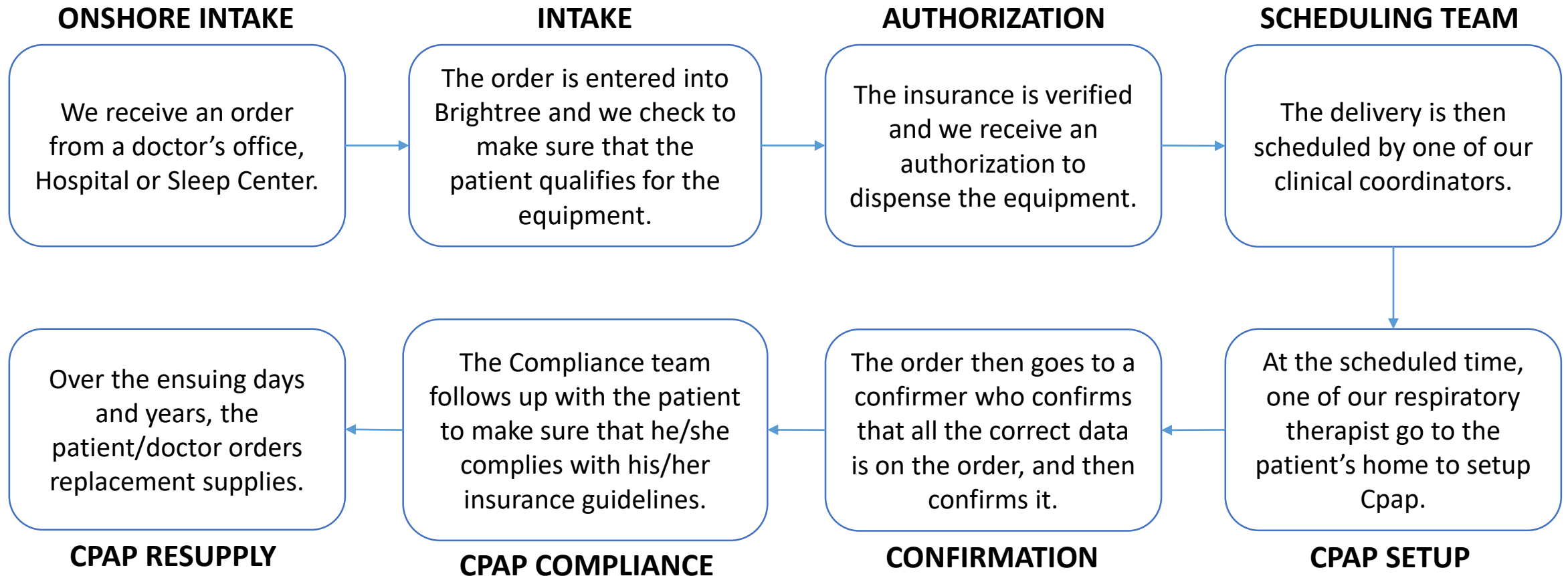


CPAP Compliance Workflow Overview

PAP OVERVIEW PROCESS



*Please refer to slide #6 for detailed information on how Compliance Team follow ups with their patients on a timely manner.

Compliance Process

The PAP Compliance department is responsible to make sure that all patients that are setup on any PAP devices stay within the guidelines of their respective insurance. Making sure that patients stay within the guidelines insures that we get reimbursed for the equipment. This process is important as well because it begins a relationship with the patients, which will cause them to order multiple PAPs and an abundance of supplies in the future. Adherence to therapy is defined as use of PAP ≥ 4 hours per night on 70% of nights during a consecutive thirty (30) day period anytime during the first three (3) months of initial usage. Some insurances require as well the following:

