

Aptiva Medical

Delivering better health.



WELCOME KIT

We Provide Home Delivery
of Continuous Glucose
Monitoring Supplies.

Questions or to reorder
CALL 1-800-252-9020
www.AptivaMedical.com

Welcome to Aptiva Medical

Thank you for choosing Aptiva Medical!

We are committed to providing you with quality products and superior customer service to help you live a healthier, more active life. We make it simple - we handle all your insurance paperwork; we work closely with your doctor; and we deliver your continuous glucose monitoring supplies directly to your door.

This Welcome Kit contains valuable information for you. We will be calling you in a few days to make sure you are happy with your order, and to answer any questions you may have. You may also call our customer service team at **1-800-252-9020**.

We make it easy to reorder supplies! Prior to your next order date, we will contact you to get your authorization. Or, you can call us at **1-800-252-9020**. Please remember to reorder before you run out of supplies!

As always, we are available to answer any questions you may have. Our friendly customer service team is available to speak with you Monday through Friday, 8:00 am to 5:30 pm EST.

Please feel free to call us toll-free at 1-800-252-9020.

Sincerely,

Your friends at **Aptiva Medical**

Aptiva
Medical

About Us

MISSION STATEMENT

Our mission is to leverage our superior service, innovative programs, and clinical expertise to positively impact the lives and outcomes of our patients.

PRODUCTS AND SERVICES

We provide an extensive line of continuous glucose monitoring supplies. Our mail order pharmacy company, AptivaRx, specializes in respiratory medications administered through a nebulizer and immunosuppressant medications to prevent rejection following an organ transplant.

CGM Readers and Sensors

Respiratory Medications

Acetylcysteine
Albuterol
Arformoterol (Brovana)
Budesonide

Cromolyn
Ipratropium/Albuterol
Ipratropium Bromide
Levalbuterol

Formoterol (Perforomist)
Tobramycin
Yupelri

Immunosuppressant Medications

Azathioprine
Cyclosporine
Envarsus

Everolimus
Mycophenolate Mofetil
Mycophenolic Acid

Prednisone
Sirolimus
Tacrolimus



WARRANTIES

We honor manufacturers' warranties, including replacing, free of charge, any Medicare-covered equipment that is under warranty. If you have any defective products, please call us at **1-800-252-9020**.

IMPORTANT ORDERING INFORMATION

To reorder your supplies, call us toll-free at **1-800-252-9020** when you are running low on your supplies. We will deliver your confirmed order in 5-7 business days with free shipping included.

We will bill your primary and any supplemental insurance that has been provided, however, you will be responsible for any portion (co-pay or deductible) that is not covered by your insurance.

It is important to notify us immediately if there are any changes to your insurance, treating physician, or shipping address. This will help to prevent any interruptions in your service.

Notice of Privacy Practices

COMMITMENT TO PRIVACY:

Aptiva Medical is dedicated to maintaining the privacy of your healthcare information, and we adhere to laws that maintain the confidentiality of information that identifies you. Any use of healthcare information beyond the uses described below requires your individual written authorization.

The Health Insurance Portability and Accountability Act (HIPAA) requires that Aptiva Medical provide you with a copy of our Notice of Privacy Practices, outlining our privacy practices and how we safeguard your health information. Aptiva Medical abides by the terms of the Notice of Privacy Practices currently in effect, and reserves the right to revise or amend the Notice, as needed.

EXAMPLES OF DISCLOSURE FOR SERVICE, PAYMENT, AND HEALTHCARE OPERATIONS:

We will use your health information to furnish our services to you. Any information obtained by our company will be documented in your record, and will be used to provide you with medical products or supplies, or medications. The order from your physician will be part of your health record, and will determine the medical supplies you receive. We will use your health information for payment. In order to determine your eligibility for medical supplies, we may contact your insurance company and disclose healthcare-related information. Also, we will bill you or a third-party payer for products you received from our company. The health information that identifies you, your diagnosis, and medical supplies may be included on this bill. We will also use your health information for healthcare operations. We may use your health information to evaluate the quality of service you received from us, to conduct cost management assessments, and to plan business activities. This information is used in an effort to continually improve the quality and effectiveness of the products and services we provide.

