

v5.1 Q3 2024



DME Provider Handbook



888.801.9449



dmeprovidernetwork@synapsehealth.com

WWW.SYNAPSEHEALTH.COM

Welcome

Congratulations and welcome to the Synapse Health DME Provider Network. We are excited to partner with you as we transform the DME digital ordering landscape throughout the industry. As Synapse Health works diligently to uphold high-quality care standards and deliver innovative cost-effective health solutions, your role in our DME Provider Network is crucial in serving our members/patients with excellence. We are committed to making your experience with Synapse Health positive and successful. To ensure seamless support for your participation, we have allocated dedicated resources, which will be elaborated upon in the provided manual.

ABOUT SYNAPSE HEALTH

Synapse Health was founded in 2016 with a goal to fix the fractured DME ecosystem and completely transform the industry as we knew it. Built on decades of collective leadership experience, we've created tech-based solutions that eliminate age-old issues, resulting in an accurate, easy and expedited experience for everyone.

Using Synapse Health's proprietary digital platform, the time associated with ordering DME is reduced and efficiency is increased for order fulfillment and delivery to the member/patient. Through technology transparency and communication, patients are always informed of their order status, ensuring a positive experience all around. Additionally, administrative costs and risk are absorbed for DME providers. Synapse Health qualifies all orders, manages patient coordination, collects patient co-pays/co-insurance, and guarantees payment with delivery confirmation. This results in lower costs for DME providers processing Synapse Health orders and allows the providers to focus on what they do best, caring for patients and providing excellent service.

Synapse Health holds contracts with various health plans for DME in key states and mail-order throughout all states.

We hold ourselves accountable to our mission, vision and values, which are the foundational principles for our practices and products.

OUR MISSION

We're on a mission to transform the DME industry with innovative solutions that improve experience, accountability and transparency for all.

OUR VISION

Our vision is to be the catalyst for change across the DME ecosystem.

OUR VALUES

Synapse Health is taking DME to E.P.I.C. heights. We value...

Experience – Synapse is committed to providing meaningful experiences, drawing from our collective expertise. We want people to notice how great we make them feel when they work with us.

Partnership – We strive to create and cultivate genuine partnerships that improve the lives of others – especially the patients we have the privilege to serve in their time of need and the teammates we serve alongside.

Integrity – Synapse operates under the highest level of ethics and integrity. We create total transparency within the DME ecosystem by holding each other accountable, listening to and supporting one another.

Change – Synapse embraces and encourages change. We seek to challenge the status quo, break down barriers, foster creativity and develop groundbreaking systems to deliver impactful experiences and value to patients, prescribers, providers and payors.



Purpose of the DME Provider Protocols & Handbook

OVERVIEW

This continuously updated handbook is designed to educate subcontracted DME providers and serves as the fundamental guide for providing DME products within our network. Within its pages, you will find key requirements and important information on how to successfully work with Synapse Health.

We urge you to read this manual very carefully as it explains your responsibilities as a DME provider, as per your Subcontractor Agreement. Staying aligned with the guidelines in this handbook is essential. For the most up-to-date information, we encourage you to visit our DME provider page regularly at www.synapsehealth.com.



KEY CONTACT INFORMATION

	Address Synapse Health, Inc. Headquarters 3755 Chase Ave. Skokie, IL 60076 Synapse Health – South Carolina Branch 101 Grace Drive Suite A Easley, SC 29640 Synapse Health Texas, LLC 8304 Esters Blvd, Suite 850 Irving, TX 75063		DME Order Phone Line 888.801.9449
			DME Order Fax Line 888.690.5329
			Email dmeprovidernetwork@synapsehealth.com

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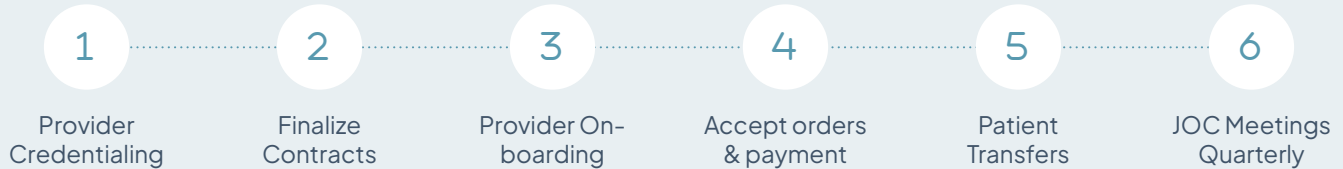
Section 1: Subcontracted DME Provider Network

YOUR DME CONNECTION

Synapse Health utilizes a curated, high-performing DME Provider Network to fulfill orders. The subcontracted providers undergo a credentialing process to ensure all licenses, accreditation and compliance requirements are met prior to contracting. Additionally,

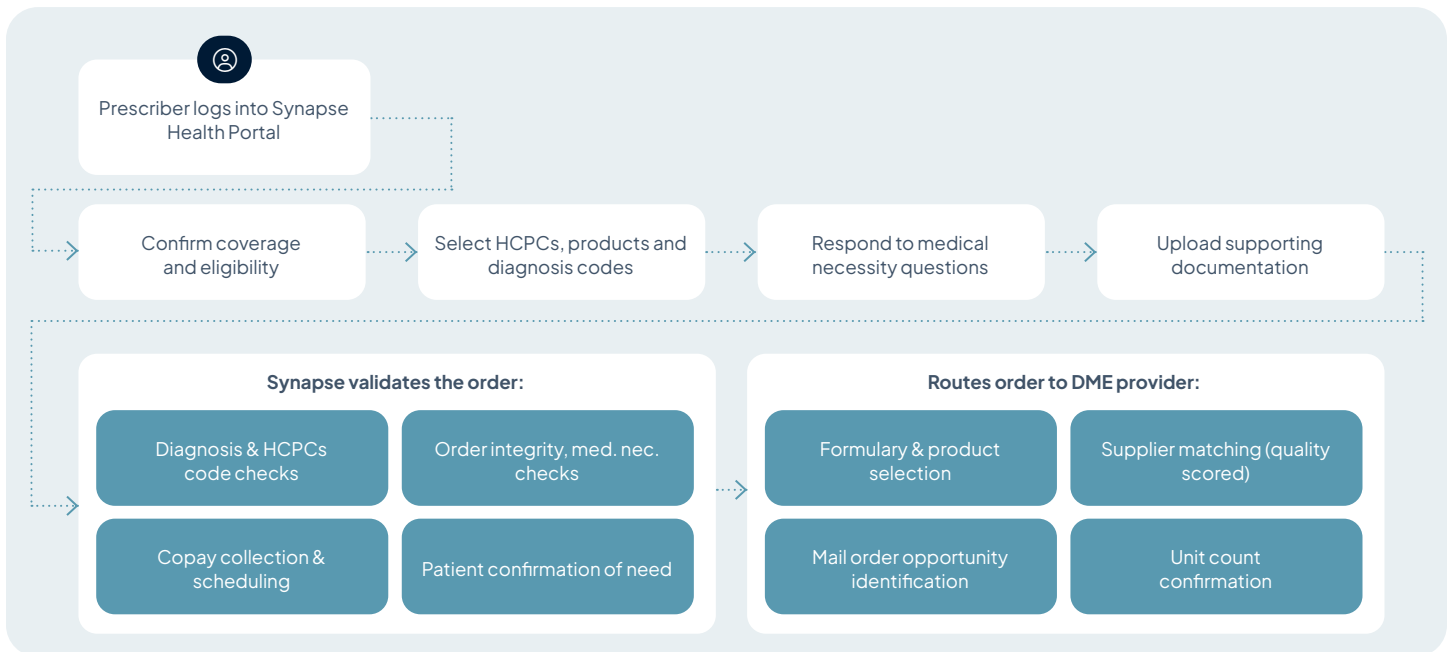
subcontracted providers receive on-board training to ensure staff handling the orders are well versed in using the Fulfill and Deliver platforms to manage orders and deliveries. All subcontracted providers participate in Joint Operations Committee meetings to ensure smooth operations and performance standards are achieved. Below outlines the provider enrollment process:

