SCOPE OF SERVICE
UAB Pharmacy Services consists of:
• **UAB Specialty Pharmacy** – provides dispensing services for medications to UAB patients with chronic conditions, such as transplant and other autoimmune and inflammatory conditions. This pharmacy focuses on mail delivery of prescriptions.
  – **Home Infusion Therapy (HIT)** – provides clinical and dispensing pharmacy services for UAB patients who require intravenous or injectable medications at home. The most common therapies include anti-infectives, chemotherapy, fluid hydration, and inotropic therapy.
• **The Kirklin Clinic (TKC) Pharmacy** – provides dispensing services for medications to patients of UAB Medicine, including patients of UAB clinics and discharged UAB Hospital patients, UAB employees, and students.

GOALS OF SERVICE
The core value of the Department of Pharmacy is taking personal responsibility for identifying, resolving, and preventing drug-related problems. We focus on achieving optimal therapeutic outcomes, maintaining a responsive and accurate medication dispensing system, providing education for all our customers on the safe, effective, and economical use of drugs, and providing quality health care products and services that support an individual’s desire to remain at home for therapy. Our goal is to assist patients and their families in achieving the highest possible level of independence in their care.

DEFINITION OF PRACTICE AND ROLE IN MULTIDISCIPLINARY CARE
UAB Pharmacy Services is a group of specialized professionals who provide therapy for patients in their home. Our patient health care team consists of pharmacists, pharmacy technicians, and patient care coordinators. Our home infusion care team performs patient, family, and home environmental assessments; evaluates equipment needs; provides patient and family education; provides medications and supplies; develops patient-specific plans for care; provides follow-up communication with physicians; and monitors drug interactions, compliance, and response to therapy for all patients. Our outpatient pharmacies provide patient and family education; provide medications and supplies; monitor drug interactions; handle follow-up calls for compliance assistance with medication refills; and initiate follow-up communication with physicians when needed.

STAFFING PLAN
• **UAB Specialty Pharmacy** – Hours of operation are 8:00 AM – 4:30 PM Monday – Friday. A pharmacist is available for infusion patients and caregivers 24 hours a day, 7 days a week for questions and support.
• **TKC** – Hours of operation are 8:00 AM – 6:00 PM Monday – Friday. A pharmacist is available for TKC patients and caregivers 24 hours a day, 7 days a week for questions and support.

PATIENT SAFETY AND QUALITY OF CARE
At UAB Pharmacy Services, we regularly evaluate our services to make improvements and to maintain excellent quality. Some of these improvement activities include submission of clinical outcomes and patient satisfaction data to an outside entity for comparison to national benchmarks; routine audits of patient charts to ensure complete and accurate records; and regular monitoring of our cleanroom areas to maintain the sterility of rooms and equipment used for drug preparation.

ACCREDITATION STATUS
• **Home Infusion Therapy** – The Joint Commission
• **Specialty Pharmacy Services at UAB Specialty Pharmacy and TKC Pharmacy** – URAC and ACHC
PATIENT SATISFACTION
Patient satisfaction surveys are sent at the completion of therapy for home infusion patients and periodically for outpatient pharmacy patients. Please complete and return as directed. Patient comments are very important to help improve our services, identify patient safety issues, and to ensure that we meet patients’ needs and expectations.

COMPLAINT PROCEDURE
We welcome and embrace patient, family, and caregiver comments and complaints regarding the care and services provided. We will take advantage of opportunities to prevent complaints, but when they arise, we will work diligently to resolve identified problems. Complaints or patient safety concerns should be directed to the UAB Pharmacy Services manager by calling 205-996-3300 or emailing specpharmsvcs@uabmc.edu. Complaints will be resolved at the time the complaint is received. However, if the complaint requires further investigation to be resolved and becomes a grievance, management will contact you within 5 days of receipt to notify the investigation is ongoing and complete resolution will be made in writing within 14 days. If you feel there are quality of care or safety issues that have not been resolved, you may contact The Joint Commission at 800-994-6610 or complaint@jointcommission.org.

