatments (advanced heart failure)**
 - ❖ IV (intravenous) medications
 - ❖ Supervised rest and activities
 - ❖ Surgical procedures
 - Angioplasty
 - Coronary bypass
 - Valve surgery
 - Heart transplant
 - Implanted Defibrillator
 - Left Ventricular Assist Device



If you follow the care plan outlined by your physician, you can greatly increase your chances of maintaining the highest quality of life possible with your CHF diagnosis.

Frequently Asked Questions About CHF Therapy

Only your doctor can give you the answers to your personal health condition. Be sure to ask your doctor any questions you may have regarding your health. **The answers below by no means replace the advice of your physician.**

How is CHF treated?

Your physician will lay out a very specific care plan for you based on different factors such as age, weight, lifestyle, degree of heart failure and physical limitations. Most likely he/she will prescribe some, if not all, of the following:

- Improved diet
- **STOP SMOKING**
- Weight loss
- Exercise (rehab) program
- Heart medications
- Limiting or eliminating alcohol
- **NO SALT/SODIUM**
- Regular checkups
- Health journal that monitors weight and diet
- Stress management
- Managing fluid intake

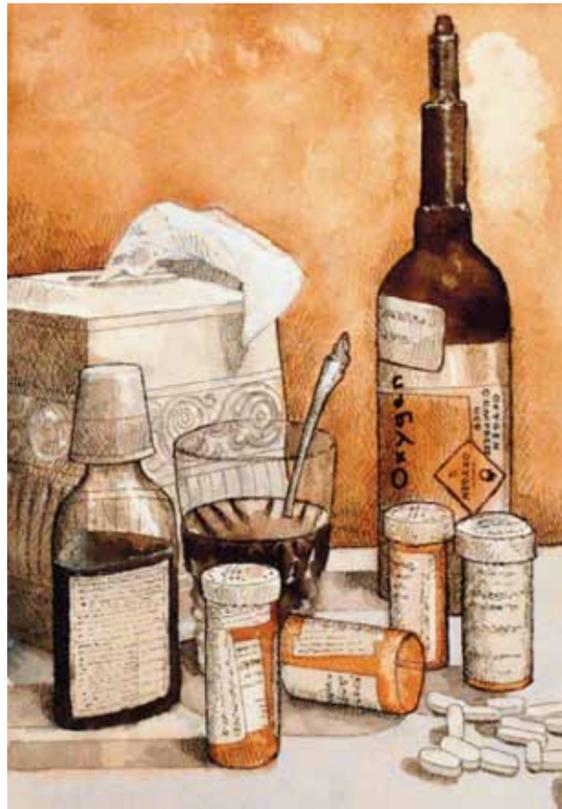


What foods should I limit?

Patients should avoid foods high in sodium; salt should not be added to food. Patients should eat fresh food such as fruits and vegetables and avoid processed foods.

Will it really help if I quit smoking now?

Yes! No matter how long or how much you smoke, it is never too late to stop smoking. Every day you go without smoking improves your health and reduces your chances of further health problems.



What kind of exercise can I do?

An exercise stress test may be helpful in assessing the capacity for activity. At the very least, you should ask your doctor this question. If your doctor puts you in a rehab program you should go and follow it religiously.

What are the side effects of my medications?

Side effects depend on the type and dosage of the medications. For more information on the types of drugs and their various side effects talk to your physician and pharmacist. Patients should never compensate for a missed dose by doubling the next dose as scheduled. Take the next dose as scheduled. Only a doctor should reduce or increase the amount or dose of a drug being taken.

Did you know smoking increases your risk for coronary artery disease by 70%?

Ten steps to being a good patient (Cynthia Stuenkel, MD)

- Know your medical history
- Keep a list of your medications
- Ask questions
- Be specific about your symptoms and when they occur
- Understand any new procedures pertaining to your health
- Understand the results of your tests
- Know your resources
- Follow preventive health care regimen
- Get a second opinion
- Trust your instincts

Take medications as prescribed.

- Don't stop taking your medication unless instructed by your physician
- Don't alter the dosage without the advice of your physician
- Take medications the same time every day
- Be careful with over-the-counter medications, they may interfere with medications that are prescribed by your physician
- Don't take expired medications
- Keep a list of medications with you if you see more than one physician. Always inform your physician of other medications you may be taking

In a single day, the blood in your body travels about 12,000 miles. That would be the same distance as if you were to travel from New York to California and back twice.

Become physically active

Even the least amount of exercise can strengthen the heart and cardiovascular system. Aerobic exercises such as walking, jogging or swimming are great options for improving heart health. Always consult your physician before starting any exercise program.