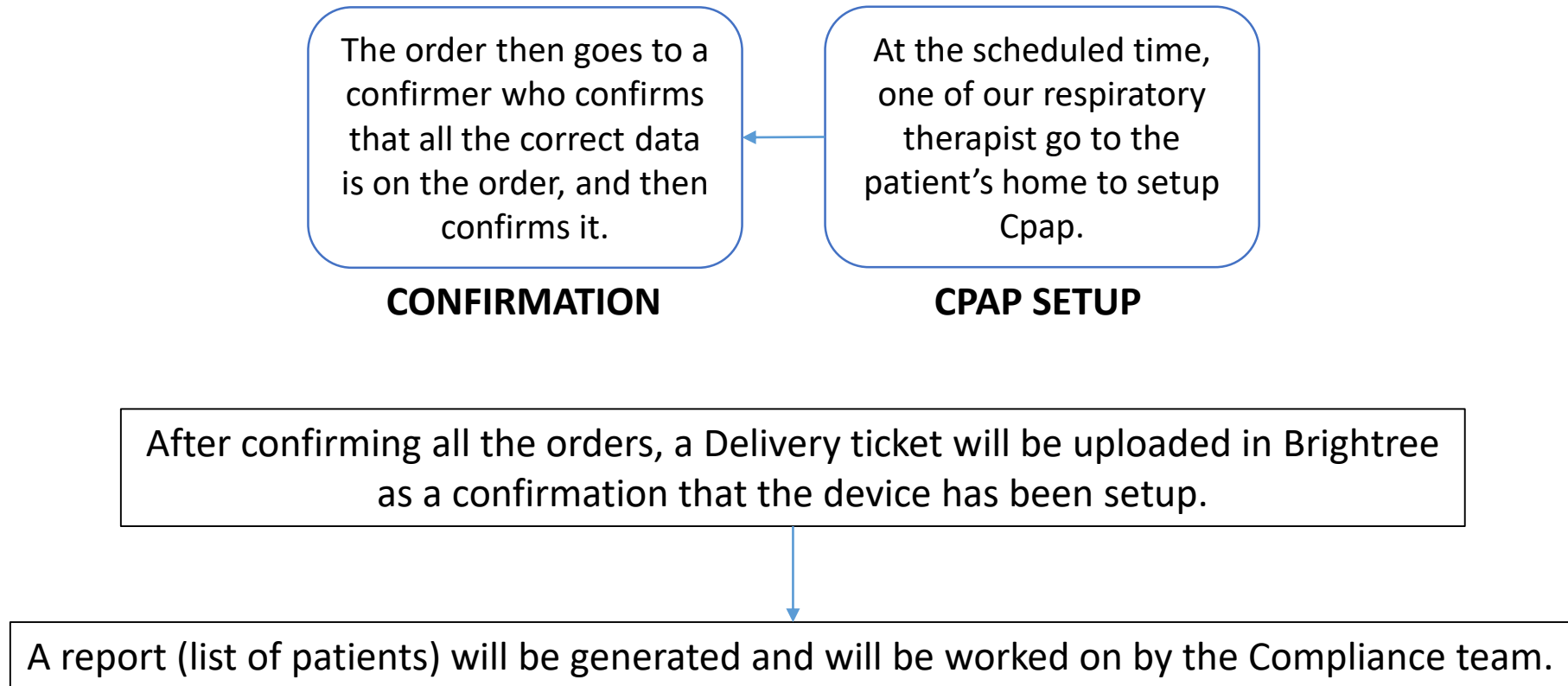
Face-to-face (F2F)

A clinical re-evaluation by the treating physician with documentation that symptoms if obstructive sleep apnea are improved.

Physician Certificate

An objective evidence of adherence to use of the PAP device, reviewed by the treating physician.

How does Compliance Team do their follow ups?



Delivery Ticket



Ocean Home Health
1000 Airport Rd.
Suite 101
Lakewood, NJ 08701-5960
(732) 961-1301

DELIVERY RECEIPT

Branch: Ocean Home Health
Inv Location: RT NORTH BRUNSWICK
Date: 03/24/2017
CSR: Fratto, Jillian (OH)

Order #:
Patient ID:
Customer #:
Account #:
DOB:
Gender: Male HT (in): VK (lb):

Bill To:
304 MADISON GARDENS
OLD BRIDGE, NJ 08857-
(732) 654-5787

Ship To:
304 MADISON GARDENS
OLD BRIDGE, NJ 08857-
(732) 654-5787

Insurance: HORIZON- CARE CENTRIX-PRIMARY
Comments or Special instructions:
AUTO CPAP 5-15
FIT FOR MASK

HIPAA Signature on file: No

Ord Qty	Del Qty	Type	Item	Ext. Allow	Ext. Amt.	Tax	Co-Pay
1	1	Rental	DEX800T11C/DreamStation Auto CPAP Serial Number: J18336788AC18 Note:				
1	1	Purchase	INITIAL SU FOAM FLTR/INITIAL NON DISPOSABLE FILTER Note:				
1	1	Purchase	INITIAL SU PLN FLTR/INITIAL DISPOSABLE FILTER Note:				
1	1	Purchase	INTL SU RESP HTD TUB/RESPIRONICS SYSTEM ONE HEATED TUBING Note:				
1	1	Purchase	PAP Headgear/A7035 - CPAP/BIPAP Headgear Note:				
1	0	Purchase	GENERIC A7034/NASAL INTERFACE A7034 Note:				
1	0	Purchase	GENERIC CHIN STRAP/GENERIC CHIN STRAP Note:				
1	1	Rental	RESP100605C/RESPIRONICS MODEM Serial Number: CT283264230F7 Note:				
1	1	Purchase	GENERIC A7030/FF INTERFACE A7030 (RESM63103JA/PR F10 - Complete Mask System (Large)) Note:				

Name: PASHLEY, JOHN
Order#: 957942

Page 1 of 3

Ord Qty	Del Qty	Type	Item	Ext. Allow	Ext. Amt.	Tax	Co-Pay
1	1	Rental	CPBP-HUMO-HEATED/HUMIDIFIER - HEATED Note:				
Total							