If you feel the need to discuss your concerns, dissatisfaction, or complaints with a party other than UAB Medicine staff, please feel free to contact the Alabama Board of Pharmacy. You can call their office at 205-981-2280 during the hours of 8:00 AM – 4:00 PM CST, or visit their website at albop.com for more information. You may also file complaints with our accreditation body, ACHC. You can reach the ACHC Complaints Department at 855-937-2242
If you are not satisfied with an item received from UAB Pharmacy Services, please call for assistance. The telephone number for UAB Specialty Pharmacy is 205-934-2661 or toll free 800-897-1912. The telephone number for TKC Pharmacy is 205-801-8730.

If an item is delivered in error, is damaged, or is requested to be returned by a UAB Pharmacy Services representative, the item may be replaced as is appropriate. Please note the following general information regarding medications, supplies, and equipment.

MEDICATIONS
Many factors are involved in deciding on the amount of medication shipped and the frequency of deliveries. Supplies and other items are provided in quantities to match the amount of medication sent to you.

- Unfortunately, we are unable to accept any medications or supplies for credit. We do, however, make every effort to be sure you receive the right amount of supplies without unnecessary waste. Inform your UAB Pharmacy Services representative if you are accumulating too much of an item.

- By law, once a medication is sent out, it cannot be returned to the pharmacy, except to be discarded or returned to the manufacturer in the event of a recall.

SUPPLIES
A sufficient quantity of supplies is provided as ordered by your physician and according to the frequency of your deliveries. Typically, small quantities of extra supplies (e.g., 1-2 days) are provided with your first delivery to cover any accidental waste that may occur. Afterward, items will be individualized to ensure that you receive supplies in quantities matching your use, while still maintaining a little extra to cover unexpected use.

HOME INFUSION EQUIPMENT
Equipment is often rented but may be purchased for you by your insurance provider/carrier. You should assume that all equipment provided to you is the property of UAB Home Infusion Therapy unless otherwise stated. If the equipment has been purchased, you will receive an invoice or letter stating this. If ownership is transferred to you, it is your responsibility to arrange for any required service or repair. All rented equipment should be returned when you no longer need it, or you may continue to be charged for the rental equipment.

Please contact your UAB Home Infusion Therapy representative to schedule a pickup for equipment that is no longer needed. Please return all equipment, including pumps, pump chargers, and power cords, as directed.
Bacteria are normal on your skin and in your stomach. These bacteria may be very useful to your body, but when they get into your blood, an infection can happen. **ASEPTIC PROCEDURE** is the term used to refer to procedures you MUST follow to avoid getting bacteria in any part of the system. Dirt or bacteria on any of the items used to give fluids can lead to an infection.

The catheter starts outside your body, which is an unclean area, and enters the skin and goes into the bloodstream, which is a sterile area—meaning free from bacteria. To lower the chance of getting an infection, you must use ASEPTIC PROCEDURE when working with any part of the system. The system includes the catheter, the injection cap, the infusion set, needles, etc.

**GUIDELINES FOR ASEPTIC TECHNIQUE**

1. Clean your work area with 70% alcohol.

2. Wash your hands very well with anti-bacterial soap before you touch any of the supplies. Hand washing is the most important way to prevent getting bacteria into the system.

3. Do not touch sterile areas or items that must remain sterile, such as the end of the catheter. These sterile parts are covered with a plastic cap.

4. Keep your supplies in a separate, dry place in your house where you have good light and can work with your catheter without being bothered.

5. Do not hold sterile items below waist level.

6. Do not walk away from a sterile area or item once it has been taken out of its protective covering.

7. If you have touched the sterile area or item against anything or you are unsure if you did, it is best to throw it away and use a new sterile item.

8. Do not talk, sneeze, or cough over sterile items.

9. Discard all needles and “sharps” in a puncture-proof container.
If problems occur with infusion or medications, please notify UAB Specialty Pharmacy-Home Infusion at 205-934-2661. After hours contact the Home Infusion Pharmacist on call through UAB Paging at 205-934-3411.

All medications and supplies for infusion are provided by UAB Specialty Pharmacy – Home Infusion Therapy. This does **NOT** include supplies for blood draws or wound care.

