

University Health

WELCOME PACKET
Specialty Pharmacy

4502 Medical Drive
San Antonio, Texas 78229
210-358-4000
universityhealth.com

University Health

Thinking beyond

Rev 2/26

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Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors/Medical Examiners: We may disclose health information to funeral directors, medical examiners and/or coroners consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Communications for Treatment and Healthcare Operations: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that maybe of interest to you.

Marketing: If authorized by you, we may use and disclosure your medical information for marketing purposes. This information may be released only upon your written authorization.

Food and Drug Administration (FDA): We may disclose to the FDA your health information for the public purpose related to the quality, safety, or effectiveness of an FDA-regulated medication, product or activity (i.e. adverse event, product defect, product tracking or post marketing surveillance information to enable product recalls, repairs or replacement).

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government benefit programs and compliance with civil rights laws.

Worker's Compensation: We may disclose your health information to the extent necessary to comply with laws relating to worker's compensation claims.

Public Health: When required or permitted by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability or with performing other public health functions.

Abuse, Neglect or Domestic Violence: We may disclose your health information to a governmental agency authorized by law to receive reports of abuse, neglect or domestic violence.

Judicial, Administrative and Law Enforcement Purposes: We may disclose your health information for judicial or administrative proceedings or to law enforcement as required or permitted by law, including responding to subpoenas, court orders, binding authority, or to report a crime.

To Avert a Serious Threat to Health or Safety: We may use and disclose your health information in order to avert a serious threat to the health or safety.

Specialized Government Functions: We may release your health information for certain government functions, including but not limited to military and veterans' activities, national security, intelligence activities and similar governmental functions as required or permitted by law.

Custodial Situations: If you are an inmate in a correctional institution, we may disclose your health information to a correctional institution or law enforcement official necessary for your health and the health and safety of others.

Required or Allowed by Law: We will disclose medical information about you when required or allowed to do so by federal, state or local law.

Other Uses of your Health Information: Other uses and disclosures of medical information not covered by this Notice or permitted by law will be made only with your written permission which may be canceled, in writing at any time.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with us at University Health, Attn: HIPAA Officer, 4502 Medical Drive, San Antonio, Texas, 78229, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

WELCOME TO OUR SPECIALTY PHARMACY

University Health

University Health's Specialty Pharmacy understands that your medical needs may be difficult to manage. Our staff is dedicated to working with you, your doctors and nurses, family and friends to achieve a fully integrated health care team. Our primary goal is to provide you with quality care.

What You Can Expect

1. Personalized Care & Regular Follow-Ups: Our specialty trained staff members will work with you to discuss your treatment plan, and address your questions or concerns. We will be in close contact with you throughout the course of your treatment.
2. Benefits: There may be instances where you are prescribed a medication that your insurance plan may not cover. We will work diligently to lower your drug costs by getting the medication covered, switching to a medication that is covered or applying valid manufacturer discounts.
3. Patient Management Program: When you are willing to follow the treatment plan determined by your healthcare team, the program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies and overall improvement of your health. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.
4. In-depth Consultation Services
5. Refill Reminder Calls
6. Free UPS/Courier Delivery of your medication upon request
7. Prescription Transfer if University Health cannot fulfill the prescription
8. 24/7 Pharmacist Support

We look forward to providing you with the best service possible. We know that you have many options and we sincerely thank you for choosing University Health's Specialty Pharmacy!
- The University Health Team

Robert B. Green Campus Pharmacy

903 W. Martin Street
San Antonio, TX 78207

Specialty Main Telephone Number:
210-358-9660

Toll-Free Telephone Number:
833-381-1919

Specialty Fax Number:
210-358-9634

University Hospital Discharge Pharmacy (Outpatient Pharmacy)

University Health Main Campus
4502 Medical Drive
San Antonio, TX 78229

Specialty Main Telephone Number:
210-743-3853

Toll-Free Telephone Number:
833-620-0117

Specialty Fax Number:
210-702-6120

Hours of Operation

Monday - Friday
8 a.m. - 5 p.m.

IMPORTANT INFORMATION

Contact Us If...

- You have any questions or concerns about your medication
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- You would like to start taking a vitamin/supplement or any over-the-counter medication
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- You need to check the status of your delivery
- You need to reschedule or change your delivery
- You have any questions or concerns about our specialty pharmacy service

Prescription Transfers

- If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. All we request is a phone call from you to inform us where you would like your prescription transferred.
- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care prior to transferring your prescription.