Subcontracted DME Provider Enrollment Process

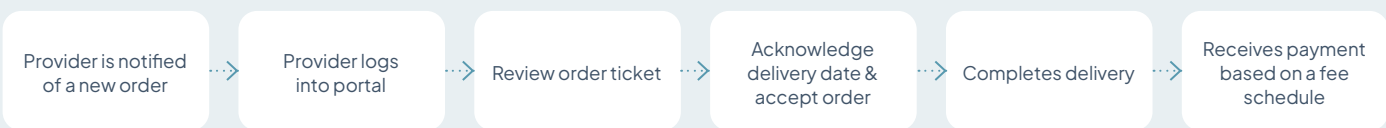


Processing a Synapse Health order is simple and streamlined for subcontracted providers. Once a qualified order is received and verified, the order notification is sent via email to a subcontracted provider based on geographic service area location, product

availability, and the provider's performance level. Synapse Health does not fulfill its own orders and does not have preferred provider relationships; therefore, the order volume is based on the provider's performance. See the following high-level order flow:



Subcontracted DME Providers receive orders for fulfillment.



Section 2: DME Provider Performance Standards

As a subcontracted DME provider, you are required to:

- Maintain 24-hour on-call coverage seven days per week.
- Be open to the public for a minimum of 30 hours per week during normal business hours.
- Report emergency closures of a location immediately to 888.801.9449.
- Provide high-quality, compassionate care to patients.
- Submit all required documents and information from delivery packet including, but not limited to, equipment make/model, serial numbers, modem numbers, member/patient signatures and any other information critical for a successful transaction.
- Provide all required documentation for member/patient transitions.
- Effectively and respectfully respond to members'/patients' linguistic, cultural and other unique needs.
- Not differentiate or discriminate in providing DME services because of race, ethnicity, color, national origin, age, religion, English proficiency, sex, including, sexual orientation and gender identity, health status, source of payment, cost of treatment, participation in a particular Health Plan customer's benefit agreement, mental or physical disability, or genetic information.
- Monitor and evaluate employee performance and services rendered to patients, as required by accreditation entities, state and federal laws and regulations.
- Conduct ongoing training of staff at all levels regarding culturally and linguistically appropriate service delivery.
- Supply evidence of staff training, as requested by Synapse Health.
- Maintain an appropriate business continuity and disaster recovery program and security incident management program as required by applicable Federal or State laws and regulations.
- Submit written notice to Synapse Health within 30 calendar days of any changes in your organization as required in this Handbook or your Subcontractor Agreement.
- Do not bill (submit a claim) to any payor for services/products unless directed to do so by Synapse Health in writing.
- Do not bill the member/patient for covered services, including but not limited to up-selling a product to a member and direct billing the cost difference.
- Do not attempt or collect member/patient co-payment, coinsurance or deductible amounts. Synapse Health collects all member/patient payments.
- Comply with all sections within this handbook.
- Ensure all product and delivery information, including equipment serial numbers, provided to Synapse Health is accurate and free of errors.

Section 3: DME Orders & Delivery

ORDER NOTIFICATION RESPONSE TIME

The subcontracted provider will identify and register the users that will access Fulfill during the on-board training process. These users will receive notification of orders, via email, when an order is available for review. Providers are responsible for ensuring an adequate number of staff are available to monitor email boxes and Fulfill portal for order notifications during business hours and after-hours, weekends and holidays.

- **Standard Orders:** Providers are required to access Fulfill and respond by accepting or rejecting the order within two hours of the email notification.
- **STAT Orders/ Hospital Discharge Orders:** Providers are required to access Fulfill and respond by accepting or rejecting the order within one hour of the email notification.



DELIVERY ORDER TIME-FRAMES

Synapse Health communicates the expected delivery time electronically when the provider is logged into the Fulfill portal and is viewing the order. The provider will review the order ticket, via the Fulfill portal, accept the order, retrieve the prescription information (as needed for delivery on certain items) and deliver the item within the indicated time-frame. In the event the provider cannot fill the order on the indicated day, the provider will message Synapse Health by using the NOTES feature in the Fulfill portal to communicate an alternative date/time when the order can be fulfilled.

Synapse Health will then contact the patient to ensure the alternative delivery time is acceptable. Synapse Health will communicate back to the provider with the new delivery time via the Fulfill portal. Timely communication between Synapse and the provider is essential and can impact the patient; therefore, providers are encouraged to monitor the Fulfill portal closely when the delivery time is being determined for an order where the provider proposed an alternative delivery time. Below lists the order types and the fulfillment requirements for each order type.

- **Standard Orders:** The expected delivery time is listed on the delivery ticket. Providers must deliver in accordance with the delivery information list on the order. In the event the provider cannot fill the order on the indicated day, the provider will message Synapse Health by using the NOTES feature in the Fulfill portal to communicate an alternative date/time when the order can be fulfilled.
- **STAT Orders:** Orders that have the checked “STAT” indicator box are considered STAT and require 1–2 hour or, up to, a 4–6–hour delivery time window and are dependent on clinical need. In the event the provider cannot fill the order on the indicated day, the provider will message Synapse Health by using the NOTES feature in the Fulfill portal to communicate an alternative date/time when the order can be fulfilled.
- **Hospital/Facility Discharge Orders:** The delivery time can vary due to the uniqueness of each patient’s discharge needs, type of equipment needed and the facility type. Providers should anticipate the delivery time window is 4 hours to same day. Additionally, the order will specify whether certain equipment must be delivered to the facility to facilitate the member/patient’s discharge, while other items will require delivery directly to the

member’s/patient’s home. In the event the provider cannot fill the order on the Indicated day, the provider will message Synapse Health by using the NOTES feature in the Fulfill portal to communicate an alternative date/time when the order can be fulfilled.