"THIS DELIVERY TICKET/RENTAL AGREEMENT HAS BEEN COLLATERALLY ASSIGNED TO CIT FINANCE, LLC AND MCLARTY CAPITAL PARTNERS SBIC, L.P. AND THEIR SUCCESSORS AND ASSIGNS. THE FOREGOING SENTENCE SHALL CONSTITUTE NOTICE OF ASSIGNMENT PURSUANT TO SECTION 9-330(F) OF THE UNIFORM COMMERCIAL CODE. ANY SALE, TRANSFER, ASSIGNMENT, CONVEYANCE, PLEDGE, GRANT OF A SECURITY INTEREST IN, PURCHASE, OR OTHER DISPOSITION OF THIS INSTRUMENT TO, BY, OR IN FAVOR OF ANY PARTY OTHER THAN CIT FINANCE, LLC, OR MCLARTY CAPITAL PARTNERS SBIC, L.P., EACH AS AGENT, SHALL VIOLATE THE RIGHTS OF CIT FINANCE, LLC OR MCLARTY CAPITAL PARTNERS SBIC, L.P., AS AGENT."

MEDICARE SUPPLIER STANDARD STATEMENT: The products and/or services provided to you by "The Company" are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

ASSIGNMENT OF BENEFITS: I confirm that the information provided by me in applying for payment under Title XVIII (Medicare) of the Social Security Act and any other named insurance is true and correct. I request payments under my medical insurance program be made to "The Company" on any unpaid bills for services furnished to me by "The Company". I certify that the address indicated under "customer name" is my permanent address as defined by the Centers for Medicare and Medicaid (CMS).

RELEASE OF INFORMATION: I authorize any holder of medical or other related information about me to be released to "The Company" and its agents for the purpose of determining benefits for related services and applying for payment. I authorize "The Company" to release to CMS, its intermediaries, or commercial insurance companies and accrediting organizations information needed for insurance claims and quality assessment purposes.

FINANCIAL RESPONSIBILITY: I understand that by signing below I acknowledge I will be financially responsible for the above equipment and patient balances resulting from the use of the above equipment. I give "The Company" the right to appeal any denied claims on my behalf. Patient balances include, but are not limited to, patient co-insurance and deductible responsibilities, claims denied by my insurance carrier(s) and non-covered services. I understand equipment classified as rental equipment is the property of "The Company" and will be returned to the company when the need has ended, otherwise a patient balance for the replacement cost of the equipment will be applied to the account. The credit card on file that I have provided verbal authorization to use will be charged for all one-time and recurring patient balances.

This agreement consists of all the terms and conditions on this page and the reverse side, whether printed or written. I certify that I have read the terms and conditions of this agreement and agree to be bound by such provisions. I accept full responsibility for all services rendered, including being informed of my patient rights, responsibilities, and grievance reporting procedure. I understand that if the equipment received is in the Medicare category of inexpensive or routinely purchased items, it can either be rented up to the allowable purchase price, at which time the title will then transfer to the beneficiary, or be purchased within the first month. I choose to purchase the equipment categorized as inexpensive or routinely purchased.

I have also been instructed on the safe and proper use of the equipment and/or supplies provided, received written equipment instructions and applicable warranty notices and agree to notify "The Company" immediately when the medical necessity has ended. I have received "The Company's" HIPAA Privacy Notice, Customer Handbook, Medicare Supplier Standard Statement (if applicable), Nebulizer Subcontractor Relationship Statement (PA, if applicable), and Emergency Preparedness Information. I also agree to be contacted by "The Company" regarding the above information and equipment.


Signature

3-24-17
Date
03/24/2017 15:36


Tech Signature
Toni Moskovitz

Relationship to Patient: Self

Reason patient could not sign:

