

Welcome Guide

Important information as you begin
your service with AdaptHealth
Patient Care Solutions.

/ Current as of 05/2021



 adapthealth
 patient care solutions

 **++ patient care solutions**

Dear Valued Customer:

Thank you for choosing AdaptHealth Patient Care Solutions Inc. (AHPCS) as your preferred medical supplies provider.

AHPCS is a leading provider of wound care, urological, ostomy, tracheostomy and diabetic care¹ supplies as well as breast pumps. We have made it our mission to provide you with the high-quality medical supplies and exceptional service necessary to promote better health outcomes.

As you review the information in this packet, please make sure to read, sign and return the New Patient Packet Acknowledgment and Contact Authorization form in the enclosed business reply envelope.

We understand that navigating your healthcare needs can be confusing and frustrating at times. Our knowledgeable specialists are here to help. If you have any questions about the products you have received or need to place another order, please contact us at 855-625-7723.

We look forward to serving your medical supply needs.

All the best,

AdaptHealth Patient Care Solutions



AdaptHealth Patient Care Solutions

PO Box 1135

Moon Township, PA 15108-9939

T 855-625-7723

F 844-244-4476

adapthealth.com/patientcaresolutions

¹ As a result of regulatory changes effective July 1, 2013, AHPCS is not able to provide diabetic care supplies to patients using Medicare Part B benefits.

2019 AdaptHealth Patient Care Solutions. All Rights Reserved

Table of Contents

- + 02 Contact Information
- + 03 Ordering Process
- + 03 Services Provided
- + 03 Medical Necessity Documentation
- + 03 Warranty
- + 04 Return Goods Policy
- + 04 Packing Slip Example
- + 05 Billing
- + 05 Financial Responsibility Information
- + 05 Billing Statement Example
- + 06 Patient Freedom of Provider Statement
- + 06 Accessibility to Language Assistance
- + 06 Medicare Supplier Standards
- + 06 Section 504 Notice of Program Accessibility
- + 07 Title VI Notice to the Public
- + 07 Nondiscrimination Notice
- + 08 Notice of Privacy Practices
- + 08-10 MPCS Customer Rights & Responsibilities
- + 11-12 Product Education
- + 13 Be Red Cross Ready

Contact Information

AHPCS Call Center Hours:

Monday-Friday 8 a.m. to 8 p.m. ET

Saturday 9 a.m. to 5:30 p.m. ET

For orders, billing questions, returns & credit by phone:

855-404-6PCS

Live chat during AHPCS call center hours:

adapthealth.com/patientcaresolutions

Order via fax:

800-749-0711

Email inquiries:

ahpcsinfo@adapthealth.com

Correspondence should be directed to:

AdaptHealth Patient Care Solutions

Customer Service Department

PO Box 1135

Moon Township, PA 15108-9939

Ordering Process

AHPCS supplies medical products that help people lead healthier lives.

There are several ways to order:

Online:

+ Customer Service Representatives are available to take orders and answer questions via live chat on the AHPCS website:

www.adapthealth.com/patientcaresolutions

+ Reorders can be placed online through Express Reorder at www.adapthealth.com/mympcs/reorderentry or by going to our website and clicking the Express Reorder link at the top of the screen.

Phone: To reorder your supplies, call us at 855-404-6PCS

Monday-Friday 8 a.m. to 8 p.m. ET. and Saturday 9 a.m. to 5:30 p.m. ET.

Fax: Orders can be faxed to 800-749-0711.

When you are ready to order, please make sure you have the following items available:

- + Insurance card with ID number
- + Physician's name and phone number
- + Diagnosis for the supplies you are ordering

Services Provided

Regardless of how you choose to submit your order, AHPCS will provide you with exceptional service including:

- + **Fast service:** Initial patient orders are shipped for delivery on the next business day¹. Patients who reorder typically receive products within two business days.
- + **No shipping charges:** We ship products to your home or alternate care site at no additional charge.
- + **Knowledgeable Customer Service Representatives:** Our customer service team is available to answer questions you may have about the products that have been prescribed for you. Language translation services are also available via the phone to assist with the ordering process free of charge.
- + **Expert insurance billing team:** We work with hundreds of commercial insurance payers and are a participating provider with Medicare as well as select Medicaid and managed care plans.
- + **Helpful reminder service:** your choice of communication method (text, email or phone) to let you know when it's time to reorder.