Delivery and Storage of Your Medication

- We will deliver medication to your home, doctor's office or to an alternative location at no cost to you. Please note we require a signature for delivery on an as-needed basis.
- If your medication requires refrigeration, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box and place it in the refrigerator.
- If the package looks damaged or is not in the correct temperature range, please give the pharmacy a call.

Adverse Drug Reactions

If you are experiencing adverse effects to your medication, please contact your doctor or our pharmacy as soon as possible.

Drug Substitution Protocols

From time to time it is necessary to substitute generic drugs for brand name drugs. This may occur if your insurance company prefers the generic to be dispensed or to reduce your copay.

Payment Policy

Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan.

Insurance Claims

University Health's Specialty Pharmacy will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue.

Co-payments

You may be required to pay a part of your medication cost, called a co-payment. If you have a co-payment, it is recommended that it is paid at the time of shipping or pick-up. In the event you would like to be billed by University Health's Specialty Pharmacy, arrangements can be made in accordance with the University Health Patient Billing policies. We accept checks, Visa®, MasterCard®, American

- Maintain the privacy of your health information.
- Provide you with a copy of this Notice.
- Abide by the terms of this Notice.
- Notify you if we are unable to agree to a requested amendment or restriction.
- Restrict the sale of your health information, unless authorized by you.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Disclose your health information without your written authorization (signed permission), except as described in this Notice or permitted by law.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our practices change, we are not required to notify you, but we will have the revised notice available for you to request at any University Health site and on this website, UniversityHealth.com.

Examples of Disclosures of Health Information for Treatment, Payment, Healthcare Operations and as Otherwise Allowed by Law

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the categories:

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Treatment: We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you within University Health. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and X-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports to assist in treating you once you are discharged from care at University Health. We may share your medical information with other healthcare providers within a Health Information Exchange, an Enterprise Data Warehouse, or similar healthcare data system.

Payment: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

Healthcare Options: We may use the information in your health record to assess the care and outcome in your case and others like it. We may also disclose information for training purposes, for learning purposes. This information is used in our ongoing effort to improve the quality and effectiveness of the healthcare and services we provide. Your health information will also be used as otherwise allowed by law.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include certain laboratory tests, consulting services, supplemental staffing, transcription, data management and copy services. To protect your health information, however, we require business associates, and their subcontractors, to take appropriate measures to safeguard your information.

Directory: Unless you instruct us otherwise, we will use your name, location in the facility and general condition for directory purposes while you are a patient at University Health. This information may be provided to people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care about your location and general condition.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information can be used and disclosed and how you can get access to this information. Please review it carefully.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you may call the University Health HIPAA Officer at 210-743-6540 or email HIPAAOfficer@uhtx.com.

Understanding your Health Record/Information

This Notice describes the practices of the University Health with respect to your protected health information created while you are a patient at University Health.

We understand that your medical information is personal and we are committed to protecting your medical information and keeping you informed about your health information rights.

This Notice will tell you about the ways in which we may use and disclose medical information about you. It also explains your rights and our legal duties regarding the use and disclosure of medical information.

Your Health Information Rights

You have several rights with respect to your medical information. This section briefly mentions each of these rights. You have a right to:

- Request a paper copy of this Notice or download a copy at UniversityHealth.com.
- Inspect and receive a copy of your health record in either paper or electronic form.
- Receive communications about your health information by alternative means (cell phone instead of letter) or at alternative locations (work instead of home). We will accommodate reasonable requests.
- Request that we limit the use and disclosure of your medical information for treatment, payment, and healthcare operations.
- Request that we restrict disclosures of your health information to persons, including family members, involved with your care and as provided by law. We will accommodate reasonable requests.
- Request an amendment of your health information you believe to be incorrect or incomplete, as provided by law. We will notify you if we are unable to grant your request to amend your health record.
- Obtain an accounting of certain disclosures of your health information as provided by law.
- Be notified of any breaches of unsecured protected health information as provided by law.
- Opt-out of receiving fundraising activities. Please contact the University Health Foundation at 210-358-9860 to opt-out of fundraising communications.
- Restrict the disclosure of health information to a health plan with respect to health care for which the individual has paid out-of-pocket and in full.
- Restrict the use and disclosure of psychotherapy notes, marketing, and the sale of your protected health information. This information may be released only upon your written authorization.