<table>
<thead>
<tr>
<th>TUBING</th>
<th><strong>GRAVITY Tubing</strong></th>
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<tr>
<td></td>
<td>• Change every 24 hours.</td>
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<td></td>
<td>• Sterility should be maintained by capping the end of tubing with a dead-ender (red cap) until the next scheduled dose.</td>
</tr>
<tr>
<td></td>
<td><strong>PUMP Tubing</strong></td>
</tr>
<tr>
<td></td>
<td>• Electronic Pump – Change tubing with each bag change.</td>
</tr>
<tr>
<td></td>
<td>• Elastomeric Pump – Tubing included with each elastomer. Disposable of elastomer/tubing after infusion of each dose is completed.</td>
</tr>
</tbody>
</table>

| BATTERIES      | • Batteries should be changed when the pump alarm signals “Low Battery” (approximately 30 minutes of battery life will remain). |
|                | • Please notify UAB Specialty Pharmacy if the patient is unable to change batteries, and a schedule will be recommended and extra batteries supplied. |

| INJECTION CAP  | • Injection cap should be changed once weekly on Mondays or if needed after blood draws if blood can not be cleared from the injection cap. |

| PICC DRESSING  | • PICC dressing should be changed once weekly on Mondays and as needed. |
Emergencies and environmental disasters can occur at any time. Please take some time and review the following to prepare for these emergencies:

- **For all medical emergencies, Dial 911**
- Listen to your radio and television for up-to-date emergency information and instructions
- The following numbers may also be helpful:
  - American Red Cross 205-439-7800
  - The Salvation Army 205-328-2420
- Notify the pharmacy staff if you plan to evacuate your home and where you plan to go so that interruptions in medication shipments can be avoided. Be sure to take your medications, supplies and medical information to your evacuation location.

**POWER OUTAGES**
- If your medical equipment is operated by A/C current with a battery back-up, notify the electric company to alert them of your need for priority restoration of power should an outage occur.
- Always keep extra alkaline batteries available for operating your infusion device should you be unable to connect to power.
- Notify Specialty Pharmacy of any power outages lasting longer than 6 hours.
- Fill an ice chest with ice to store all refrigerated medications.

**FLOODS**
- If you live in a flood prone area, know your route to higher ground.
- Keep alert to flash flood warnings over local radio, TV, weather radio or mobile devices.
- If unable to evacuate, move to highest level of your home.
- Prepare a disaster kit with essential supplies including a battery-operated radio.

**TORNADO**
- Keep alert to tornado watch/warning alerts on local radio, TV, weather radio or mobile devices.
- If possible, a floor below ground or basement is the best place to go. In these locations, use additional personal cover such as a coat or blanket.
- If you don’t have a basement, go to lowest possible level, in a small, windowless room such as a bathroom, closet, inner hallway, or under stairs.
- Stay away from doors and windows.
- Crouch or lie flat and protect your head.
- If you live in a trailer, leave immediately to take shelter in a sturdy building. Do not use a car.

**WINTER STORMS / BLIZZARDS**
- Keep at least a 3-day emergency supply of medication, food and water in your home.
- Conserve energy – close off unused rooms.
- Dress warmly in layers.
- Use caution when using kerosene and/or electric heaters.
- Use caution and good judgment with snow removal.
- Your nurse will familiarize you with basic care and flushing of your IV catheter in the event they cannot reach you and you must discontinue your infusion pump and/or therapy for any period of time.
- Home Infusion will make every effort to maintain your services without interruption. Depending upon the extent of the emergency situation and urgency of your needs, you will be contacted and advised of the status of your delivery.

For more information about emergency preparedness, visit adph.org or call 1-866-264-4073. Go to ready.gov to learn about potential terrorist threats and other emergencies or call 1-800-BE-READY (1-800-237-3239) for a free brochure.
ENTRANCE (Walkway, Sidewalk, Steps) check for:
- Areas clear and safe of any objects or clutter; surfaces non-slip and all railings secure
- Front door has functional peephole and secure deadbolt that a key can open from the inside
- Equipment, hazardous products / chemicals stored securely and properly marked

INTERIOR (Entry and Main Living Area) check for:
- Doorway / entryway wide enough to provide access, thresholds safe and level
- Door locks and windows open and close easily
- Location of stairs and if they are uniform in size and height. Colored or glow in the dark tape can provide visual markings to help distinguish between steps and increase visibility
- Sturdy furniture with strong back and armrest support
- Step stool sturdy with handle for support and non-skid surface