DELIVERY TYPES & CONFIRMATION

Providers fulfill orders and deliver the DME item in two primary modes: Shipping/Mailing Delivery or Threshold/In-Home Delivery.

- **Shipping/Mail Delivery:** The DME item is packaged securely and sent to the patient’s designated address through postal or express package delivery service (i.e., Fed Express, UPS, etc.). Providers must add key dates and information in the Fulfill portal when the DME items are shipped. Information to be added includes but is not limited to date the shipping label was created, date the items were dropped-off/picked-up for delivery, date the delivery occurred, shipping number, tracking number for the shipped/mailed item in the Fulfill portal. This information must be inputted to Fulfill once the information is available.
- **Threshold/In-Home Delivery:** Threshold Delivery involves the provider delivering larger and more complex DME items directly to the patient’s home. In addition to delivering the equipment, the delivery technician or licensed personnel will provide personalized setup and instruction to ensure proper usage. An electronic delivery packet is accessed on the Deliver portal from the delivery technician’s electronic device (i.e., cell phone, tablet) with an order access code. The required electronic delivery packet contains essential product information and required documents and is provided to the patient during this visit. Both the patient and the delivery technician electronically sign the delivery forms. The signatures confirm the delivery – with a time/date stamp – in the Deliver portal.
- **Urgent Requests:** Synapse Health assesses and determines all urgent matters, taking into account various factors such as the time of day, the type of equipment involved (whether it’s life-sustaining or non-life-sustaining), and the patient’s status. This typically involves making an in-person visit to the patient’s home or residence. During regular business hours, the urgent request will be communicated to the DME provider through the standard order email notification process and by phone. In the case of after-hours urgent requests, Synapse Health will reach out to the DME provider’s on-call or after-hours contact. The

DME provider is required to respond to Synapse Health no later than 60 minutes of receiving the request and ensure the delivery of the urgently requested durable medical equipment within four (4) hours. In the event any delay exceeding two (2) hours, the DME provider must contact Synapse Health via telephone and provide an estimated time for responding to the patient's home or place of residence.

CANCELLING ORDERS

In the event a provider accepts an order and needs to cancel the order, the provider must immediately contact the DME Provider Line at 888.801.9449 to advise that the order number cannot be fulfilled. The customer service representative will log the reason for the cancellation. Each provider's cancellation rate is closely monitored and will impact a provider's quality score and potential order volume. The cancellation rate is a KPI on each provider's scorecard.

EQUIPMENT PICK-UP

Synapse Health will notify the provider if equipment pick-up is needed using a pick-up ticket that will show on the provider's dashboard in the Fulfill portal. See below for requirements.

- **Purchased equipment:** Equipment that was purchased from provider by Synapse Health will not be picked up from the member/patient. The member/patient will be advised of ownership status of the equipment.
- **Capped rental equipment:** The provider's equipment that is under active rental status for the member/patient will be picked up by the provider. Synapse Health will notify the provider via the Fulfill portal with a pick-up ticket. The DME provider will strive to prioritize equipment delivery within the patient's preferred time window, as specified on the pick-up ticket. Should it be unfeasible to meet this preference, the provider will promptly notify Synapse Health through Fulfill. The ownership of the items will become the provider's upon pick-up and the asset may be added to the provider's inventory. No reimbursement of delivery fee will be issued from Synapse Health to the provider.

EQUIPMENT RETURNS/REFUSALS

The provider is required to contact Synapse Health and speak with a member of the team immediately when a member/patient refuses to accept equipment at time of delivery. The individual that is making the delivery must contact our team via phone at 888.801.9449. The Synapse

Health team members will discuss action that needs to be taken regarding the refusal of any equipment at time of delivery. Synapse Health will not reimburse for the refused/returned items.

If the patient initiates a return within 30 days of receiving the product, a pick-up ticket will be issued to the DME provider for mail-order items. The vendor must supply the patient with return packaging, label, and shipping instructions as necessary. Once the DME provider receives the returned product, they will notify Synapse Health of its arrival and confirm its unopened, resale-ready condition. The credit for the returned product will appear on the DME provider's monthly payment statement.

EQUIPMENT MAINTENANCE

Prior to distributing all DME items, and while DME rental equipment is in use by a patient, the provider must ensure that items are maintained in accordance with preventative maintenance (PM) date and manufacturer's guidelines as well as applicable federal and state laws and regulations. Any maintenance fees are inclusive of monthly payment, and records will be shared with Synapse Health.

EQUIPMENT REPAIRS & SERVICE CALLS

Synapse Health is responsible for coordinating all DME repairs and service calls. The DME items will have a Synapse Health sticker on the equipment with the Customer Service Center's phone number. In the event the member/patient calls your organization to repair or service a piece of equipment that belongs to Synapse Health, please direct the member/patient to call the DME Provider Line at 888.801.9449.

Synapse Health assists patients to resolve faulty equipment over the phone; however, there may be times when Synapse Health will request a subcontracted provider to evaluate and/or repair the equipment at the member's/patient's home. A service ticket is created and shared with the provider. The provider will review the ticket and communicate the availability to conduct the service call to assess the equipment and, if possible, attempt to repair the item.

PRESCRIBER FAXED PRESCRIPTION/ORDERS

If a prescriber or referral source sends an order or prescription via fax directly to the provider and the patient's health plan is a Synapse Health payor, the provider must fax the order to 888.690.5329 using the *DME Provider Order Coversheet*. Upon qualification of the order, the provider will receive an email notification



to proceed with the order review process. It is essential for providers to promptly forward any faxed orders to Synapse Health to ensure efficient processing. Providers are required to forward a list of the prescribers that frequently fax orders for outreach and training on utilizing the Connect portal for future orders.

PATIENT WALK-IN WITH PRESCRIPTION/ORDER

In the event a patient visits a DME provider's location with a prescription and the payor is a Synapse Health payor, the provider should immediately fax the patient demographics (name, member ID #, DOB, phone #) and the signed prescription to 888.690.5329 along with the DME Provider Order Cover Sheet. Advise the patient that Synapse Health is processing the order with the patient's insurance carrier and prescriber and will be outreached by Synapse Health within two business days. Lastly, the provider should also share Synapse Health's phone number, 888.336.9363, with the patient for any future questions.