You may exercise your rights set forth in this Notice by providing a written request to the University Health Medical Records Department, 4502 Medical Drive, San Antonio, Texas, 78229, by phone at 210-358-3532 or by e-mail at: medical.records@uhtx.com.

Our Responsibilities

In addition to the responsibilities set forth above, we are also required to:

Express®, and Discover®. We can maintain your credit card information on file in a secured environment, if you wish.

Financial Assistance

Our liaisons have access to financial assistance programs to help with co-payments, and ensure no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs. Our liaisons also assist with prior authorizations.

Proper Disposal of Sharps

Place all needles, syringes and other sharp objects into a sharps container. This will be provided by the pharmacy if you are prescribed an injectable medication.

Contact local waste pickup services for their policy on sharps container pickup. You can also check the following websites for additional information:

"Sharps Disposal Containers" - fda.gov

"Best Way to Get Rid of Used Needles and Other Sharps" - fda.gov

"How to Dispose of Used Sharps" - safeneedledisposal.org

Proper Disposal of Unused Medications

For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:

"Where and How to Dispose of Unused Medicines" - fda.gov

"Safe Disposal of Medicines" - fda.gov

Drug Recalls

If your medication is recalled, the specialty pharmacy will contact you with further instructions, as directed by the FDA or drug manufacturer.

Emergency Disaster Information

In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

Concerns or Suspected Errors

Patients and caregivers have the right to voice complaints and/or recommendations on services to the pharmacy. Patients and caregivers can do so by phone, fax, in writing, or by email.

The following organizations are available to contact anytime you feel your complaint was not resolved by the pharmacy:

- **Texas State Board of Pharmacy**
  Website: pharmacy.texas.gov/consumer/complaintForm.asp
  Telephone: (800) 821-3205
- **URAC Complaint Info**
  Website: urac.org/file-a-grievance
  Email: grievances@urac.org
  General Phone Number: 202-216-9010
- **ACHC Complaint Info**
  Website: achc.org/contact
  For further information, you may contact ACHC toll-free at 855-937-2242 or 919-785-1214 and request the Complaints Department

For Additional Information Regarding Your Condition or Diagnosis, You Can Visit the Following Websites:

Condition	Foundation	Website
Cystic Fibrosis	Cystic Fibrosis Foundation	cff.org
Dermatology	National Psoriasis Foundation	psoriasis.org
Gastroenterology	Crohn's and Colitis Foundation	crohnscolitisfoundation.org
Growth Hormone	Endocrine Web	endocrineweb.com
Hepatitis C	American Association for the Study of Liver	hcvguidelines.org
HIV	National Institutes of Health	aidsinfo.nih.gov
Hyperlipidemia	Familial Hypercholesterolemia Foundation	thefhfoundation.org
Multiple Sclerosis	National Multiple Sclerosis Society	nationalmssociety.org
Oncology	American Cancer Society Chemocare	cancer.org/cancer.html chemocare.com
Pulmonology	American Lung Association	lung.org
Rheumatology	American College of Rheumatology	rheumatology.org
Transplant	UNOS National Kidney Foundation	transplantliving.org kidney.org

MEDICARE DRUG COVERAGE AND YOUR RIGHTS

You have the right to ask for a coverage determination from your Medicare drug plan to provide or pay for a drug you think should be covered, provided, or continued. You also have the right to ask for a special type of coverage determination called an **"exception"** if you:

- Need a drug that's not on your plan's list of covered drugs
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn't apply to you for medical reasons
- Need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price

How to ask for a coverage determination

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan's toll-free phone number on the back of your plan membership card, or go to your plan's website. You can ask for an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision.

Be ready to tell your Medicare drug plan:

- The name of the prescription drug, including dose and strength (if known)
- The name of the pharmacy that tried to fill the prescription
- The date you tried to fill the prescription
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn't apply to you

Your Medicare drug plan will send you a written decision. If coverage isn't approved and you disagree with this decision, you have the right to appeal. The plan's notice will explain why coverage was denied and how to ask for an appeal.

Get help and more information

Look at your plan materials or call 1-800-MEDICARE (1-800-633-4227) for more information about how to ask for a coverage determination. TTY users can call 1-877-486-2048. For help contacting your plan, call 1-800-MEDICARE. To get this form in an accessible format (like large print, Braille, or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. This information collection is used to provide notice to enrollees about how to contact their Part D plan to request a coverage determination. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required under § 423.562(a)(3) and an associated regulatory provision at § 423.128(b)(7)(iii). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

CMS
7500 Security Boulevard
Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05
Baltimore, Maryland 21244-1850

17. A supplier must disclose any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by University Health's Specialty Pharmacy 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 ecfr.gov. Upon request we will furnish you a written copy of the standards.