Name: PASHLEY, JOHN
Order#: 957942

Page 2 of 3

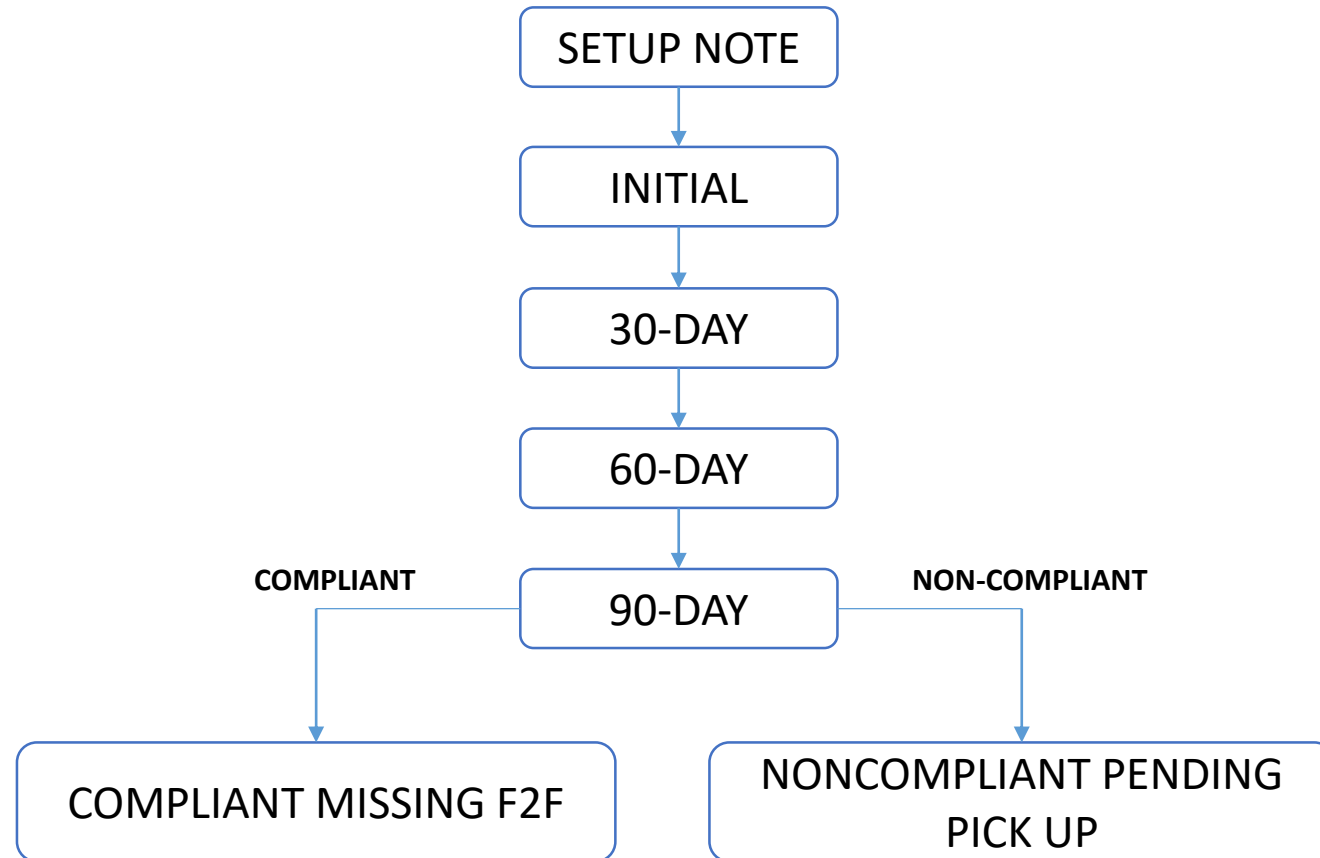


Detailed Compliance Process

Setups and Follow Ups

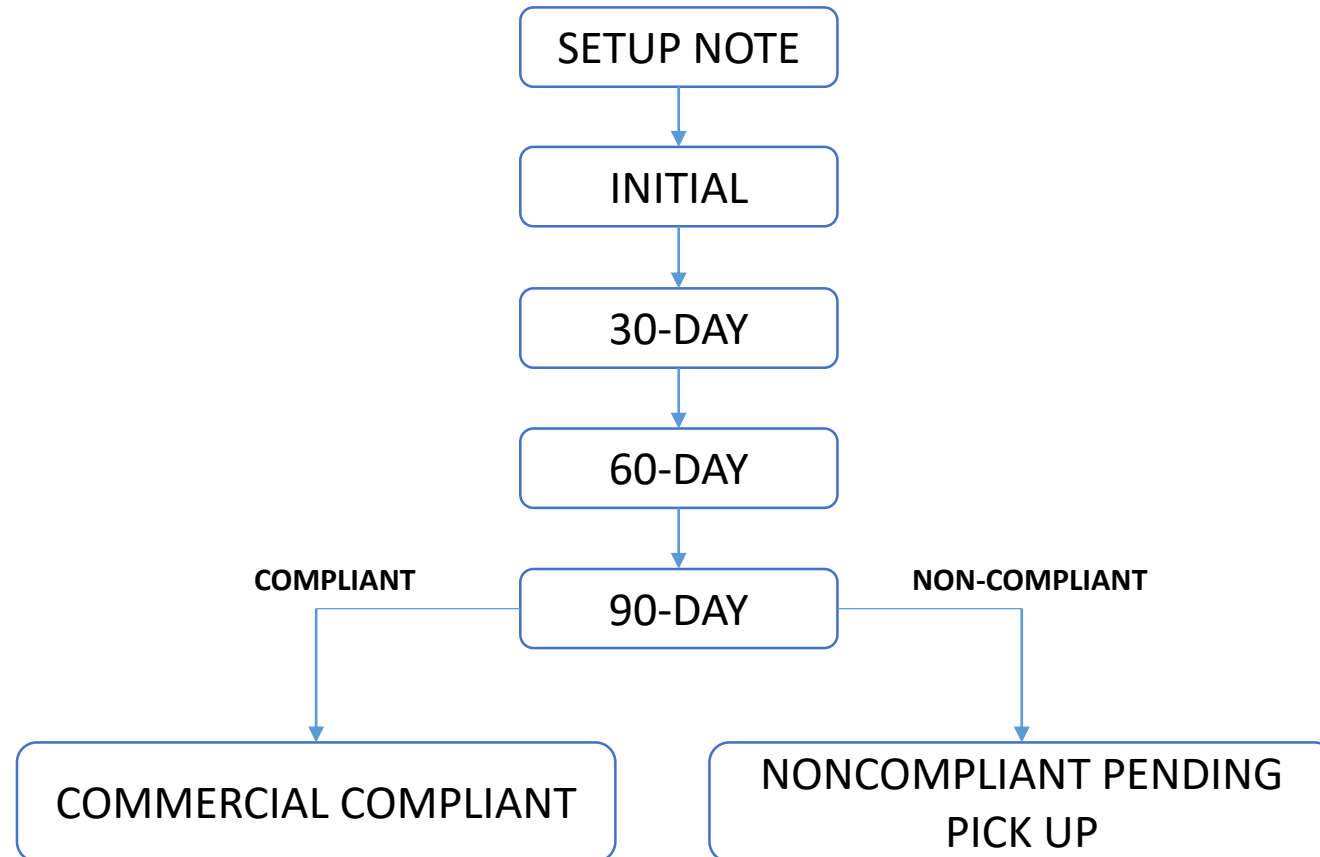
Compliance Workflow Process

MEDICARE



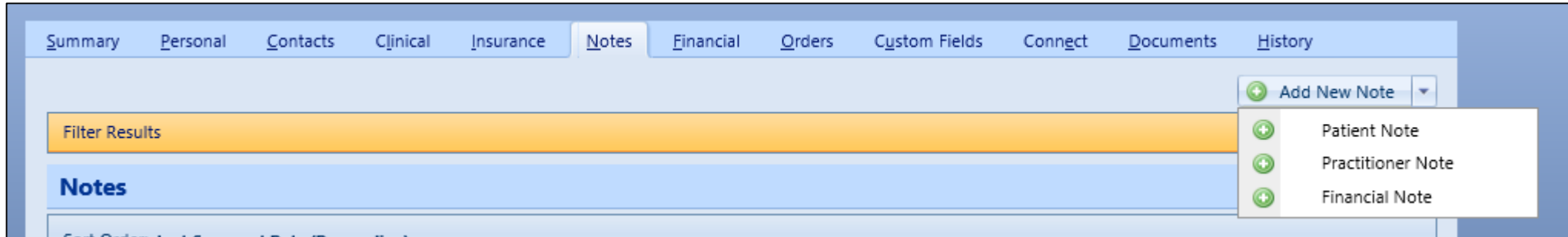
Compliance Workflow Process

COMMERCIAL



SETUP NOTES

Before calling patients for follow up, a setup up note must be created.



How to:

- Go to Notes tab.
- Click the “Add New Note” and select “Practitioner Note”.

A screenshot of a 'General' tab form for creating a new note. The form has a light blue background and a white border. At the top right, there are buttons for 'Cancel', 'Save', 'New', 'Print', 'ElectronicFax', and 'History'. The form is divided into two main sections. The left section contains fields for 'Note ID', 'Created By' (Manal, Angelo), 'Date Created', 'Assigned To' ([All]), 'Date Needed', 'Status' (Open), 'Date Complete', and 'Actual Date'. The right section contains fields for 'Note Type' (Practitioner Note), 'Note Reason' ([None]), 'Severity' (Medium), 'User 1', 'User 2', 'State' (Locked), and two checkboxes: 'Acknowledgment Required' and 'Deactivate Note'.

Under Note Reason, click the drop down button press “N” twice or manually select the NEW PAP PATIENT (Practitioner Note).

SETUP NOTES

- After selecting the NEW PAP PATIENT (Practitioner NOTE), you will be able to see a setup note template. Fill in all the information needed from the Delivery Ticket. Pressure setting can be found under Orders tab – Sales order note.
