



WELCOME GUIDE

CPAP-APAP-BIPAP Equipment

Phone: 1-877-488-3800

www.cpapservices.net

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CONTINUANCE OF SERVICES

Our patient's satisfaction is the Number One Priority. We pledge to provide you the following:

2yr Warranty on PAP unit and humidifier. We will honor the full manufacturer's guarantee on the equipment and/or accessories.

48 Hour turnaround time from the time we receive any new order from your physician to change your mask style, pressure adjustment or add any other accessories to your kit.

We will contact you **Quarterly** to remind you that your accessories/supplies are due for replacement.

We will honor a **one-time 30day mask exchange** program to ensure you find the proper mask for your therapy.

For any reason, you are not satisfied with your equipment and/or accessories, please call your local branch.

BASIC CLEANING SCHEDULE

Soak in mild soapy water, rinse off and let item(s) air dry.
Do not wash Disposable Filters, replace Bi-weekly.

For More Detail Manufactures Recommended Cleaning and Maintenance Instructions please refer to your owner's manual.

Daily

- Cushion
- Nasal Pillow
- Humidifier Chamber (If not using Distilled water)

Weekly

- Mask Frame (Headgear optional)
- Tubing
- Reusable Filter
- Humidifier Chamber (using Distilled water)

Monthly

- Headgear
- Dust PAP Device with damp cloth

BASIC SAFETY

CAUTION:

- **Keep power cords away from water.**
- **DO NOT clean any parts with alcohol or cleaning solutions containing alcohol.**
- **To prevent the risk of falling, keep power cords and CPAP tubing untangled and away from walking areas. Don't walk with CPAP tubing hanging at floor level and don't drop CPAP mask on the side of your bed.**
- **If you are using Oxygen equipment, ensure you have working smoke detectors around the house and never light a fire near your Oxygen equipment (cigarettes, candles, etc.). Keep a working fire extinguisher.**

DO NOT clean the system by steam autoclave or gas sterilization methods. These cleaning processes may harden or deform the flexible plastic parts of the system and adversely affect their function.

You should check the mask or nasal pillows after each cleaning. The silicone mask cushion and the silicone nasal pillows were designed to last one month with proper care. Although silicone is not susceptible to hardening, it can tear. The actual

life of the nasal mask or pillows can vary greatly, depending upon use. Replace the mask when it leaks air excessively, there is a tear in the cushion, or it becomes uncomfortable to wear.

All electrical equipment provided by Sleep Well CPAP Services requires a properly grounded electrical outlet to properly and safely function.

FLIGHT TRAVEL INSTRUCTIONS

When PAP treatment is needed in-flight, please contact the airline prior to traveling and check whether any special requirements or restrictions apply.

Follow these recommended preparations:

- Carry a letter or prescription from your doctor certifying your need for PAP treatment.
- Always bring your PAP unit as a carry on
- Remember to empty out your water chamber prior to travel

Note: *To avoid water damage, the use of the Humidifier is not recommended during flights.*

- Arrange seating close to a power source on the aircraft.

Please note that all PAP devices have a label indicating their FAA approved status. The devices CPAP Services provides have successfully completed FAA testing as required for in-flight use. Final approval for in-flight usage lies with the individual airline carrier.

PATIENT EDUCATION

WHAT IS SLEEP APNEA?

Sleep Apnea is a serious sleep disorder that occurs when a person's breathing is interrupted during sleep. Breathing pauses can last from a few seconds to minutes. They may occur 15 times or more per hour. This means the brain and the rest of the body may not get enough oxygen.

WHO HAS SLEEP APNEA?

Sleep Apnea occurs in all age groups. Approximately more than 200 thousand cases are reported per year in the US. People most likely to have or develop sleep apnea include:

- * Excess Weight
- * Neck circumference
- * Narrow airway
- * Over age 40
- * Family History
- * Large tonsils, Large Tongue or small jaw bone.

Symptoms include snoring loudly and feeling tired even after a full night's sleep. Most people with Sleep Apnea don't know they have it, and are not treated.

CLASSIFICATION OF SLEEP APNEA (AHI)

AHI (Apnea-Hypopnea Index)

Number of apneas and/ or hypopneas per hour of sleep during sleep study.

AHI Scale:

0- 5	Normal
5 -15	Mild
15 - 30	Moderate
> 30	Severe

HEALTH RISKS OF UNTREATED SLEEP APNEA

- Heart problems
- Heart attacks
- Poor quality of life
- Strokes
- High blood pressure
- Death

Car accidents and work related accidents due to sleepiness. Currently, there is no cure for sleep apnea, so it is very important that you continue your PAP therapy. If you stop therapy, your sleep apnea will come back.