REFERRAL ORDERS

In situations where Synapse Health does not have a contract with a specific health plan, the order will be transferred to a subcontracted DME provider that holds an existing contract

with the health plan. This transferred order is referred to as a 'referral order.' Following the standard process for order retrieval, the subcontracted DME provider receives an email notification and accesses the Fulfill platform to review and either accept or reject the order. The order will be clearly identified as a referral order and will be accompanied by a referral packet available for download. This packet contains essential information such as the patient's demographic details, the standard written order (SWO), and the physician's face-to-face documents (F2F note)

After accepting the referral, the DME Provider becomes the 'provider of record' and assumes the responsibility of reaching out to the patient, as necessary, and invoicing the health plan upon successfully fulfilling the order. To complete the order cycle, the DME provider must access the Fulfill portal within two (2) business days post-delivery to update the order status to 'complete.' This not only ensures compliance with the DME provider's Synapse Health Subcontractor Agreement but also enhances the overall efficiency of the referral order process. Failure to update referral orders will have an impact on potential future referral orders that the DME provider may receive from Synapse Health.

Section 4: Patient Transition

In cases where a provider has rental DME items that are being utilized by patients and Synapse Health holds the contract(s) with the payor(s), it is important to address the transition of patient care and responsibilities when the provider becomes a subcontractor under Synapse Health's network. This section outlines the process for patient transition and the necessary documentation required to facilitate a smooth transition.

PROVIDER OF RECORD TRANSITION

When a provider becomes subcontracted with Synapse Health, patient care and management shift to Synapse Health as the new provider of record. This transition ensures that patients continue to receive the highest quality of care and services seamlessly under the Synapse Health Network.

REQUIRED DOCUMENTATION

To facilitate the transition of patient care and ensure compliance, the subcontracted provider is required to provide specific documentation to Synapse Health. This documentation will enable Synapse Health to

accurately assume the role of the provider of record. In addition to a comprehensive list of patients who are utilizing rental DME items under the subcontracted provider's care and the specific DME items they are using; the provider will submit to Synapse Health the required documentation as outlined in the Patient Documentation Transition List (see Appendix).

To ensure a smooth transition and uninterrupted patient care, the subcontracted DME provider is required to submit a comprehensive active patient list to Synapse Health within 30 days of executing the agreement. Moreover, all documentation pertaining to active patients must be transferred to Synapse Health within the same 90-day period following the agreement's execution. Non-compliance with this timeline may lead to contract termination.

TRANSFER COORDINATION

We understand the importance of patient well-being and strive to make the transition as seamless as possible; therefore, Synapse Health has a designated team to assist providers through this process. Provider(s) will

be in frequent communication with the Patient Transition Team during this one-time transition. When able and coordinated, the Patient Transition Team will access the Provider EMR to pull the required documentation.

Providers' cooperation in this process is essential as it allows us to ensure continued high-quality care for our patients within the Synapse Health Network.

Section 5: DME Profile Changes

Maintaining accurate and up-to-date information about our DME providers is essential for effective communication, collaboration and seamless service delivery. After the onset of the 2020 pandemic there was an urgent need to outreach to mission critical organizations such as DME providers; therefore, providers must be vigilant about keeping their profiles up to date.

To ensure that our partnership remains productive and informed, we require all DME providers to promptly update their organization's profile with Synapse Health whenever there are changes to key details. This information enables us to stay current with your product offerings, service locations and personnel, thereby enhancing our ability to work together successfully.

PROFILE UPDATE TYPES

There are various types of updates; the subsections below highlight key updates that must be communicated to Synapse Health 30 days prior to the change. Providers will receive an email confirmation once your profile is updated.

- I. Product Changes:** Any additions, modifications or discontinuations of DME products within your inventory and/or accredited product category should be promptly updated. Accurate product information ensures that you receive orders for the most current offerings and accreditation compliance.
- II. Service Location Openings and Closures:** For all service location changes inclusive of new service locations, closure of service locations and selling of locations, please notify Synapse Health Provider Management no less than 30 days prior to the change. New service locations must be credentialed prior to providing service/equipment. Providers will submit a completed credentialing application and supportive documentation. Upon credentialing approval, the provider may render

service/equipment and the service location and products will be configured to receive orders.

- III. Key Staff Changes:** Any changes to key personnel within your organization, such as order management staff/ billing/payment staff, executive management staff and other key staff should be communicated through profile updates.
- IV. Contact Information:** Ensure that all contact details, including phone numbers, email addresses and physical addresses are accurate and up to date.
- V. Accreditations and Licenses:** Keeping your organization's accreditations, certifications and regulatory documentation current is a compliance requirement. Therefore, as accreditation and license renewals are received, please forward copies expeditiously to Synapse Health to ensure your profile is up to date. In the event Synapse Health does not receive renewed accreditation certificates and/or license renewals, Synapse Health reserves the right to suspend all orders until renewals are received.

SUBMITTING A PROFILE UPDATE

The provider will complete the DME Provider Profile Update Form (see Appendix) and email to dmeprovidernetwork@synapsehealth.com to update the following information. You will receive an email confirmation once your profile is updated.

TIMELINESS OF UPDATES

It is imperative that updates to your organization's profile are made promptly and accurately. All updates are required no less than 30 calendar days prior to change. Failure to provide up-to-date information may result in contract termination, miscommunication, missed opportunities or challenges in coordinating patient care. Regularly reviewing and updating your profile helps maintain a smooth and productive partnership with Synapse Health.



CHANGE OF OWNERSHIP FOR DME PROVIDERS

In the event of a change in ownership for DME providers within the Synapse Health Network, it is crucial to follow standardized procedure to ensure a seamless transition, continued collaboration and assistance in maintaining the integrity of the Synapse Health DME Provider Network. This section outlines the process for notifying Synapse Health of any change in ownership and the required documentation.

- I. **Notification and Timing:** DME providers undergoing a change of ownership are required to notify Synapse Health no less than 30 calendar days in advance of the intended transaction date. This advance notice allows for adequate time to review the proposed change and ensure a smooth transition for all parties involved. The required documentation must be emailed to contracting@synapsehealth.com.
- II. **Documentation Requirements:** The following documentation must be submitted to Synapse Health when notifying of a change of ownership:
 - a. **Letter of Intent (LOI):** A written Letter of Intent signed by both the current and prospective

owners. This letter should outline the proposed change of ownership, including the following:

- ii. **Type of ownership change:** merger or acquisition (identify asset purchase or capital purchase)
 - iii. **Targeted transaction date**
 - iv. **Legal name of the new owner(s)**, percentage of ownership and contact information
- b. **Purchase Agreement:** The agreement signed by both parties- fully executed.
 - c. **Bill of Sale:** Once the change of ownership transaction occurs, a copy of the bill of sale must be provided to Synapse Health.
- III. **Review and Approval:** Upon receiving the required documentation, Synapse Health will review the proposed change of ownership to ensure that the new owner(s) meet the necessary qualifications and standards for participation in the network. A successful review will result in approval of the change of ownership.

Section 6: Provider Communications

Effective communication is essential to maintaining a strong partnership between Synapse Health and our valued providers. This section outlines the various channels through which Synapse Health will communicate with providers to ensure clear and timely information sharing.