- After creating a setup note, fax it over the Dr's office as a confirmation of setup.

The screenshot shows a web-based form titled "Practitioner Note" with a navigation bar at the top containing tabs: Summary, Personal, Contacts, Clinical, Insurance, Notes, Financial, Orders, Custom Fields, Connect, Documents, and History. The "Notes" tab is active. The form is divided into three main sections: General, Lock Status, and Details. The General section contains fields for Note ID, Created By (Manal, Angelo), Date Created, Assigned To ([All]), Date Needed, Status (Open), Date Complete, and Actual Date. It also includes a Note Type dropdown (Practitioner Note), a Note Reason dropdown (NEW PAP PATIENT (Practitioner Note)), a Severity dropdown (Low), and fields for User 1, User 2, and State (Unlocked). There are checkboxes for Acknowledgment Required and Deactivate Note. The Lock Status section has fields for Lock Date and Locked By. The Details section has a Subject field (NEW PAP PATIENT) and a Description field containing a template text: "We understand that you have a choice when selecting a provider to care for your patient's respiratory needs and we appreciate you choosing Ocean Home Health." Below the Description field are labels for Set up Date, Equipment dispensed, Pressure Setting, Serial #, Device/Modem#, and Mask. At the bottom left of the form is a "Spell Check" button.