PRIVACY POLICY HIPAA NOTIFICATION

We are happy to inform you that we are taking the new federal Health Insurance Portability and Accountability Act (HIPAA). Laws written to protect the confidentiality of your health information seriously. The changes in the evolution of computer technology that is used in healthcare have prompted the government to seek a way to standardize and protect the electronic exchanges of your health information. Sleep Well CPAP Services, LLC respects your privacy; we understand that the personal health information we create and obtain is used in providing for your care and services to you. For example, your protected health information includes our test results, diagnosis, and treatment, health information from other providers, and billing and payment information relating to these services. Federal and state laws allow us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purpose.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please read carefully.

Examples of use and disclosure of protected health information for treatment, payment, and health operations.

For Treatment:

Information obtained by Sleep Well CPAP Services, LLC or members of our health care team will be recorded in your medical records and will be used to help decide what care may be right for you. We may also provide information to others providing your care. This keeps us informed about your care.

For Payment:

When we request payments from your health insurance plan, they need information from us about your care. Information provided to health plans may include your diagnosis, procedures performed and recommended care.

For Health Care Information:

We use your medical records to assess quality and improve services:

- We may use and disclose medical records to review qualification and performance of our health care providers and to train our staff.
- We may contact you by telephone, letters, postcards or email to remind you about appointments and give you information about treatment alternatives or other health related benefits and services.
- We may use and disclose information to conduct or arrange services, including: accounting, legal, risk, management, and insurance services.
- Other disclosure and uses of the Protected Health Information and healthcare operations include: Notifications of Family and Others:
- We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition, or any event affecting your health. In addition, we may disclose health information about you to assist in a disaster relief. You have the right to object to this use, or disclosure of your information.
- Ask that your health information be given to you by other means or at another location. Please sign, date, and give us the request in writing.
- Cancel prior authorization to use or disclose health information by giving us written revocations. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

- Health Information Rights
- The health and billing records we create and store are property of Sleep Well CPAP Services, LLC. The protected health information in it, however, generally belongs to you. You have the right to:
 - Receive, read, and ask questions about this notice.
 - Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We reserve the right to accept or reject your request, and will notify you of our decision.
 - Request and receive from us a paper copy of the most current Notice of Privacy Practice for protected Health Information (“Notice”).
 - Request that you will be allowed to see and get a copy of your protected health information. You may make this request in writing.
 - Have us review a denial of access to your health information except in certain circumstances.
 - Contact us to change your insurance information. You may give us this request in writing or with a telephone call.

- You may write a statement of disagreement if your request is denied. It will be stored in your medical records, and include with it, any release of your records.
- Receive an accounting of disclosures of your health information upon request with the exception that this practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described above regarding treatment, payment, health care information, notification and communication with family, and specialized government functions, or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

We are required to:

- Keep your protected health information private.
- Give you this notice.
- Follow the terms of this notice.

If you believe that your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to the office manager at our office. You may also file a complaint to the U.S. Secretary of Health and Human Services.

To ask for help or have a complaint:

If you have any questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Sleep Well CPAP Services, LLC

Attention: Management
 18431 Technology Drive
 Morgan Hill, CA 95037
 (877) 488-3800
 Business hours: 9:00AM to 5:00PM – Monday through Friday

If your complaint is not resolved to your satisfaction, you may contact the Joint Commission and submit a complaint:
 JCI website: [http:// www.jointcommission.org/GeneralPublic/Complaint](http://www.jointcommission.org/GeneralPublic/Complaint)

Mail:
 Office of Quality and Patient Safety
 The Joint Commission
 One Renaissance Boulevard
 Oakbrook Terrace, Illinois 60181

IMPORTANT GUIDELINES

For Medicare, Medi-Cal and most Commercial Insurances to issue payment you need to:

1. Use your machine at least 4 hours a night and at least 21 days for a 30-day period.

NOTE: Internal modem in your device will track and transmit usage to your physician and CPAP Services for billing purposes.

2. Schedule a follow-up appointment with your treating physician and attend with your PAP unit between the 31st and 90th day from set-up.

FAILURE TO MEET THESE GUIDELINES WILL MAKE YOU RESPONSIBLE FOR PAYMENT OF YOUR MACHINE RENTAL.