EMAIL BLASTS

Synapse Health will regularly send out email blasts to providers. These emails will contain important updates, announcements, policy changes and any other pertinent information. It is imperative that providers monitor their email accounts regularly to stay informed about the latest developments. Please ensure that the email address provided to us is accurate and up to date to receive these communications.

SYNAPSE HEALTH'S WEBSITE

Our official website, www.synapsehealth.com, serves

as a central hub for information. We will post relevant announcements, policy documents, forms and other resources on the website. Providers are encouraged to visit the website frequently to access the latest information. The website ensures that information is easily accessible and readily available to all providers at their convenience.

QUARTERLY NEWSLETTERS

Synapse Health publishes quarterly newsletters that encompass a comprehensive overview of network updates, industry trends, success stories and important insights. These newsletters offer a valuable platform for providers to gain a deeper understanding of our network's progress and directions. Providers are encouraged to read each issue thoroughly to stay informed about the latest developments and opportunities within the Synapse Health Network.

Section 7: Provider On-boarding & Training

At Synapse Health, we place a strong emphasis on providing a seamless on-boarding experience for our valued providers. Prior to accepting orders, providers undergo a comprehensive on-boarding process that includes training on the Fulfill and Deliver platforms. The provider on-boarding process is designed to familiarize providers with our technology platforms and operational procedures, enabling them to efficiently manage orders and deliver exceptional care to patients within the Synapse Health Network.

NEW USERS

The on-boarding training is attended by provider's key staff, including the staff responsible for accepting and fulfilling the DME orders. These staff will typically have Fulfill user sign-on credentials to access the portal. It is important for providers to have an adequate number of staff available to access the Fulfill portal. If additional staff need access to the portal, please email dmeproviderinquiry@synapsehealth.com with the request. Additionally, as staff relinquish access to Fulfill, please email with a request to remove said access.

SUPPORT TOOLS AND TRAINING

Synapse Health is committed to providing additional tools and resources to support providers in using our platforms effectively:

- **Video Tutorials:** Video tutorials are available on our website on the Resources page. These videos offer step-by-step guidance on platform navigation, order processing, patient communication and other relevant topics.
- **User Manuals:** Comprehensive user manuals are accessible on our website, providing in-depth information about platform functionalities, best practices and troubleshooting guidance. User manuals can be accessed at synapsehealth.com on the Resources page.
- **Additional Training:** In the event a provider requires additional training on how to best use the Fulfill and/or Deliver platforms, the provider can email dmeproviderinquiry@synapsehealth.com to communicate the training request.

Section 8: Joint Operations Committee Meeting (JOC)

At Synapse Health, we place a strong emphasis on collaboration and effective communication with our subcontracted DME providers. To facilitate this, we conduct Joint Operations Committee (JOC) meetings on a quarterly basis. These meetings serve as a crucial platform for open dialogue, mutual understanding and continuous improvement with our valued DME providers.

OVERVIEW

All subcontracted DME providers are required to actively participate in quarterly JOC meetings. These meetings contribute to the success of our partnership and, ultimately, the well-being of our patients. These meetings reflect our commitment to maintaining an open, productive and forward-thinking collaboration

that benefits all stakeholders involved. Below outlines the goals of the JOC meetings:

- **Strengthening Partnerships:** JOC meetings provide an opportunity to foster and strengthen the partnership between Synapse Health and our DME providers. By bringing together key stakeholders from both sides, we create an environment that promotes transparency, trust and a shared commitment to delivering high-quality patient care.
- **Two-Way Communication:** These meetings allow for direct, two-way communication with DME providers. It's a forum to share insights, discuss challenges and exchange valuable feedback. This facilitates a deeper understanding of each other's goals, processes and perspectives.



- **Issue Resolution:** JOC meetings offer a platform to address any issues, concerns or bottlenecks that may arise during our collaboration. By addressing challenges promptly and collaboratively, we can proactively find solutions and prevent potential disruptions to patient care and service delivery.
- **Performance Evaluation:** Regularly reviewing provider key performance indicators (KPIs) is essential to maintaining a high standard of service. JOC meetings allow us to assess a provider’s KPIs and compare the performance to the network’s overall performance. This evaluation aids in recognizing achievements, identifying areas for improvement and working together to enhance overall service quality.
- **Opportunity for Innovation:** The exchange of ideas and best practices during JOC meetings can lead to innovation and process optimization. By learning from one another’s experiences and successes, we can collectively drive improvements that benefit both Synapse Health and our provider partners.
- **Cancellation Rate:** Percentage of orders that were initially accepted by the DME provider and were canceled by the DME provider. Orders cancelled due to patient driven reasons will not affect this ranking.
- **Issue-Free Order Rate:** Percentage of orders that do not have any outstanding delivery and/or product information that is required to be submitted to Synapse Health. Examples include delivery confirmations, product make/model, serial numbers, modem numbers, patient signatures, dates and any other information critical for a successful transaction.
- **Response Time:** Percentage of orders where the response time to the order notification was within two (2) hours for standard orders or one (1) hour for STAT order. To “accept” or “reject” an order is considered responding to the order notification. Standard hours of operations are considered when measuring this indicator.
- **STAT/ Urgent order Fulfillment:** Percentage of STAT/urgent orders that were marked as completed within one day of delivery to the patient.
- **Service Window Success Rate:** Percent of standard orders that were completed in the delivery window expectations communicated from patient.
- **CPAP/BIPAP adherence:** Percentage of CPAP/ BIPAP orders serviced with continuous use for a minimum of three initial therapy months out of all CPAP/BIPAP orders provided by the provider.

KEY PERFORMANCE INDICATORS

Key Performance Indicators (KPIs) are essential tools for assessing, measuring and managing the success of a subcontracted DME provider. They provide a structured and quantifiable way to evaluate performance against specific objectives and goals. As a subcontracted provider, at each JOC meeting, you will receive data based on the KPIs listed below. The KPIs may vary for some providers based on the types of products and the modes of delivery for products.

- **Patient Satisfaction Scores:** Post-delivery survey scores from patients that focus on delivery experience, product/experiment quality, training and customer service.

Section 9: Payments for Orders

PROCESS

Synapse Health will reimburse providers for fulfilled orders based on their contracted fee schedules. Following the end of each month, Synapse Health will query its system for completed orders (orders that are confirmed delivered) to create a payment statement. The statement lists each order's Synapse order number, completion date, HCPCS code, unit amount and reimbursable amount. Additionally, the statement will include any credits for returned products. The statement is sent via email to the provider's designated accounting contact.

RECONCILIATION

Upon receiving the monthly statement, the provider must reconcile and confirm the accuracy of the statement within three business days by emailing a response to Synapse Health. Once the provider reviews the statement and approves, the month will be considered closed, and Synapse Health will issue payment based on the statement amount.