Please contact AHPCS if you have any questions.

It is very important that you notify AHPCS of any changes to your insurance information as soon as possible to avoid any complications with billing. You may do so by calling 855-404-6PCS.

If you have insurance, and choose not to use it, you may need to review and sign a waiver of liability form, which documents that you do not want AHPCS to bill your insurance.

¹Shipping is contingent upon receiving product authorization from the insurance payer if required and a physician's order if required by state law for the product, and does not apply to incontinence products or breast pumps.

²Authorization must be provided by completing enclosed New Patient Packet Acknowledgement and Contact Authorization Form before AHPCS can begin reminder service.

Medical Necessity Documentation

In order to provide supplies and bill your insurance on your behalf, AHPCS is required to obtain documentation that supports the medical need for supplies as authorized by your treating physician. Examples include detailed written physician's order and medical records from your treating physician.

Warranty

In the event that AdaptHealth Patient Care Solutions (AHPCS) has mistakenly provided the incorrect product or size, the following steps should be taken:

- + Within 48 hours of receiving the incorrect product the customer should notify AHPCS at 855-404-6PCS.
- + Customer Service will issue a call tag to pick up the product.
- + If applicable, the correct item will be shipped to the customer.
- + The customer account will be adjusted to reflect the return or exchange.
- + If the product was delivered by AHPCS staff, the return or exchange may be in person.

Return Goods Policy

Subject to applicable law and Medicare Supplier Standards, AdaptHealth Patient Care Solutions (AHPCS) will accept returns of substandard or unsuitable goods¹ purchased from AHPCS, in accordance with the following Return Goods Policy:

Inspection/Reporting Process: Customer will have five (5) business days from the date of delivery to inspect the package for discrepancies including but not limited to damages, shortages or product defects. All order discrepancies must be reported to the AHPCS Customer Service Department at 855-404-6PCS, within this period.

Damaged/Defective Goods Return Process: All deliveries should be inspected within five (5) business days from the date of delivery. If damage has occurred or a product appears defective, the customer must contact the Customer Service Department at 855-404-6727 to acquire a return authorization. The customer will have fifteen (15) business days from the return authorization date to return the damaged/defective goods. Upon inspection, credit will be given for the returned products.

Non-Defective Return Goods Request: Customer will have five (5) business days from the date of delivery to request a return authorization. Authorized non-defective returns must be in the original unopened packaging and in resalable condition.

A return authorization number must be acquired through the Customer Service Department at 855-404-6PCS prior to the return of goods shipping. Upon inspection, credit will be given for the returned products. Freight charges for non-defective returned goods are the responsibility of the customer. Additional restocking fees may apply.

Return Restrictions: The following product return restrictions may apply.

- + Rx items
- + Diagnostic test kits
- + Discontinued products
- + Non-stock items
- + Expired products
- + Drop-shipped or special order products shipped from supplier
- + Items shipped on ice or dry ice
- + Opened or defaced products
- + Used equipment

Contact the AHPCS Customer Service Department at 855-404-6PCS for further information.

Packing Slip Example

The packing slip contains information about your order including item ordered, item number, item description, quantity ordered, Unit of Measure (UOM - Example: EA = Each, BX = Box), Shipped – quantity shipped and to follow – quantity on backorder that has not shipped. Please reference the example.