Enrollee's Name (optional)

Drug and Prescription Number (optional)

EMERGENCY & DISASTER PREPAREDNESS PLAN

University Health's Specialty Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, earthquakes, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement weather in the local area, University Health's Specialty Pharmacy will contact you prior to any disasters the city may encounter. However, if there will be a threat of disaster or inclement weather in an area you reside which is outside of the coverage area it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

University Health's Specialty Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where University Health's Specialty Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aid you in the case of an emergency or disaster:

1. The pharmacy will call you 3-5 days before any predicted inclement weather emergency such as a severe storm or hurricane utilizing the weather updates as point of reference. If you are not in the San Antonio area and are aware you will be experiencing inclement weather, you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. The pharmacy will send your medication via courier or UPS next day delivery during any suspected inclement weather emergencies.
3. If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. The pharmacy recommends all patients leave a secondary emergency number. If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aide you.

WASHING YOUR HANDS

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing or sneezing
- After touching an animal, animal feed or animal waste
- After handling pet food or pet treats
- After touching garbage

Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time:

1. Wet your hands with clean, running water (warm or cold), turn off the tap and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. **However...**

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to use hand sanitizer:

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry.
- This should take around 20 seconds.

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR§ 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.

Patient Responsibilities

- Provide accurate and complete information regarding your past and present medical history as well as contact information and any changes
- Submit any forms that are necessary to participate in the program to the extent required by law
- Give accurate clinical and contact information and to notify the Patient Management Program of changes in this information
- Notify their treating prescriber of their participation in the Patient Management Program, if applicable
- Maintain any equipment provided
- To notify the pharmacy of any concerns about the care or services provided

HOME SAFETY INFORMATION

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the right way to do things. Shortcuts may hurt--correct unsafe conditions before they cause an accident. Take responsibility, keep your home safe, and keep emergency phone numbers handy.

Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take medication that were prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully.
- Know the side effects of the medication you are taking.
- Do not throw away outdated medication by pouring down a sink or flushing down the toilet.

Slips and/or Falls

Slip and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course.
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all spilled water, oil or grease immediately.
- Pick up and keep surprises out from under your feet, including electrical cords and rugs.
- Keep drawers and cabinets closed.
- Install good lighting.

Mobility Items

When using mobility items to get around such as canes, walkers, wheelchairs or crutches you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down.
- Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

Lifting

If it is too big, too heavy or too awkward to move alone - GET HELP. Here are some things you can do to prevent low back pain or injury.

- Stand close to the load with your feet apart for good balance.
- Bend your knees and “straddle” the load.
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead - clear your way.

Electrical Accidents

Watch for early warning signs; overheating, a burning smell or sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents:

- Keep cords and electrical appliances away from any water or leaks.
- Do not plug cords under rugs, through doorways or near heaters.
- Check cords for damage before use.
- Extension cords must have a large enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed immediately.
- Use a grounded 3-wire plug to prevent shock in case of electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas

- Open windows and doors immediately.
- Shut off appliance(s) involved.
- Do not use matches or turn on electrical switches.
- Do not use the telephone - dialing may create electrical sparks.
- Do not light candles.
- Call your gas company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

Pre-plan and practice your fire escape. Look for a plan with at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. **Here are some steps to prevent fires:**

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year (or as needed).
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not allow ashtrays and never toss matches into wastebaskets unless you know they are out.
- Wet down first or dump into toilet.
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using a heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

If you have a fire or suspect fire:

- Take immediate action per plan - escape is your top priority.
- Get help on the way - with no delay. CALL 911.
- If your fire escape is cut off, close the door and seal the cracks to hold back smoke.
- Signal help from the window.

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

To ensure the finest care possible, as a patient receiving our Pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

Patient Rights

- Express concerns, grievances, or recommend modifications to our Pharmacy in regard to services or care, without fear of discrimination or reprisal
- To have personal health information shared with the Patient Management Program only in accordance with state and federal law
- To obtain program staff members' name and job title and speak with a supervisor if requested
- To speak to a health professional
- To receive information about the Patient Management Program
- To decline participation, revoke consent or disenroll at any point in time
- 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 verbally 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
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- 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
- 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 health care 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
- Be fully informed of one's responsibilities