General	
Note ID	
Created By	Manal, Angelo
Date Created	
Assigned To	[All]
Date Needed	
Status	Open
Date Complete	
Actual Date	
Note Type	Practitioner Note
Note Reason	NEW PAP PATIENT (Practitioner Note)
Severity	Low
User 1	
User 2	
State	Unlocked
<input type="checkbox"/> Acknowledgment Required	
<input type="checkbox"/> Deactivate Note	

Lock Status	
Lock Date	
Locked By	

Details	
Subject	NEW PAP PATIENT
Description	We understand that you have a choice when selecting a provider to care for your patient's respiratory needs and we appreciate you choosing Ocean Home Health. Set up Date: Equipment dispensed: Pressure Setting: Serial #: Device/Modem#: Mask:

SETUP NOTES

Linking the appropriate Dr., sleep lab, facility and insurance to the appropriate monitoring system.

Doctors		
Ordering Doctor		
Name AKERS, STEPHEN COOPER		
Address 900 CENTENNIAL BLVD SUITE K VOORHEES NJ 08043 USA		
Phone (856)325-6789		
Fax (856)541-3968		
Primary Doctor		
Name Rowan, Philip		
Address 200 Bowman Dr Voorhees NJ 08043 USA		
Phone (856)667-1575		
Fax (856)831-4081		
Referral		
Referring Doctor	Marketing Representative	Practitioner
Name COMPREHENSIVE SLEEP ASSOCIATES^	Name Acute Care, Hudi	Name
Address 1401 WHITEHORSE- MERCERVILLE RD HAMILTON NJ 08619 USA		
Phone		
Fax		

NOTE: There will be another set of training to provide you more detailed information about **Encore Anywhere** and **Resmed Airview**.

ENCORE ANYWHERE

MEDICAL CARE	
Primary care physician	Penn Sleep Centers - Scharf, Matt
Sleep doctor	RWJMG Pulmonary - Wood, Robert
Sleep lab	UMCP Sleep Center - UMCP Sleep Center
Clinician*	QMES - Gruber, Steven
DME office*	Ocean Home Health

RESMED AIRVIEW

Basic details	Add physician
Physicians	Ms Sue Cairns and all clinical staff at
Payor	ATLANTIC SLEEP THERAPEUTICS - NS
Integrators	LOWER SACKVILLE, NS, B4C 2R3
Contact details	will be able to:
Additional details	• Can view patients and download cards

Initial Follow Up

- Give the patient a call and discuss how the operation of the PAP is, how the mask fit is, and how the overall usage is.
- Note all that happens in Brightree.
- Change the PAP custom field to 30 day.

30 Day Follow Up

- Go through each patient and pull their account in the appropriate monitoring system, pull the compliance report, upload It to BDM (Brightree Document Manager) and fax the report to the ordering doctor-
- Give the patient a call to inform of compliance and remind them to schedule a follow up visit, if possible get the date if they have it scheduled and enter it into the compliance note.
- If they are non-compliant along with the report fax a notice that the patient is currently non-compliant. Give the patient a call and solve the issues that they are having. Remind them to schedule a follow up visit, if possible get the date if they have it scheduled and enter it into the compliance note.
- Note all that happens in Brightree.
- Move the PAP custom field to 60 day follow up.


60 Day Follow Up

- Go through each patient and pull their account in the appropriate monitoring system, pull the compliance report, upload It to BDM (Brightree Document Manager) and fax the report to the ordering doctor-
- Give the patient a call to inform of compliance and remind them to schedule a follow up visit, if possible get the date if they have it scheduled and enter it into the compliance note.
- If they are non-compliant along with the report fax a notice that the patient is currently non-compliant. Give the patient a call and solve the issues that they are having. Remind them to schedule a follow up visit, if possible get the date if they have it scheduled and enter it into the compliance note.
- Note all that happens in Brightree.
- Move the PAP custom field to 60 day follow up.