PACKING SLIP		4587249980252147		PAGE 1 of 1	
SHIP TO:		PATIENT ID:		FROM:	
CLST P.O. NUMBER:		E1 REFERENCE:		AdaptHealth Patient Care Solutions	
JOB		ORDER DATE:		MOORESTOWN, NJ	
Destination		ORDER DATE:		MOORESTOWN, NJ 08039	
SOLD BY: AdaptHealth Patient Care Solutions Inc.		3401 Arch St		Moorestown, PA, 17066	
Item / Mfg	Qty	UOM	Shipped	To Follow	Cost
LN #	Number	Ordered	Bin Loc	Vendor	Item #
1	37877	120	EA	120	
				30 Days Supply	
				CALX LURETHRAL 16FR COUDEBOLIVE 3317	
				10/18	7182401977
<p>Contact your Customer Service Center if Material Safety Data Sheets are needed. Rx Package insert information can be found at the website, http://DALY.MED.NLM.NIH.gov/rtx/medbox/rtx.htm. If you have trouble accessing the website and need package insert information, please contact Customer Service and request a copy.</p> <p>NOTE - * Next to Line Number Indicates Shipping from Another Location Outcome Goal: To heal or to prevent patient healthcare issues by providing medically prescribed products. ** Next to Line Number Indicates Line Under Review</p>					
+* adapthealth		(DETACH HERE)		CUSTOMER SERVICE RETURNS - 888-230-3990	
+* patient care solutions		Discussion of all returns must be pre-approved by Customer Service within 5 days of receipt!		ORDER DATE: 06/25/2015	
AdaptHealth Patient Care Solutions		Not all non-stock items are returnable or they may require additional restocking fees. Non-stock items returned without pre-approval will not receive credit. Please complete and send this authorization slip with the product that you are returning for credit.		ORDER NUMBER:	
MOORESTOWN, NJ 08039				E1 REFERENCE:	
SHIP TO ACCOUNT #:					
CATALOG NUMBER	QTY	ALTF#	LOT NUMBER		
CATALOG NUMBER	QTY	ALTF#	LOT NUMBER		
CATALOG NUMBER	QTY	ALTF#	LOT NUMBER		
<p>This is a notification only; no payment is due at this time. The below information is based on your entire order including any back orders. After verifying your eligibility with your insurance payer, we were informed that you have a 0% co-payment. Your annual deductible is just available at this time. Therefore, your ESTIMATED out-of-pocket cost for this order is \$11.00. This amount is subject to change and does not reflect any outstanding deductible amount. This information reflects your primary insurance only. This does not include any secondary or tertiary information. Any items previously paid are not included in this calculation.</p>					
Piece	Weight	Staging Area	Delivered By		
Route Code 094	Stop Code	Date	Shipment Accepted By		
For Rx dispensed from the AZ location, reference AZ license #Y005130. rchep0105					

Billing

The Accounts Receivable department is available to answer questions or concerns regarding patient balances. Billing representatives are available to:

- + Accept credit card payments by phone
- + Review account for accuracy
- + Add or change insurance information
- + Arrange and discuss payment options

If a patient is responsible for a co-payment or deductible on the order, AHPCS accepts the following forms of payment:

- + Personal check
- + Electronic check
- + Major credit cards (Visa, MasterCard and Discover)
- + Health Savings Account (HSA) cards - cards must be affiliated with the aforementioned credit card companies

The Accounts Receivable Department is available by phone

855-404-6PCS Monday-Friday 8:30 a.m. to 5 p.m. ET. You can also pay your bill online at adapthealth.com/patientcaresolutions

Financial Responsibility Information

AHPCS offers a wide range of products that may be covered by your insurance. AHPCS is a participating provider with Medicare, select state Medicaid plans, several Medicare Advantage and Managed Medicaid plans, and a variety of commercial insurance plans. Our representatives are available to work with your insurance provider and bill them for products on your behalf. At AHPCS our primary focus is on you regaining your health.

It is your responsibility to provide us with proper and updated insurance information. You are also responsible for all unpaid balances, including all deductibles and co-payments and any costs of collections, should action be necessary. If you have supplemental insurance that pays for your co-payment and AHPCS is able to submit claims and receive payment from that company, AHPCS will submit a claim on your behalf. When requesting a product, if you do not have proof of insurance, you will be asked to provide AHPCS with a credit card to secure payment until the appropriate insurance information is provided.

AHPCS Accepts the Following Forms of Payment

- + Personal check
- + Electronic check
- + Major credit cards (Visa, MasterCard and Discover)
- + Health Savings Account (HSA) cards - cards must be affiliated with the aforementioned credit card companies

If you cannot meet any of the above requirements or have questions regarding AHPCS's billing services, please call 855-404-6PCS.

Billing Statement Example

The billing statement contains information about payments and your financial responsibility, including: date of service, transaction date, quantity shipped, supplies shipped, charges - debits and transfers, payments and adjustments, balance and amount you owe - patient responsibility.

Please reference the example.

Page 1 of 2

adapthealth
patient care solutions

Statement date: 6/8/2015
Responsible Party:
Due Date: 6/28/2015

REQUEST FOR PAYMENT

Account Summary		Important Message
Total Charges	\$ 1,995.52	The \$ 264.78 balance is your responsibility and is now due.
Insurance Payments / Adjustments	-\$ 1,730.74	Please see payment information below or contact our billing department for more payment options.
Patient Payments	\$ 0.00	
AMOUNT YOU OWE	\$ 264.78	

Your prompt payment is appreciated!