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of the healthcare provider that compiled it, the information belongs to you. You have the right to:

- ▶ Request a restriction on certain uses and disclosures of your information.
- ▶ Obtain a paper copy of the Notice of Privacy Practices.
- ▶ Obtain an accounting of your health information.
- ▶ Inspect and copy your healthcare record.
- ▶ Request confidential communication.
- ▶ Amend your healthcare record.
- ▶ Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES:

Aptiva Medical is required to:

- ▶ Maintain the privacy of your health information.
- ▶ Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- ▶ Abide by the terms of this Notice.
- ▶ Notify you if we are unable to agree to a requested restriction.
- ▶ Accommodate reasonable requests you may have to communicate health information by alternative means.

Aptiva Medical reserves the right to change our practices, and to make any new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to your address on file. We will not use or disclose your health information without your authorization, except for services, payment, and healthcare operations.

OTHER USES OR DISCLOSURES:

Business associates: There are some individuals who are under contract with Aptiva Medical and, from time to time, are engaged in the improvement or financial enhancement of our business. We require any business associate to appropriately safeguard your information so that your health information is protected.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Health oversight agencies: We may disclose health information to health oversight agencies for activities authorized by law, including surveys, audits, and compliance inspections

FOR MORE INFORMATION:

Please mail Aptiva Medical's Compliance Officer, if you require additional information and/or want to pursue your rights, including:

- ▶ Requesting restrictions
- ▶ Inspecting and copying your record
- ▶ Securing an accounting of disclosure
- ▶ Requesting additional disclosures
- ▶ Revoking authorizations at any time
- ▶ Filing a complaint

Mail your written letter to:

Att: Compliance Officer
5249 NW 33rd Avenue
Fort Lauderdale, FL 33309

If you believe your privacy rights have been violated, you may contact our Compliance Officer. You may also file a complaint with the Secretary of Health and Human Services (Office of Civil Rights). Include your name, address, and phone number. There will be no retaliation for filing a complaint.

RETURN POLICY

If, for any reason you would like to exchange or return products from Aptiva Medical, you may return them within thirty (30) days of the purchase date, according to the policy below.

- ▶ All returns and exchanges must have a Return Authorization. Obtain a Return Authorization by calling customer service at **1-800-252-9020**.
- ▶ If you ordered an item from Aptiva Medical and we shipped the wrong item, or the item is defective, we will gladly exchange the order for the proper items provided the exchange is requested within thirty (30) days of the purchase date.
- ▶ All products and packaging must be returned in the condition in which it was received in order for Aptiva Medical to process refunds to insurance. Any product(s) showing signs of use will not be accepted for exchange or return.
- ▶ Refunds and product returns will be credited to the insurance company. If Medicare or your insurance company paid for the order, we are required to send them a refund. Aptiva Medical will only credit a customer's account if the order was paid for directly by the customer.

Thank you for choosing Aptiva Medical for your diabetic supplies. Please call 1-800-252-9020 if you have any questions or concerns.

Patient Bill of Rights

YOU HAVE THE RIGHT TO:

1. Be fully informed in advance about care to be provided, including the products/services to be provided.
2. Participate in the development and periodic revision of the plan of care.
3. Informed consent and refusal of service/care or treatment after the potential consequences of refusing treatment have been fully presented.
4. Be informed of your right under state law to formulate an Advanced Directive, if applicable.
5. Be informed, both orally and in writing, in advance of care/service being provided, of the charges, including payment for service/care expected from third parties and any charges for which the customer will be responsible.
6. Have your property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
7. Be able to identify visiting staff members through proper identification, as applicable.
8. Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of client/patient property.
9. Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff or service without restraint, interference, coercion, discrimination or reprisal.
10. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
11. Choose a health care provider, including choosing an attending physician.
12. Confidentiality and privacy of all information contained in the customer record and of Protected Health Information in accordance with our Notice of Privacy statement and as provided by applicable law.
13. Be advised on company's policies and procedures regarding the disclosure of clinical records.
14. Receive appropriate service/care without discrimination in accordance with physician orders.
15. Be informed of any financial benefits to us when/if you are referred to an organization.
16. Be fully informed of your responsibilities.
17. Receive information about the scope of services that we will provide and specific limitations on those services.