Overpayments/Underpayments/Missing Payments

In the event there is an overpayment, underpayment and/or missing payments then the provider must complete a Payment Reconciliation Form and provide the required documentation on the form within seven business days from receipt of the monthly statement. Synapse will review the form and information provided and communicate back to the provider, adjustment to the monthly Statement will be made available.

PAYMENTS

Providers will receive payment based on the monthly statement following the prior month. The funds are electronically deposited to the provider's financial institution account information on file. Provider can complete the Subcontractor ACH Form to change bank account deposit information.



Section 10: Credentialing & Recredentialing

CREDENTIALING

All subcontracted providers, and their service locations, must meet credentialing requirements prior to conducting services under the subcontractor agreement. Providers will complete the Business Questionnaire which contains the credentialing requirements, as outlined below:

- Ownership Information
- Disclosures
- NPI #
- TIN #
- PTAN #
- DME License for each service location, as applicable by State regulations
- Pharmacy License, if OXY, as applicable per State regulations
- Oxygen License, if OXY, as applicable per State regulations
- Respiratory Therapist License, if OXY, as applicable per State regulations
- Accreditation Certification
- Professional liability and Commercial General Liability insurance certificate \$1M/\$3M
- Electronic Funds Transfer (EFT) Form
- W9

Providers cannot render products they are not accredited to provide. Additionally, providers can

only render services and/or products from the service locations listed on their subcontractor agreement with Synapse Health. To add or remove products and/or service locations, please see the Updating Provider Profile section of this handbook for instructions.

RECREREDENTIALING

Every three years, providers must undergo recredentialing. Providers are notified via email 45 calendar days prior to recredentialing date and will have 30 calendar days to submit their recredentialing application and supporting documentation. Failure to recredential in a timely manner may result in contract suspension or termination.

LICENSE ACCREDITATION & INSURANCE RENEWAL DOCUMENTATION

As licenses, accreditations and insurance policies expire and are renewed, providers are required to submit the new documents to Synapse Health immediately upon receipt. The documentation can be emailed to credentialing@synapsehealth.com.

ADVERSE ACTIONS AND LICENSURE/ACCREDITATION STATUS CHANGES

All providers are required to report adverse actions taken against their organization, including but not limited to license and/or accreditation status changes. Notification must be sent to credentialing@synapsehealth.com.

Section 11: Compliance

FEDERAL AND STATE GOVERNMENT EXCLUSION AND SANCTION SCREENINGS

I. Requirements: Synapse requires its providers to routinely monitor all employees, and the provider's subcontractor, if applicable, to ensure the employees are not excluded from participating in any federally funded programs. All verifications

must be documented and include, but are not limited to, the date of the verification, the employee's name and findings. Synapse Health may request evidence of the routine verifications from providers to ensure compliance with this federal requirement.

II. Reporting: Employees, including subcontractors (regardless of how downstream), who are

verified as being excluded are prohibited from providing services to any Synapse Health member/employee. The exclusion must be reported within one business day of discovery to the Synapse Health Compliance Department. Excluded individuals and entities are prohibited by law from receiving any payment for any items or services they furnish, order or prescribe, including DMEPOS. Anyone who hires or maintains individuals or entities that have been excluded by the OIG to participate in any directly or indirectly funded programs that bills for services may be subject to Civil Monetary Penalties (CMS).

III. Compliance: The Department of Health and Human Services (HHS) Centers for Medicare and Medicaid (CMS) Office of the Inspector General (OIG) has the authority to exclude individuals and entities from participating in any directly or indirectly funded federal healthcare programs by the United States i.e., Medicare and Medicaid.

Synapse routinely monitors the federal System for Award Management (SAM) database for all active exclusion records entered by any federal agency, including the OIG exclusion list, to identify entities that have been excluded from receiving federal contracts, certain subcontracts and federal or non-financial assistance and benefits. Synapse's policy is to immediately terminate its contracts with providers who are verified as being excluded from participating in any federal funded program.

FRAUD, WASTE AND ABUSE

Healthcare fraud, waste and abuse hurts everyone. Synapse Health is committed to partnering with its stakeholders – prescribers, DME providers, payors and patients – to combat fraud, waste and abuse.

Fraud is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to an individual or some other person.

Waste includes the overutilization, underutilization or misuse of resources or other practices that result in unnecessary costs to Federal Healthcare Programs.

Abuse includes provider practices that are inconsistent with sound fiscal or medical practices, and result in unnecessary costs to Medicare/Medicaid, or in reimbursement for services that are not medically

necessary or fail to meet professionally recognized standards for healthcare.

Providers who engage in fraudulent, abusive or wasteful practices may implicate several laws that carry significant consequences including civil monetary penalties, criminal penalties and potential exclusion from federal and state health care programs.

Fraud, waste and abuse laws to be aware of include, but are not limited to:

The **Anti-Kickback Statute (AKS)** prohibits knowingly and willfully soliciting or receiving “remuneration” (i.e., anything of value) directly or indirectly, overtly or covertly, in case or in kind, for the generation of or referral for business involving any item or service payable by Federal Healthcare Programs.

AKS includes several Safe Harbors, or statutory exceptions, with which an organization must demonstrate full compliance to be considered exempt from potential prosecution.

The **Beneficiary Inducement Statute** prohibits offering or giving “remuneration” (i.e., something of value) to a Medicare/Medicaid beneficiary that would likely influence the patient's choice of provider of items or services reimbursable through Federal Healthcare Programs. This includes routine waivers of patient cost-share amounts.

The **Physician Self-Referral Prohibition**, or Stark Law prohibits a physician from making a referral to an entity for the furnishing of a designated health service (i.e., DME, parenteral and enteral nutrients and supplies, or prosthetics, orthotics, prosthetic devices) for which payment may be made under Federal Healthcare Programs if the physician (or an immediate family member) has a financial relationship with the entity.

The **Federal False Claims Act (FCA)** imposes liability on providers who knowingly make or cause false or fraudulent claims to be submitted to the government for payment. Knowingly is defined as having actual knowledge, working with deliberate ignorance or reckless disregard. The law applies to anyone who:

- Knowingly present the government with a false claim;
- Knowingly makes a false statement to get a fraudulent claim paid by the government;



- Conspires to defraud the government by getting a false or fraudulent claim paid;
- Knowingly makes a false record or statement to conceal, avoid, or decrease an obligation to pay the government; or
- Causes a false claim to be submitted.

Should you have questions or wish to report potential concerns or suspect wrongdoing, please contact the Synapse Health Compliance Hotline at **1.833.609.5224** or www.synapsehealth.ethicspoint.com.

HIPAA PRIVACY, SECURITY AND BREACH NOTIFICATION RULES

The Health Information Portability and Accountability Act (HIPAA) is a federal law that ensures the privacy of protected health information (PHI), defines safeguards for the security of health data, and establishes a national standard to simplify billing and other transactions. HIPAA includes two rules, the Privacy Rule and the Security Rule, with which the following individuals and entities must comply:

- Covered Entity, which includes healthcare providers (e.g., physicians, DME Providers, hospitals), health plans (e.g. Health Maintenance Organizations, Medicare/Medicaid), and clearinghouses (e.g., billing services, Community Health Information Systems), and
- Business Associate is a person or organization that creates, receives, maintains, or transmits PHI on behalf of a Covered Entity, (e.g., downstream subcontracted providers).