Insurance Information
Please review the insurance information on the following pages. If there is a change, please call our billing department.

Payment and Other Information

Payment options include check/money order by mail, check credit/debit card over the phone or online at adapthealth.com/billpay

If you have questions or need to speak with our billing department, please call 855-404-6PCS, 8:30AM-4:00PM EST, Monday-Friday.

AdaptHealth Patient Care Solutions
Airside Business Park
PO Box 1135
Moon Township, PA 15108-9939

Pay By Mail Account #:

Amount Due	Due Date	Amount Paid
\$ 264.78	6/28/2015	\$

Pay by Credit Card online at adapthealth.com/billpay or call 855-404-6PCS for credit card processing

AdaptHealth Patient Care Solutions
PO Box 645034
Pittsburgh PA 15264-5034



Title VI Notice to the Public

As a recipient of federal financial assistance, AdaptHealth Patient Care Solutions (AHPCS) does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participate in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by AHPCS directly or through a contractor or any other entity with whom AHPCS arranges to carry out its programs and activities. The Company is committed to compliance with all applicable laws providing equal opportunities in adherence with the provisions of Title VI of the Civil Rights Act of 1965.

AHPCS has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Title VI. Any person who believes she or he has been discriminated against on the basis of race, color, or national origin or otherwise aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with AHPCS. Grievances should be submitted to the Civil Rights Coordinator typically within 30 days but no longer than 180 days of the date the person filing the grievance becomes aware of the alleged discriminatory action. Complaints should contain as much detailed information about the alleged discrimination as possible including complainant's contact information.

The Civil Rights Coordinator or designee shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Civil Rights Coordinator will maintain the files and records of AHPCS relating to such grievances. The Civil Rights Coordinator will issue a written decision on the grievance no later than 30 days after its filing.

The person filing the grievance may appeal the decision of the Civil Rights Coordinator by writing to the AHPCS Compliance Officer within 15 days of receiving the Civil Rights Coordinator's decision. The AHPCS Compliance Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

AHPCS will make appropriate arrangements to ensure that persons/individuals with disabilities and those with limited English proficiency are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Civil Rights Coordinator will be responsible for such arrangements and will inform the customer of the availability of such assistance free of charge.

Regarding questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please inform the Company at the following contact information:
AdaptHealth Patient Care Solutions Inc.

AdaptHealth Attn: Chief Compliance Officer

220 West Germantown Pike, Suite 250 • Plymouth Meeting, PA 19462

In addition to the AHPCS complaint process outlined above, complaints may be filed directly with the Department of Health and Human Services' Office for Civil Rights (OCR) within 180 days from the date of the alleged violation. The person filing the complaint may send a written complaint or complete and send OCR the Complaint Form available on OCR's webpage at www.hhs.gov/ocr. The filing of an internal complaint will not toll the timeline for filing a complaint with OCR.

Company policies in adherence with the provisions of Title VI of the Civil Rights Act of 1965, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations art 80, 84, and 91.

Nondiscrimination Notice

As a recipient of federal financial assistance, AdaptHealth Patient Care Solutions (AHPCS) does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participate in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by AHPCS directly or through a contractor or any other entity with whom AHPCS arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.) Regarding questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

AdaptHealth Attn: Chief Compliance Officer

220 West Germantown Pike, Suite 250 • Plymouth Meeting, PA 19462

Your Information. Your Rights. Our Responsibilities.

Notice of Privacy Practices for AdaptHealth Patient Care Solutions Inc. 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.

Your Rights

You have the right to:

- + Get a copy of your paper or electronic protected health information (“health information”)
- + Correct your paper or electronic health information
- + Request confidential communication
- + Ask us to limit the health information we share
- + Get a list of those with whom we’ve shared your health information
- + Get a copy of this privacy notice
- + Choose someone to act for you
- + File a complaint if you believe your privacy rights have been violated

See pages 9-10 for more information on these rights and how to exercise them.

Your Choices

You have some choices in the way that we use and share health information as we:

- + Tell family and friends about your condition
- + Provide disaster relief
- + Market our services

See page 9 for more information on these choices and how to exercise them.