90 Day Follow Up

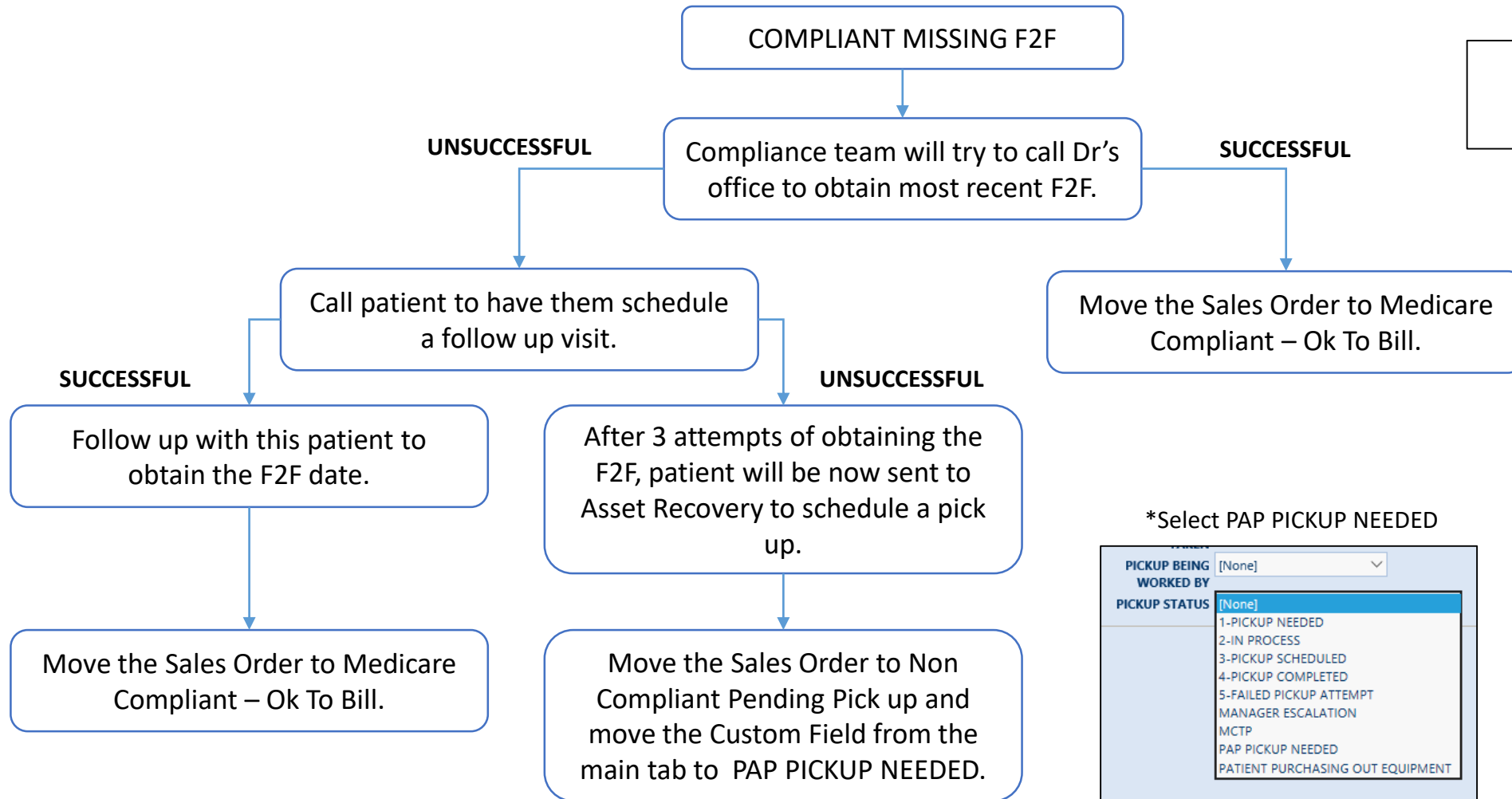
- Go through each patient and pull their account in the appropriate monitoring system, pull the compliance report, upload It to BDM (Brightree Document Manager and fax the report to the ordering doctor-
- If they are compliant check to see if we have the follow up notes or the cert form-
- If we have follow up notes or a cert form move PAP follow up date to “Medicare compliant-OK to bill”.
- If we do not have follow up notes or a cert form, call the ordering doctor to obtain the notes and move the PAP follow up date to “Medicare compliant-missing F2F”.
- If they are non-compliant, move PAP follow up date to “Non-compliant pending pickup”. They will be sent to Asset Recovery to schedule a pick up.
- Note all that happens in Brightree.

Compliance Follow Up Notes

 PAP COMPLIANCE					
2510140	Tablizo, Nesie	02/20/2017 12:42:24 PM	Patient	PAP COMPLIANCE	Open
<p>SET UP DATE: 2/9/2017 INITIAL F2F: 12/21/2016 SLEEP STUDY DATE: 01/19/2017 7 DAY: Pt is 10%. Tried calling pt got vm left msg about usage & guidelines. Moved to 30. 30 DAY: [Nesie] 3/13/2017 : Pt is Non-compliant. LMOM -usage & guidelines. Faxed to Dr. Moved to 60. 60 DAY:[Oscar] 4/12/2017:Pt is non complaint. Tried calling and LMOM. Remind on insurance guidelines. Faxed report to Dr.'s office and Moved to 90day. 90 DAY:[Chris] 5/10/2017: Pt is non-compliant. Faxed CR. Moved to Pending Pickup. POST 90: SCHEDULED F/U F2F DATE: F/U F2F/CERT IN BDM DATE:</p> <p>COMMENTS: Last comment:</p>					

*Make sure to put detailed notes and all the actions taken.