Patient Responsibilities

IT IS YOUR RESPONSIBILITY TO:

1. Dial 911 and seek appropriate medical attention whenever a life threatening medical emergency arises.
2. Provide complete and accurate information regarding your medical and family history and billing information.
3. Comply with your physician's orders and treatment plan.
4. Use and care for the medical supplies provided, and not allow use by anyone else.
5. Contact us of any product malfunction or defect, and allow our staff to correct the problem.
6. Advise us of any product changes in your status, including address, medical condition, physician, or billing information.
7. Assume payment responsibility for products/services not covered by your insurance carrier, except where not allowed by law.
8. Inform us immediately if you determine to purchase your products or supplies from a different source.

Medicare Supplier Standards

Note: Below is an abbreviated summary of the standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, including the surety bond provisions, are listed in 42 CFR § 424.57(c) and (d) and can be found at <http://ecfr.gov>.

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual whose signature is binding sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory or contract with other companies for the purchase of items necessary to fill orders. A supplier cannot contract with any entity that is currently excluded from the Medicare program, any State health-care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise 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 and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57(c)(11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.

13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less 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 the standards to each beneficiary if supplied a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier 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 regulations.
22. A supplier must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. A supplier must notify their accreditation organization with 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. A supplier must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57(d).
27. A supplier must obtain oxygen from a state-license oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act), physical and occupational therapists, or DMEPOS suppliers working with custom made orthotics and prosthetics.

Emergency Preparedness

Medical Emergencies

- ▶ If you are experiencing a medical emergency, you should immediately dial 911.
- ▶ If you are having a non-emergency issue with your medication or supplies and would like to consult with a pharmacist, please call us toll-free using the number listed in the contact section.
- ▶ Please provide our care management representatives with an emergency contact upon request.

Fire Safety and Prevention

- ▶ Install smoke and carbon monoxide detectors on all levels of your home and test each month.
- ▶ Have an evacuation plan for all rooms in your home.
- ▶ Designate a meeting place on the exterior of the home.
- ▶ Supervise any source of combustion including stoves, candles, ashtrays, etc.

Weather Emergencies

- ▶ It is important to have a plan for all types of weather emergencies including hurricanes, floods, and tornadoes.
- ▶ If you are impacted, or expect to be impacted by a weather emergency, please call us to discuss the best options to ensure that you continue to receive your medication.
- ▶ If Aptiva Medical anticipates being closed due to a weather emergency, we will attempt to expedite your order prior to the closure.
- ▶ If Aptiva Medical is impacted by a weather event, we will communicate with you as soon as possible regarding the best course of action for your treatment.
- ▶ If you either temporarily or permanently relocate as a result of an emergency, please provide us with your new address as soon as possible.

Preventing Infections

1. Clean your hands.

- ▶ Washing your hands regularly using soap and warm water is the easiest way to prevent the spread of infections.
- ▶ Rub your hands really well for at least 15 seconds including your palms, fingernails, in between your fingers, and the backs of your hands.
- ▶ If your hands are not visibly dirty, using alcohol based hand sanitizers are a good alternate if soap and water are not available.
- ▶ Also be sure to always clean your hands before touching or eating food.

2. Ensure that health care providers clean their hands.

- ▶ Healthcare providers often come in contact with lots of bacteria and virus. If you don't see them clean their hands, don't be afraid to ask them if they cleaned their hands or if they should be wearing gloves.

3. Cover your mouth and nose.

- ▶ Many infections are spread through sneezes and coughs. Use disposable tissues whenever possible and clean your hands after use.
- ▶ If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands.
- ▶ If you use your hands, clean them right away.

4. Avoid contact with others if you are sick.

- ▶ If you are sick, avoid close contact with others.
- ▶ When you go for medical treatment, ask if there is anything you can do to avoid infecting other people in the waiting room.

5. Get preventative shots and seek treatment when you are sick.

- ▶ Make sure your vaccinations are current.
- ▶ Check with your doctor about shots you may need.
- ▶ Vaccinations are available to prevent many types of diseases.

FLORIDA PATIENTS - Special Needs Shelters

If you have special needs, we strongly encourage you to register on the Florida Special Needs Registry with your specific county. Enclosed are some helpful guidelines. To register, please visit snr.flhealthresponse.com.