Our Uses and Disclosures

We may use and share your health information as we:

- + Treat you
- + Run our organization
- + Bill for our services
- + Address workers’ compensation, law enforcement, and other government requests
- + Respond to lawsuits and legal actions
- + Help with public health and safety issues
- + Respond to organ and tissue donation requests
- + Work with a medical examiner or funeral director
- + Comply with the law
- + Do research

See pages 9-10 for more information on these uses and disclosures.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health information

- + You can ask to see or get an electronic or paper copy of any health information we have about you. Ask us how to do this.
- + We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health information

- + You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- + We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- + You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- + We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- + You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- + 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 say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared your health information

- + You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- + We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- + You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- + If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- + We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your privacy rights are violated

- + You can complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your privacy rights in your health information. You can contact our Privacy Officer at the address or toll-free telephone number listed on page 10 to do so or to learn more about the complaint process.
- + We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- + Share your health information with your family, close friends, or others involved in your care.
- + Share your health information in a disaster relief situation.

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your health information if we believe it is in your best interest. We may also share your health information when needed to lessen a serious and imminent threat to health or safety.

Unless you give us written permission, we won't:

- + Sell your health information.
- + Use your health information to send you marketing communications, except in those limited circumstances permitted under law.
- + We may, however, communicate with you about products and services as described in Our Uses and Disclosures below without your written permission.

We do not:

- + Create or maintain a hospital directory.
- + Create or maintain psychotherapy notes.
- + Conduct fundraising efforts.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: We may discuss product and treatment options with the doctor treating you for an injury.

Run our Organization

We can use and share your health information to run our company, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for our services.

Communicate about products and services

- + We can use your health information to communicate with you about our products or services.
- + Unless we receive financial remuneration from a company whose product or service is being described in exchange for making the communication, we can also use your health information to:
 - + Communicate with you about products or services relating to your treatment, case management or care coordination.
 - + Communicate with you about alternative treatments, therapies, providers or care settings that we direct or recommend.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- + For workers' compensation claims
- + For law enforcement purposes or with a law enforcement official
- + With health oversight agencies for activities authorized by law
- + For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

How else can we use or share your health information?

We are allowed or required to share your health 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 under the law before we can share your health information for these purposes. Please contact our Privacy Officer for more information.

Help with public health and safety issues

- + We can share health information about you for certain situations such as:
- + Preventing disease
- + Helping with product recalls
- + Reporting adverse reactions to medications
- + Reporting suspected abuse, neglect, or domestic violence
- + Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share health information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Do research

In those limited circumstances permitted under law, we can use or share your health information for health research.

Our Responsibilities

- + We are required by law to maintain the privacy and security of your protected health information.
- + If the law of the state where you live places greater limits on our use or disclosure of your health information than the federal healthcare privacy law, then your state law will govern our use or disclosure of your health information.
- + We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health 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 health 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.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all health information we have about you. The new notice will be available upon request, in our offices and on our website.

Effective Date of this Notice: May 3, 2016

Our Contact Information

You may contact our Privacy Officer at the address and toll-free telephone number listed below for further explanation of this Notice.

AdaptHealth Attn: Chief Compliance Officer

220 West Germantown Pike, Suite 250 • Plymouth Meeting, PA 19462

AHPCS Customer Rights and Responsibilities

- + Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the 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
- + 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, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal by calling the AHPCS Compliance Manager at 844-15-6016, or ACHC at 919-785-1214, or Commonwealth of Pennsylvania, Office of Attorney General at 717-705-6938
- + 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
- + Be advised on 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 physician orders, if applicable
- + Be informed of any financial benefits when referred to an organization

Product Education

Ostomy Supplies

In the absence of a properly functioning small intestine, large intestine, or bladder, ostomy supplies are used to collect and contain the body's waste product (urine or fecal material) that is normally handled by that body organ.

An ostomy is created when a portion of the large intestine (colon), small intestine (ileum), or urinary system is surgically diverted through the abdominal wall and an external opening (stoma) is created at skin level on the abdomen.