Compliance Workflow Process



NOTE: This process is only applicable to **Medicare** patients.

CMN Date Action Taken	
CMN Follow Up 1	[None]
CMN Follow Up 2	1. Initial Follow Up
CMN Follow Up Date	3. 30 Day Compliance
CMN MANAGER	4. 60 Day Compliance
ESCALATION	5. 90 Day Compliance
QA Completed By	6. Commercial Compliant
PAP Compliance	7. Compliant - Missing F2F
PAP Follow Up Date	8. Medicare Compliant - OK to Bill
PAP Compliance Percentage	9. Billed
Document Pre Con	91. Non-Compliant Pending Pickup
PAP Narrative	92. Picked Up
CMN Follow Up Date	93. Commercial Post 90
	95. Compliant Missing F2F Contacted 3X
	96. Compliant - Waiting For F2F
	97. Pickup Scheduled
	98. No Data Found
	99. New To Medicare - Pending Docs

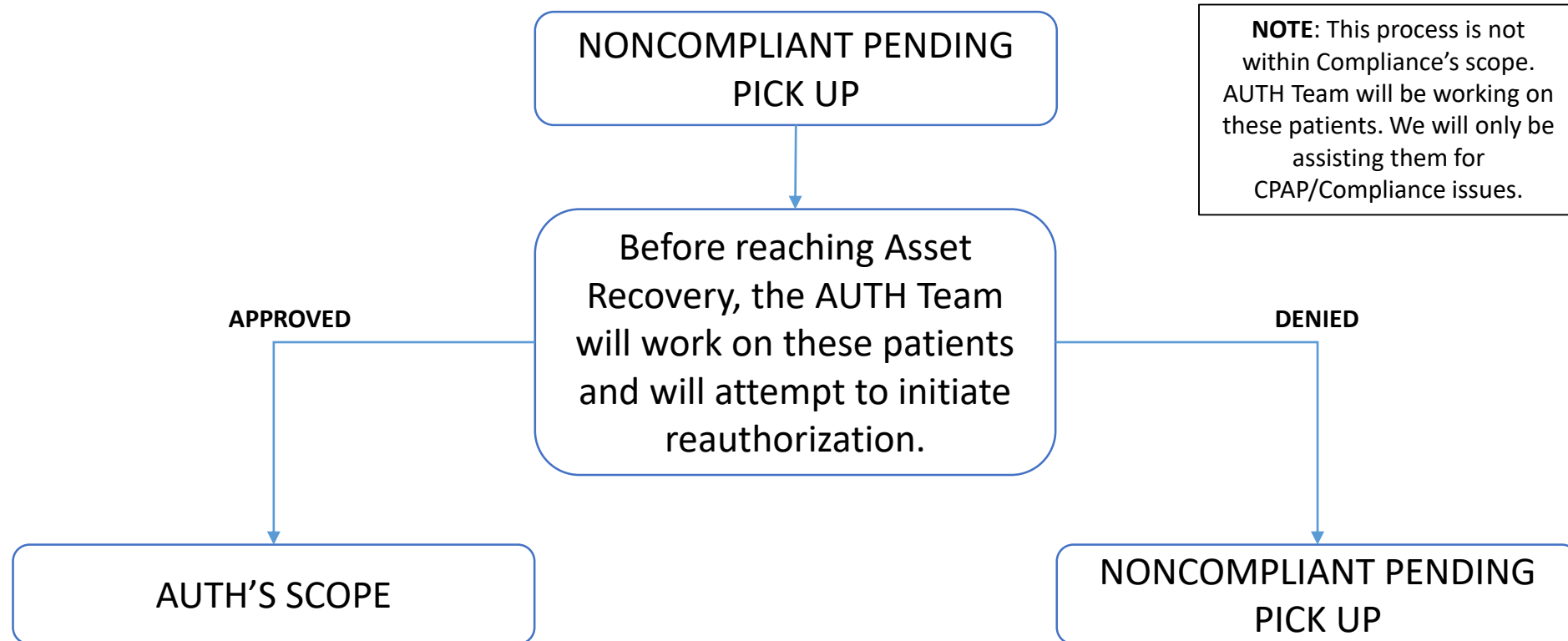
*Select PAP PICKUP NEEDED

PICKUP BEING WORKED BY	[None]
PICKUP STATUS	<div> <div>[None]</div> <div> 1-PICKUP NEEDED 2-IN PROCESS 3-PICKUP SCHEDULED 4-PICKUP COMPLETED 5-FAILED PICKUP ATTEMPT MANAGER ESCALATION MCTP PAP PICKUP NEEDED PATIENT PURCHASING OUT EQUIPMENT </div> </div>

*Choose the correct drop down from the PAP Compliance field.

Compliance Workflow Process

COMMERCIAL



Following this process will:

- Make the PAP therapy more convenient for the patient.
- Insure that we collect our proper reimbursement for the equipment, and score a PATIENT FOR LIFE!!!

Any questions or clarifications?