COMPLIANCE CALL OUTREACH:

CPAP Services will attempt to contact you if you are not on schedule to meet the minimum usage requirements. You are required to meet compliance guidelines for your insurance to pay for your equipment.

Minimum usage on your compliance report should be above 70% usage within 30 days. **This means at least 4 hours per day for 21 days out of 30 days.**

PATIENT RIGHTS & RESPONSIBILITIES

CONSENT TO PRIVACY PRACTICES

Patient Rights:

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

Patient Responsibilities:

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

Consent to Privacy Practices of CPAP Services

You have been provided with a copy of CPAP Services "Notice of Privacy Practices" that describes how we will use health information concerning our service to you. The notice details how we will use this information to provide treatment care for you, to gain reimbursement for our services and to improve our operations to better serve you and other patients. We are required to document that:

- We have given you our Notice of Privacy Practices and that you have had the opportunity to review it.
- CPAP Services will notify you of changes in our Notice of Privacy Practices prior to implementing those changes.
- You may request restrictions as to how your health information may be used although CPAP Services is not required to agree to those restrictions; Any restrictions to which CPAP Services agrees to will be respected.
- You may revoke this consent in writing at any time, although CPAP Services can proceed with uses and disclosures that pertain to treatment, payment, or healthcare issues that take place before the consent was revoked.

RE-SUPPLY PROGRAM

One of the most important steps in taking charge of your health and maintaining effective therapy is replacing your mask and supplies regularly. Just as you replace your toothbrush, razor blades and many everyday items, it's important for your comfort and health that you replace your mask and supplies as recommended to ensure every component is working at its best.

Over time, residue from your face and everyday wear and tear can reduce the quality and comfort of your mask and supplies.

Components that are not replaced run the risk of developing microscopic holes or tears that can cause leaks or even trap bacteria, compromising your therapy and your health. Regular replacement and maintenance helps keep your therapy as comfortable and effective as possible.

Your insurance provider will typically pay for the following items and we recommend you replace these at the suggested frequency:

Every Month	Every 3 Months	Every 6 Months
Nasal Mask Cushion/ Pillows (Twice a month)	Mask	Headgear
Full Face Mask Cushion (Once a month)	Tubing	Chinstrap
Device Filter (Twice a month)		Water Chamber

Mask cushions/pillows may deteriorate over time through regular wear and tear, which can compromise fit and lead to air leaks. If your cushions/pillows are worn out, you may experience discomfort and your therapy may be less effective.

Device filters wear out or may become clogged, no longer protecting you from airborne particles, dust, pet fur and bacteria.

Tubing may develop small holes or tears, which may cause air leaks and jeopardize the delivery of your prescribed therapy setting.

Headgear and chin straps may become stretched and lose their elasticity, leading to overtightening and discomfort. They can also trap bacteria from sweat and moisture.

Water chambers may become discolored, cracked, cloudy or even pitted due to the mineral levels found in most tap and drinking water. As the material deteriorates, cracks may trap bacteria from moisture.

Helpful Questions and Answers

Mask cushions and pillows

Have the edges of your cushion/pillows become stiff or cracked?

This may require you to increase your headgear tension to prevent air leaks and consequently increase discomfort and cause skin irritations.

Has your cushion changed to an opaque color?

This can lead to increased discomfort from skin irritation and air leaks and ultimately result in ineffective therapy.

Are you experiencing discomfort, redness or skin irritation?

This could be due to overtightening, which is often a result of deterioration of your mask cushion/pillow.

Device filters

Does your filter show signs of wear such as discoloration?

If so, your filter may not be protecting you from everyday allergens.

Mask

Are you experiencing excessive leaks?

Over time, your mask can develop microscopic cracks that cause air leaks, compromising your therapy.

Tubing

Has your tubing begun to change to an opaque color? Has your tubing developed tears?

Small tears can occur between coils, causing air to escape and reducing effectiveness of therapy.

Headgear and chin strap

Has your headgear stretched?

This can lead to unnecessary overtightening to maintain your seal and ultimately result in discomfort and ineffective therapy.

Do you find you are overtightening to avoid leaks?

This may be a result of worn headgear that has become stretched and is no longer fitting properly.

Humidifier water chamber

Has the water chamber become discolored or cloudy? Do you see cracks or pitted areas?

This may be due to the mineral levels found in the water and a buildup inside the chamber. This can also result in pits or cracks.

SNAP – AUTOMATED CONTACT SYSTEM FOR RESUPPLY

Welcome to SNAP! A new and sophisticated way to place your resupply orders.