Ostomy Product Instructions

Two-Piece Cut-to-Fit System

1. Gather supplies needed: wafer (skin barrier), pouch, scissors, pen and measuring guide.
2. Measure stoma and trace the exact outline to the wafer (skin barrier).
3. Cut along tracing line making sure there is 1/8 inch from the wafer to the edge of the stoma.
4. If there are gaps due to irregularities, use barrier rings or stoma paste.
5. Using the peel tab, remove the release paper from the wafer to avoid touching the adhesive.
6. Apply the wafer carefully, so the opening is secure around the stoma with no more than 1/8 inch between the edge of the wafer and the stoma.
7. Press wafer down slowly to allow the warmth of the hands to assist in molding and sealing the wafer.
8. Center the appliance over the wafer and attach it per the manufacturer's instructions.

One-Piece Cut-to-Fit System

Use same instructions as a two-piece cut-to-fit system, with the exception of Step 8 (pouch application).

These instructions are intended to be a helpful guide and are intended as an abbreviated procedure guide only. Please contact your physician, healthcare professional, or WOC Nurse for additional assistance as individual manufacturers may have different application techniques for their products.

Additional Educational Resources:

The United Ostomy Associations of America has a website with information and care guidelines published in both English and Spanish. Their website is http://www.uoaa.org/ostomy_info. Information can be downloaded from this site. Wound, Ostomy, Continence Nurses Society www.wocn.org

Urological Supplies

There are many types of urological supplies. Some of the most popular supplies are described below. Indwelling catheters provide continuous drainage of urine from the bladder. This type of catheter should be connected to a leg bag or bedside drainage bag to collect urine. A closed system and aseptic (sterile) technique should be used for insertion. Intermittent catheters are used to periodically drain the bladder when urinary retention prevents complete bladder emptying. The insertion technique may be a clean technique or sterile technique depending on what your healthcare professional recommends. Closed system sterile intermittent catheters may be ordered by your healthcare

professional particularly if you have a history of urinary tract infections (UTI). External male catheters or condom catheters are adhesive or non-adhesive style catheters for males with urinary incontinence. These catheters are worn over the outside of the penis. External male catheters usually attach to a leg bag or bedside drainage bag to collect urine. Report any skin irritation, as soon as you notice it, to your healthcare professional. Insertion trays are used to assist with insertion of indwelling catheters or sterile intermittent catheters. They are available with PVP (povidone iodine) solution or BZK (benzalkonium chloride) swabs to use as an antiseptic prior to insertion.

General Recommendations:

1. Follow the advice of your healthcare professional or physician regarding the size, brand, and style of catheter to use.
2. Follow your catheterization schedule as recommended by your physician.
3. Follow manufacturer instructions regarding the use of the specific urological product recommended for you.
4. Report signs of urinary tract infections to your healthcare professional or physician immediately.

References:

Wound, Ostomy, Continence Nurses Society www.wocn.org
"Indwelling Urinary Catheters: Best Practice for Clinicians," Wound Ostomy Continence Nurses Society, 2009.

Incontinence Supplies

Incontinence products are recommended for you by your physician or healthcare professional based on the type and amount of incontinence you experience. You may be recommended to utilize underpads, incontinent shields or pads, pull-ups, or incontinence briefs. Please follow manufacturer instructions regarding sizing and measuring for the products. People who have problems controlling the urine or bowels (called incontinence) are at greater risk for skin problems around the buttocks, hips, genitals, and the area between the pelvis and rectum (perineum). Excess moisture in these areas makes skin problems such as redness, peeling, irritation and yeast infections more likely.

Taking Care of Your Skin

- + After urinating or having a bowel movement, clean and dry the area right away.
- + Clean the skin with mild, diluted soap and water. Rinse well and gently pat dry.
- + Use soap-free skin cleansers that do not cause dryness or irritation.
- + Use moisturizing creams to keep the skin moist.
- + Avoid products that contain alcohol, which may irritate the skin.
- + Consider using a skin sealant or moisture barrier cream that contains zinc oxide.
- + Your doctor or nurse can recommend barrier creams to help protect the skin.