Please note: The special needs shelter should be used as a place of last refuge. The evacuee may not receive the same level of care received in the home and the conditions in a shelter may be stressful.

1. It is the expectation of the special needs shelter that a caregiver accompany and remain with the consumer throughout the stay. Caregivers may be relatives, household members, guardians, friends, neighbors, employees or volunteers.
2. The following is a suggested list of what consumers need to bring to the special needs shelter during an evacuation; the consumer should check with the assigned shelter to confirm the necessary items and/or those items which may not be accommodated:
 - ▶ Identification and current address
 - ▶ A copy of the consumer's plan of care, if applicable
 - ▶ Medication listing including directions for the dose, frequency, route, time of day and any special considerations for administration; equipment and supplies list including the phone, beeper and emergency numbers for the consumer's physician, pharmacy and, if applicable, oxygen supplier; necessary medical equipment and supplies; Do Not Resuscitate Order (DNRO), if applicable
 - ▶ Bed sheets, blankets, pillow, folding lawn chair, air mattress
 - ▶ Prescription and non-prescription medications needed for at least 5 to 7 days; oxygen for 5 to 7 days, if needed and shelter space allows
 - ▶ Special diet items, non-perishable food for 5 to 7 days and 1 gallon of water per person per day
 - ▶ Glasses, hearing aids and batteries, prosthetics and any other assistive devices
 - ▶ Personal hygiene items for 5 to 7 days (including adult diapers, colostomy supplies, etc.)
 - ▶ Extra clothing for 5 to 7 days
 - ▶ Flashlight and batteries
 - ▶ Self-entertainment and recreation items such as books, magazines, quiet games
 - ▶ Labeled shoe box or other small closed container to hold the majority of the smaller items listed above to facilitate storage and ease of use

3. All persons using the special needs shelters need to know the following:

- ▶ Space allotted for the consumer includes space for the caregiver. A special needs shelter can accommodate only one caregiver at a time; any other family members, friends, etc. should go to a regular shelter.
- ▶ The caregiver must provide his or her own bedding.
- ▶ Caregivers who regularly assist the consumer in the home are expected to continue to provide the same care in the shelter.
- ▶ Service dogs are allowed in the shelter. Check with the local Emergency Management office to see if other pets are permitted.
- ▶ Bring food items as listed above. It is possible only sparse meals will be provided.
- ▶ Smoking is not allowed in the shelter.

Telephone: 1-800-252-9020

Email: CustomerCare@aptivamedical.com

Fax: 1-800-971-3925

Address: 5249 NW 33rd Ave, Fort Lauderdale, FL 33309

Customer Service Hours: Monday-Friday: 8:00 a.m. – 5:30 p.m. ET

Non-English Speaking Patients: Aptiva Medical's non-English speaking patients are welcomed to contact us toll free using the toll free number above.

Privacy Information: Please see the Privacy Notice included in this welcome book.

Complaint Procedure

1. If you have any concerns about the products or services provided to you by Aptiva Medical, you may express these concerns by e-mail, telephone, or in writing. Direct your call or letter to our Customer Service Manager or to our Compliance Officer.

2. You will receive a response to the extent possible at the time of your complaint when it is received. If we are not able to respond to you at the time reported, you will receive a response by telephone within five (5) calendar days or a written response will be sent within fourteen (14) calendar days.

State of Florida and National Center Toll-Free Abuse Hotline

To report abuse, neglect, or exploitation, call 1-800-962-2873 (available Florida statewide), or 1-800-677-1116 (Nationwide).



Accreditation Commission for Health Care Hotline

To report a concern or complaint to the Accreditation Commission for Health Care (ACHC), call toll free 1-855-937-2242.

Medicaid Fraud Hotline

Medicaid fraud means an intentional deception or misrepresentation made by a health care provider with the knowledge that the deception may result in an unauthorized benefit to the provider and includes any fraudulent act under federal or state law related to Medicaid.

To report suspected Medicaid fraud, please call toll-free 1-866- 966-7226.

Agency for Healthcare Administration

To report a concern or complaint regarding the services you receive to the Agency for Healthcare Administration (AHCA) please call toll-free 1-888-419-3456.