Some useful exercise tips

- Warm up with stretching exercises
- Exercise with a friend
- Do the exercises you enjoy (walking, bicycling, etc.)
- If you become short of breath or have chest pain, stop exercising
- Start slowly and build your endurance
- If you can't talk while exercising then slow down or stop
- Don't exercise right after eating (wait at least one hour)

Communicate to your doctor and follow his advice

Always inform your physician of any symptoms you may be having. Keep your appointments and follow your physician's advice.



Can I drink alcohol?

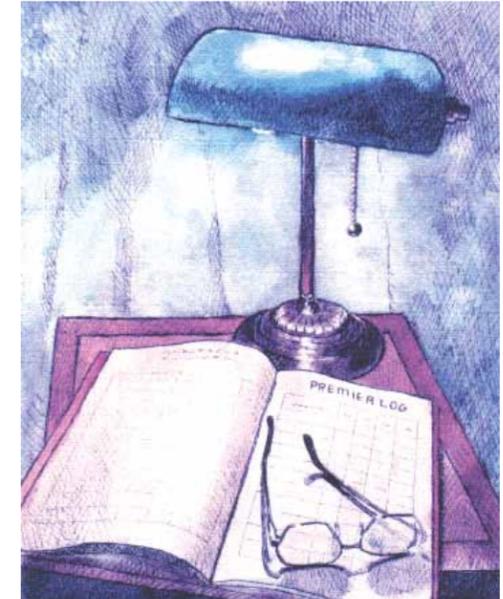
Alcohol consumption should be limited to no more than one to two drinks per day if not omitted all together.

How much salt can I have?

The answer to this question depends on the patient's heart failure severity. The recommended dietary allowance of sodium is 2,400 milligrams, but patients with heart failure should limit their intake to 2,000 milligrams or less.

What can I do to help myself?

First and foremost, **QUIT SMOKING NOW!** Otherwise you should eat healthy, reduce salt intake and have regular checkups with your physician. With your cooperation, your doctor's care plan and Premier Home Care as your support group, we can improve your quality of life.



Why should I weigh myself daily?

The first sign of a problem is fluid retention which results in weight gain. If you gain over three pounds in a day or five pounds in a week, notify your doctor immediately.

What can Premier Home Care, Inc. do for me?

Premier Home Care, Inc. has specially trained healthcare professionals who can offer education in the disease process, a diet, knowledge of medications, give exercise/activity recommendations and teach you how to assess worsening of heart failure (daily weighing).

Tips for You and Your Family/Caregiver

If you are committed to reading this entire booklet then congratulations! You are on your way to better health. Over the next few pages we will get more detailed on the important aspects of your therapy, namely diet, exercise and keeping a journal.

Some of these lifestyle changes will be difficult to get used to at first but after a short time they will become a matter of routine.

- **QUIT SMOKING – PLEASE!**

- Eat a healthy diet low in saturated fat, trans fats, cholesterol and salt
 - Foods high in salt
 - Table salt (one teaspoon of salt contains about 2.4 grams of sodium)
 - Cheese
 - Packaged cereals
 - Salted snack foods (potato chips, crackers, tortilla chips, salted pretzels and salted nuts)
 - Condiments (soy sauce and Worcestershire sauce)
 - Canned soup and dry soup packets
 - Canned vegetables and meats
 - Pickled foods



When you give a tennis ball a good hard squeeze you are using close to the same amount of force your heart uses to pump blood.

Follow a heart healthy diet..

- Fruits and vegetables: At least 4.5 cups per day
- Fish (preferably oily fish): At least two 3.5 ounce servings a week
- Fiber-rich whole grains: At least three 1 ounce equivalent servings a day
- Sodium: Less than 1,500 mg per day
- Sugar-sweetened beverages: No more than 450 calories (36 ounces) a week

Other dietary measures

- Nuts, legumes and seeds: A least 4 servings a week
- Processed meats: No more than 2 servings a week

Choose the better fats for your diet

- Bad fats to avoid
 - Saturated fats
 - Trans fats
- Better fats
 - Polyunsaturated fats
 - Mono-unsaturated fats

Fats are found in many foods. Check the nutrition label for ingredients.

Have you cholesterol levels checked

- Cholesterol comes from two sources, the food you eat and what your body makes.
- Cholesterol screening by blood test will measure your levels.

Foods high in cholesterol

- Shell Fish
- Organ meats
- Whole Milk
- Whole Eggs



* Dietary guidelines of the American Heart Association

A good diet goes a long way toward providing a healthy heart and is essential for patients in cardiac rehabilitation programs.