Additional Educational Resources:

The National Association for Continence (NAFC) publishes a resource guide of continence products and services, which includes a listing of the manufacturers and distributors of specific products. To get a copy of this resource guide, call 1-800-BLADDER or go to the website www.nafc.org. <http://www.nlm.nih.gov/medlineplus/ency/article/003976.htm>

Diabetic Care Supplies

Home blood glucose monitors are used to evaluate your current blood sugar level, which is the amount of glucose or sugar in your blood. If you have questions about how to use your blood glucose monitor, how to log your results, how often to test or when to report certain types of readings, please consult your physician, diabetic educator or other healthcare professional. When you have an appointment with your healthcare professional, you should bring your completed blood glucose log with you as this provides your physician with a better understanding of how your body is responding to the recommended diabetic care plan. To choose the appropriate blood glucose monitor, lancet and lancing device for you, please consult your physician or other healthcare professional. Many lancing devices allow for various depths and sites of testing to obtain a blood sample. Choose the depth and site as recommended by both the manufacturer of your monitor and your physician. Always follow the manufacturer's instructions included with your blood glucose monitor. These instructions will help you calibrate your meter and provide details on the proper use, care and storage of the meter, control solution and test strips. In addition, do not use control solution or test strips after the date of expiration, as this can lead to inaccurate blood sugar results.

References:

American Diabetes Association

<https://www.diabetes.org>

NIPRO Diagnostics

24-hour Consumer Technical Support 1-800-803-6025

Breast Pumps

A breast pump is a device that allows breastfeeding mothers the flexibility to return to work and at the same time, to provide breast milk to their babies. There are many styles of breast pumps. Most pumps are portable and fall into two categories: electric and manual.

According to the U.S. Department of Health and Human Services' Health Resources and Services Administration's website, the Affordable Care Act expands coverage for women's health to preventative services, as well as "breastfeeding support, supplies and counseling in conjunction with each birth." Insurance coverage and reimbursement varies among health plans. According to the American Academy of Pediatrics and the U.S. Health and Human Services Department, providing breast

milk to babies can benefit the mother's health, as well as the child. Breastfeeding is linked to a lower risk of women's health issues such as Type 2 diabetes, breast cancer, ovarian cancer and postpartum depression. The health benefits for babies includes a decreased risk of respiratory, ear or gastrointestinal infections, dermatitis or eczema, diabetes, leukemia or SIDS (Sudden Infant Death Syndrome). For questions regarding proper use of a breast pump, please consult the manufacturer's instructions. Promptly report signs or symptoms of health concerns to your healthcare provider.

References:

American Academy of Pediatrics, U.S. Department of Health and Human Services.

Wound Care Dressings

Wound care dressings can serve multiple functions such as absorbing drainage and protecting the wound from outside contamination. Dressings should be selected based on the wound characteristics and the goals of the topical treatment plan. Many specialty wound dressings are available. Your physician or practitioner has chosen a product to treat your wound from one of the categories below:

- | | |
|-------------------|----------------------------------|
| + Alginates | + Hydrocolloids |
| + Antimicrobials | + Hydrogels |
| + Bordered gauzes | + Impregnated gauzes |
| + Collagens | + Specialty absorptive dressings |
| + Composites | + Transparent films |
| + Contact layers | + Wound fillers |
| + Foams | |

Please follow not only your healthcare professional's instructions regarding your treatment plan, but also the specific manufacturer instructions for proper product use. Promptly report signs and symptoms of infection or any allergic reaction to your physician or healthcare professional.

Signs of wound infection:

- + Failure of the wound to progress toward healing or deterioration of wound condition
 - + Peri-wound redness, warmth or induration (firmness to the touch)
 - + New or increased wound pain
 - + Increase in drainage, including clear drainage
 - + Odor in the wound bed
- Signs of local allergic skin reaction:
- + Rash and/or redness at the site where the dressing or its adhesive border touches the skin
 - + Itching and/or burning

References:

Association for the Advancement of Wound Care Professional Resource Center , www.aawconline.org

Wound, Ostomy, Continence Nurses Society, www.wocn.org

Clinical Guide to Skin and Wound Care, Hess, Cathy Thomas, Lippincott, Williams, & Wilkins, Seventh Edition, 2013

Be Red Cross Ready

Get a kit. Make a plan. Be informed.

It's important to prepare for possible disasters and other emergencies. Natural and human-caused disasters can strike suddenly, at any time and anywhere. There are three actions everyone can take that can help make a difference...

Be Red Cross Ready Checklist

- I know what emergencies or disasters are most likely to occur in my community.
- I have a family disaster plan and have practiced it.
- I have an emergency preparedness kit.
- At least one member of my household is trained in first aid and CPR/AED.
- I have taken action to help my community prepare.