HIPAA Privacy Rule. The Privacy Rule assures that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being. The Privacy Rule protects all individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper or oral.

The Privacy Rule's focus is to strike a balance that permits important uses of information, while protecting the privacy of people seeking care. To accomplish this, the Privacy Rule permits the use or disclosure of PHI for treatment, payment and

healthcare operations. This allows the coordination of care with prescribers, subcontracted providers and Synapse Health without obtaining a signed authorization from the patient. Specifically, it permits:

- Sharing information related to the provision, coordination or management of healthcare and related services among and between stakeholders, including prescribers, subcontracted providers and Synapse Health.
- The use and disclosure of information relating to determining patient insurance eligibility, billing and collections, claims adjudication and reviews of medical necessity or coverage.
- Sharing PHI to inform activities and services directly related to and necessary for carrying out management functions that support treatment and/or payment.

HIPAA Security Rule. The Security Rule establishes standard administrative, physical and technical safeguards to protect electronic health information that is created, received, used, or maintained. These safeguards are intended to ensure the confidentiality, integrity and security of electronic protected health information.

HIPAA Breach Notification Rule. The Breach Notification Rule requires Synapse Health and its business associates to provide notification following a breach of unsecured protected health information. A breach is considered an impermissible use or disclosure that compromises the security and/or privacy of PHI.

An impermissible use or disclosure may be considered a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the PHI has been compromised.

Should you identify or suspect a potential breach, it is critical that you report it to Synapse Health immediately upon discovery. Please contact the Synapse Health Compliance Hotline at **1.833.609.5224** or www.synapsehealth.ethicspoint.com.

CMS MEDICARE DMEPOS SUPPLIER STANDARDS

The Medicare DMEPOS Supplier Standards is a set of 30 guidelines to which all Medicare participating DMEPOS Providers must adhere. As a participating Medicare provider, Synapse Health subcontracts with DME Providers to support the provision of

medically necessary supplies and equipment to patients. Therefore, in the event that a subcontracted DME Provider's enrollment, accreditation, licensing is revoked or suspended, notification should be sent immediately to Synapse Health at dmeprovidernetwork@synapsehealth.com.

Section 12: Quality Assurance and Performance Improvement

We hold ourselves to the same CMS DMEPOS Quality Standards and Board of Certification requirements. Synapse Health takes the responsibility to comply with these standards and requirements very seriously.

QAPI PROGRAM

Synapse Health demonstrates its compliance through its robust Quality Assurance and Performance Improvement Program ("QAPI") by:

- Monitoring members'/patients' product and service satisfaction
- Responding promptly to member/patient questions, concerns, problems, and complaints and grievances
- Partnering with our providers to use best business practices to impact patient access to equipment, items, services and information
- Auditing our coding and billing processes to ensure accurate claim submission and receipt of payer payment
- Monitoring for patient adverse events secondary to inadequate services or equipment or items resulting in injuries, accidents, infection signs and symptoms, hospitalizations, and death, following up with prescriber, member/patient, caregiver or family, and other health care team members who identify it

Synapse values and relies on our provider partnerships to help us deliver on our customer service commitments and QAPI Program compliance by:

- Maintaining Medicare DMEPOS Certification and/or accreditation by a nationally recognized organization such as the Board of Certification, Joint Commission (TJC), or the Accreditation Commission

for Health Care (ACHC)

- Promptly reporting to Synapse Health when an order cannot be filled or cannot be filled within contractually required time-frames
- Reporting suspected or known adverse events, equipment, and item malfunctions, and recalls to Synapse Health
- As required, assisting with investigations
- Reporting all changes in licensure, accreditation, and/or insurance to Synapse Health immediately

PRODUCT SAFETY AND ADVERSE EVENT REPORTING

Providers are required to have a program to promote the safe use of equipment, supplies, and items and minimize safety risks and hazards for both their staff and patients. This program includes a plan to identify, monitor, and report equipment, supply, or item failures, repair and preventive maintenance requirements for all equipment and items provided to patients. CMS defines the term "adverse event" as an untoward, undesirable, and usually unanticipated event that causes death, serious injury, harm, or the risk thereof.

All DME Providers are required to:

- Investigate any incident or injury in which equipment, supply, or item use may have contributed to an injury or incident, when the provider becomes aware
- Notify Synapse Health within 24-hours if the injury or incident resulted in a member/patient being hospitalized or death and provide in writing the results of the provider's investigation and corrective action plan to prevent reoccurrence



- Notify Synapse Health within 72 hours of all other injuries or incidents resulting in member/patient harm and provide in writing the results of the provider’s investigation and corrective action plan to prevent recurrence
- Provide a written copy of any reportable event made to any regulatory agency, not limited to CMS, the FDA, or any state regulatory authority, and any enforcement action taken, as warranted, within 24-hours of submission or occurrence

Synapse Health reserves the right to request in writing the following information from the provider: Corrective Action Plan implementation updates, completion and post-monitoring outcomes.

DMEPOS RECALLS

Providers are required under the CMS DMEPOS Quality Standards to maintain a tracking system or log of all equipment, items, and supplies. Synapse Health requires provider tracking systems or logs contain the equipment model, item, or supply name, serial or lot number, or other identifying numbers to ensure recalled equipment, items or supplies can be identified and removed from use or if in use, repaired or replaced per manufacturer instructions.

Providers are responsible for tracking the FDA, manufacturer, or CMS MAC recall notices and to report such recall notices and number of Synapse Health members/patients impacted within one calendar day of when the provider became aware.

Synapse Health reserves the right to request a written copy of the recall notice, the manufacturer’s instructions, and documentation to support provider compliance with the manufacturer’s instructions.

MEMBER/PATIENT COMPLAINTS AND GRIEVANCES

A complaint is defined as a verbal communication regarding a member/patient care or non-care issue that can be resolved immediately by staff present.

A grievance is defined as: 1) a verbal complaint that cannot be resolved at the time the complaint was made, is postponed for later resolution, requires an investigation, and/or requires further action for resolution; 2) all written complaints received in any written form including by email or fax; 3) all written complaints documented on or attached to any patient

satisfaction survey; and 4) if a member/patient, or their representative, requests the complaint to be handled as a formal complaint and/or requests a response from the provider or Synapse Health.

A member/patient or their representative, may file a complaint or grievance through one or more of the following actions:

Providers who receive a complaint or grievance directly from a member/patient, or their representative, are to redirect the individual to contact Synapse Health directly by calling the Synapse Health Compliance Hotline at 833.609.5224 or emailing the complaint or grievance to complaints@synapsehealth.com.