Here are some of the features and enhancements you can expect for your upcoming orders:

- Multiple, convenient options to place your resupply order by using our App, email, Patient Portal, text, or live agent.
- Enhanced order status and shipping notifications to keep you up to date.
- New Patient App and Portal to receive eligibility alerts, place a resupply order, track shipments, order status. You can also update your contact, address, and insurance information.

One of our Customer Service Representatives will reach out to you by phone for your first order. After the first phone order, you will be able to place future orders through the Patient Portal, email, app, or you may continue ordering over the phone.

If you have any questions or concerns about SNAP before your next resupply order, please contact us at 877-488-3800.

We look forward to serving you and hope you are as excited as we are for this ordering experience!

Visit the portal today or scan the QR code below to download the app!
Portal.snapworx.com



CMS MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This list is an abbreviated version of the application certification standards that 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. pt. 424, sec 424.57(c) and are effective on December 11, 2000. A supplier must disclose these standards to all customers/patients who are Medicare beneficiaries (standard 16).

1. A supplier must be in compliance with all applicable Federal & State licensure & regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes must be reported to the National Supplier Clearing House 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 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 DME & 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 & repair or replace free of charge Medicare covered items under warranty.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit CMS, or its agents to conduct onsite inspections to ascertain the supplier's compliance with 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 or cell phone 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 & all customers' and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover the product liability and completed operations.
11. A supplier must agree not to initiate phone contact with beneficiary with a few exceptions allowed. This prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items & maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contact.
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 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. 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, & any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations. Medicare Hotline: 800 633-4227.
22. All suppliers must be accredited by a CMS-approved accreditation organization and must indicate the specific products and services for which the supplier is accredited in order to receive payment for those specific products and services.
23. All suppliers must notify their accreditation organization when a new location is opened. The accreditation organization may accredit the new location for three months after it is opened without requiring a new site visit.
24. All supplier locations 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 which they are seeking accreditation. If a new product line is added after enrollment, the supplier will be responsible for notifying the accrediting body of the new product so that the supplier can be re-surveyed and accredited for these new products.
26. All DMEPOS suppliers must obtain a surety bond in order to receive and retain a supplier billing number.
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.

RETURN POLICY

We require a discontinuation use physician prescription be obtained prior to the return of your PAP device. If you cannot obtain one you may fill out an Against Medical Advice form (AMA). Majority of our products are medical in nature and we cannot accept them if they are no longer in their original unopened package.

We will issue an exchange or refund for the returned items, if the products are in their original unopened packaging within **15-days** of the original delivery or ship date. Original shipping costs, opened or used items are not refundable. Return shipping costs are the responsibility of the customer.

CPAP, Bi-PAP and APAP machines carry a manufacturer warranty. If your machine malfunctions, call your local branch to verify the machine is still under warranty. Warranty claim decisions are solely at the discretion of the manufacturer. Repair or replacement of the broken machine can take up to four weeks depending on the manufacturer.

Any returned CPAP, Bi-PAP, APAP and OXYGEN equipment is subject to monthly rental pricing. The rental plan is based on the rates below:

Mask, tubing and filters are non-refundable.

Monthly Rate	Device
\$350	CPAP, APAP
\$450	BiPAP
\$275	STATIONARY OXYGEN
\$475	PORTABLE OXYGEN

NOTE: Rental charges may vary based on insurance coverage.

Patient understands that by signing the Delivery Ticket Assignment of Benefits (AOB) at delivery will make you responsible of these charges.

HOURS OF OPERATION POLICY

Our company-wide hours of operation are Monday through Friday from 9:00AM to 5:00PM

Sleep Well CPAP Services **does not** provide patients and/or referral sources 24-hour on-call services for either CPAPs or BiPAPs or their supplies.

PROCEDURE:

- CPAPs and BiPAPs are not considered life sustaining equipment, therefore Sleep Well CPAP Services does not provide 24-hour on-call services for these devices.
- Sleep Well CPAP Services will not provide 24-hour on-call services for CPAP/BiPAP supplies.
- Patients can leave a message on our main phone line and someone will return his/her call the next business day.
- **Non-invasive ventilator or oxygen patients may call (877) 488-3800 at any time.** Sleep Well CPAP Services routes all calls, 24 hours a day, to personnel who can respond to the patient with guidance on what to do in the event of an emergency. On-call operator shall receive call via telephone. If the patient requires contact with a designated clinical person, the on-call personnel shall contact the designated clinical person to resolve the problem as soon as possible.
- **For all medical emergencies, always contact 911 first.**