Get a kit

At a minimum, have the basic supplies listed below. Keep supplies in an easy-to-carry emergency preparedness kit that you can use at home or take with you in case you must evacuate.

Water—one gallon per person, per day (3-day supply for evacuation, 2-week supply for home) • Food—non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home) • Flashlight • Battery-powered or hand-crank radio (NOAA Weather Radio, if possible) • Extra batteries • First aid kit • Medications (7-day supply) and medical items • Multi-purpose tool • Sanitation and personal hygiene items • Copies of personal documents (medication list and pertinent medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies) • Cell phone with chargers • Family and emergency contact information • Extra cash • Emergency blanket • Map(s) of the area

Consider the needs of all family members and add supplies to your kit. Suggested items to help meet additional needs are:

Medical supplies (hearing aids with extra batteries, glasses, contact lenses, syringes, cane) • Baby supplies (bottles, formula, baby food, diapers) • Games and activities for children • Pet supplies (collar, leash, ID, food, carrier, bowl) • Two-way radios • Extra set of car keys and house keys • Manual can opener

Additional supplies to keep at home or in your kit based on the types of disasters common to your area:

• Whistle • N95 or surgical masks • Matches • Rain gear • Towels • Work gloves • Tools/supplies for securing your home • Extra clothing, hat and sturdy shoes • Plastic sheeting • Duct tape • Scissors • Household liquid bleach • Entertainment items • Blankets or sleeping bags

Let Your Family Know You're Safe

Tell your loved ones about the American Red Cross Safe and Well Web site available through RedCross.org/SafeandWell. This Internet-based tool should be integrated into your emergency communications plan. People within a disaster-affected area can register themselves as "safe and well" and concerned family and friends who know the person's phone number or address can search for messages posted by those who self-register. If you don't have Internet access, call 1-866-GET-INFO to register yourself and your family.

Copyright © 2009 by the American National Red Cross

Make a plan

- Meet with your family or household members.
- Discuss how to prepare and respond to emergencies that are most likely to happen where you live, learn, work and play.
- Identify responsibilities for each member of your household and plan to work together as a team.
- If a family member is in the military, plan how you would respond if they were deployed.

Plan what to do in case you are separated during an emergency

- Choose two places to meet:
 - Right outside your home in case of a sudden emergency, such as a fire
 - Outside your neighborhood, in case you cannot return home or are asked to evacuate
- Choose an out-of-area emergency contact person. It may be easier to text or call long distance if local phone lines are overloaded or out of service. Everyone should have emergency contact information in writing or programmed into their cell phones.

Plan what to do if you have to evacuate

- Decide where you would go and what route you would take to get there. You may choose to go to a hotel/motel, stay with friends or relatives in a safe location or go to an evacuation shelter if necessary.
- Practice evacuating your home twice a year. Drive your planned evacuation route and plot alternate routes on your map in case roads are impassable.
- Plan ahead for your pets. Keep a phone list of pet-friendly hotels/motels and animal shelters that are along your evacuation routes.

Be informed

Learn what disasters or emergencies may occur in your area. These events can range from those affecting only you and your family, like a home fire or medical emergency, to those affecting your entire community, like an earthquake or flood.

- Identify how local authorities will notify you during a disaster and how you will get information, whether through local radio, TV or NOAA Weather Radio stations or channels.
- Know the difference between different weather alerts such as watches and warnings and what actions to take in each.
- Know what actions to take to protect yourself during disasters that may occur in areas where you travel or have moved recently. For example, if you travel to a place where earthquakes are common and you are not familiar with them, make sure you know what to do to protect yourself should one occur.
- When a major disaster occurs, your community can change in an instant. Loved ones may be hurt and emergency response is likely to be delayed. Make sure that at least one member of your household is trained in first aid and CPR and knows how to use an automated external defibrillator (AED). This training is useful in many emergency situations.
- Share what you have learned with your family, household and neighbors and encourage them to be informed.

Emergency Contact Cards for All Household Members

Get your cards online at <http://www.redcross.org/prepare/ECCard.pdf>.

- Print one card for each family member.
- Write the contact information for each household member, such as work, school and cell phone numbers.
- Fold the card so it fits in your pocket, wallet or purse. Carry the card with you so it is available in the event of a disaster or other emergency.



For more information on disaster and emergency preparedness, visit RedCross.org.