A member/patient, or their representative, may choose to file a complaint or grievance through their insurance provider or report a complaint to Medicare: 1.800. Medicare or TTY 1.877.486.2048.

Regardless, any complaint or grievance received directly from a member/patient, or their representative, are required to notify Synapse Health within one calendar day of receipt.

Providers who are the subject of a member/patient, or their representative, complaint or grievance investigation are required to respond within five calendar days of receipt of the request for information.

PROVIDER COMPLAINTS

Providers who have complaints regarding Synapse Health’s business operations, contracting, or payment, please email at:

dmeprovidernetwork@synapsehealth.com

DME PROVIDER FORMS

- I. **Payment Reconciliation Form**
- II. **DME Provider Profile Update Form**
- III. **DME Provider Fax Order Form**
- IV. **Patient Transition Documentation List**
- V. **DME Provider Business Qualification**

Payment Reconciliation Form



Please select from the reasons listed, collect all required documentation and email (secured) to Synapse Health Accounting at ap@synapsehealth.com. Upon review, Synapse Health will communicate back via email to the Provider within seven (7) business days.

Reason for form submission (check all that apply):

- Overpayment:** Synapse Health paid for an item that was not delivered by the provider or the payment issued by Synapse Health was over the contracted amount for an item/service.
- Underpayment:** Synapse Health paid less than the contracted amount for an item/service completed by the provider.
- Missed Payment:** Synapse Health did not reimburse for an item/service that was delivered to a patient by the provider.

Please submit the below documentation for each overpayment, underpayment and/or missed payment.

1. Invoice number, date, due date per contract
2. Patient name and 'Ship To' address
3. Prescription number & date
4. Billable quantity, pack size & unit of measure
5. Sales tax (if applicable)
6. Shipping & handling (if applicable)
7. Standard product code and agreed upon product description
8. Type of service—Rental or New Equipment
9. Supporting document/information (i.e., tracking numbers for mail orders)

Provider Name

Contact Name

Contact Phone

Contact Email

DME Provider Profile Update Form



Please select the type of update(s) from below and email the completed form and any supporting documentation to dmeprovidernetwork@synapsehealth.com. Once the update is completed your organization will receive an email confirmation.

Note: For all Change of Ownership, please email contracting@synapsehealth.com

Type of Update (check all that apply):

- Product Change:** additions, modifications, or discontinuations of DME products within your inventory and/or accredited product category. Include appropriate licensure and accreditation, as applicable.
- Service Location Change:** opening, closure and/or location move.
- Key Staff Change:** Fulfill users, billing/ accounting staff and executive management.
- Contact Information:** phone numbers and email addresses.
- Accreditation and Licenses:** all renewal documentation

Provider Name

Contact Name

Contact Phone

Contact Email

Referral Fax Cover Sheet



For expedited processes, enter your orders electronically at connect.synapsehealth.com

TO	Synapse Health	Fax: 888.690.5329
	# of pages	Date

FROM	DME Provider Details	
	Provider Name	Contact Name
	Phone	Fax
	Email	Time zone
	Date Needed / Date of Discharge	

Check all that apply:

Order type:	<input type="checkbox"/> Hospital Discharge <small>Send to hospital fax at 888.690.5329</small>	<input type="checkbox"/> Resupply New	<input type="checkbox"/> Resupply Existing
	<input type="checkbox"/> New Order	<input type="checkbox"/> Pre-Op	
Order urgency:	<input type="checkbox"/> STAT	<input type="checkbox"/> Standard Order	<input type="checkbox"/> Already Dispensed

Please check all documents included:

<input type="checkbox"/> Prescriber Signed RX	<input type="checkbox"/> Delivery Paperwork <small>For Already Dispensed Items</small>	<input type="checkbox"/> Supporting Documents
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The following is required to start the order process with Synapse Health:

Patient orders missing any of the below may be returned.

Patient Name	Patient Date of Birth
Patient Address	Patient Phone No.
Insurance Information <small>Plan Name, ID Number, & Group Number</small>	Primary Policy Holder Information <small>Name, DOB, & Relationship to Patient</small>



1.888.33.MYDME (1.888.336.9363)
8AM - 8PM (Eastern Standard Time)

[WWW.SYNAPSEHEALTH.COM](https://www.synapsehealth.com)

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Patient Transition Documentation List

GOAL: The following information and documentation is required to successfully transition the patient to Synapse Health and maintain continuity of care.

Data Requested to Support Member Transitions to Synapse Health:

- Member Name
- Member Date Of Birth
- Member Delivery Address
- Member Phone Number
- Member Gender
- Member secondary insurance (*as applicable*)
- Member Alternate Phone Number
- Email Address on file
- Member UHC Plan Name
- Member UHC Group ID
- Member Prior Authorization on File and Expiration Date
- Member DX Codes on File
- Members with Equipment Rental in last 3 months
- HCPCS for Items on rent, accessories/components and/or supplies
- Product Description including manufacturer, style and sku if available

Ordering Provider Contact Information:

- Name
- Address
- Phone Number
- Fax Number
- NPI

Rental Month for each item currently on rent:

- Member Prior Authorization on File and Expiration Date for Each Product on Rent
- Member DX Code on File Associated with Each Item on Rent: Member's RX/CMN on File for Items on Rent
- Members with Any Recurring Supply Item in the last 6 billing months: HCPCS for each supply item provided in LTM
- Product Description for Each Supply Item including manufacturer, style, size, model, and SKU

Resupplies:

- Member Prior Authorization on File & Expiration date for Recurring Supply of Products
- Member DX Code on File Associated with Each Recurring Supply Product
- Member's RX/CMN on File for Recurring Supply Items in LTM

Additional Data Requested to Support Member Transitions:

- Any face-to-face chart notes within the last 6 months on file
- Clinical Supporting Chart Notes for rental and ongoing supply needs
- Compliance documentation to support sleep therapy devices
- Home Health Assessment for any support surfaces actively renting

DME Provider Business Qualification



What's the Business Qualification (BQ)?

It's a pre-enrollment process for DME Providers to qualify administratively to subcontract with Synapse Health. The BQ gathers organization details, service locations, products, delivery areas, and licensing/ accreditation info.

How is the information used?

This information is utilized to credential and contract each DME provider. After being credentialed, the DME provider will receive a Credentialing Confirmation Notice outlining the approved products and confirming their ability to operate under the subcontractor agreement with Synapse Health. The Subcontractor Agreement references the BQ for scope of business for each DME provider.

Once you receive the DME Provider Business Qualification form, please complete the following sections:

- *Location and Services Area Tab* - complete for each service location.
- *Products Offered Tab* - complete for each service location.
- *Credentialing* - complete all four sections.



PHONE 888.801.9449

EMAIL dmeprovidernetwork@synapsehealth.com

WEB www.synapsehealth.com