KITCHEN check for:
- Appliances in working order, ON / OFF buttons operable and clearly marked
- Electrical cords and appliances are a safe distance from the sink
- Flammable items away from a heating source i.e. towels, curtains in a safe distance from appliances
- Table and chairs sturdy to provide support while leaning, standing and sitting
- Pot holders, oven mitts and hand held reaching tools available

BEDROOM check for:
- Telephone, emergency numbers, flashlight with working batteries and whistle near bed
- Mattress height is appropriate for the individual and has a firm edge to support getting in / out of bed

BATHROOM check for:
- Bathroom / shower accessible to provide a safe environment including ability to accommodate assistive devices such as a wheelchair, cane and / or walker
- Non-skid strips, decals, rubber mats in tub / shower
- Grab bars secure and near toilet / tub / shower - never grab towel bars for support
- Tub / shower seat with hand held shower wand available, elevated toilet seat for easy access

GENERAL check for:
- Medications current, clearly marked with instructions and stored safely, sharps container available
- Emergency plan in place, first aid-kit available with fresh supplies, emergency response necklace used
- Locate all phones including portable and list of emergency numbers
- Adequate lighting to accommodate limited vision - locate light switches, lamps, flashlights, nightlights and if accessible from the bed, kitchen, room entryways, stairways and hallways
- Flooring including carpet, rugs and mats to have a non-slip surface and secured with carpet tape
- Medical equipment stored safely with all cords such as oxygen tubing tucked away
- Locate fire extinguishers, smoke / carbon monoxide detectors, electrical outlets and in good condition
- Additional appliances such as electrical heaters, blankets and fans in good working condition with automatic shut off
- Water faucets clearly marked “hot / cold” and main controls for water temperature adjusted to prevent scalding
- Check water temperature before entering tub / shower
- Smoking precautions followed such as safe cigarette disposal and no smoking during oxygen usage
- Pets and how they are handled; where they sleep, eat and go outside
- Regular home maintenance such as furnace and fireplace inspected yearly

Precautions Against Blood-Borne Viruses
Treat all blood as if it were contaminated with blood-borne viruses. Do not use bare hands to stop bleeding; always use a protective barrier; always wash exposed skin areas with hot water and soap after treating a victim. It is recommended that the following equipment be included in all first-aid kits and be used when rendering first-aid:
- Latex gloves, to be used when stopping bleeding or dressing wounds
- A mouth barrier device for rendering rescue breathing or CPR
- Plastic goggles or other eye protection, to prevent victim’s blood from getting into rescuer’s eyes
- Antiseptic, for sterilizing or cleaning exposed skin area, particularly if there is no soap and water available

UAB PHARMACY SERVICES:
Home Safety Checklist
uabmedicine.org

PHARMACY
Disposal Tips for Home Health Care

You can help prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in administering health care in your home.

You should place:
• Needles
• Syringes
• Lancets
• Other sharp objects

in a hard-plastic or metal container with a screw-on or tightly secured lid.

Many containers found in the household will do, or you may purchase containers specifically designed for the disposal of medical waste sharps. Before discarding a container, be sure to reinforce the lid with heavy-duty tape. **Do not put sharp objects in any container you plan to recycle or return to a store, and do not use glass or clear plastic containers** (see additional information below). Finally, make sure that you keep all containers with sharp objects out of the reach of children and pets.

We also recommend that:
• Soiled bandages
• Disposable sheets
• Medical gloves

be placed in securely fastened plastic bags before you put them in the garbage can with your other trash.
Five Things You Can Do To Prevent Infection

1. Clean your hands.
   - Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
   - Or, if your hands do not look dirty, clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and in between your fingers, until your hands are dry.
   - Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.

2. Make sure health care providers clean their hands or wear gloves.
   - Doctors, nurses, dentists and other health care providers come into contact with lots of bacteria and viruses. So before they treat you, ask them if they’ve cleaned their hands.
   - Health care providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, and examining your mouth or private parts. Don’t be afraid to ask them if they should wear gloves.

3. Cover your mouth and nose.
   Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more! Cover your mouth and nose to prevent the spread of infection to others.
   - Use a tissue! Keep tissues handy at home, at work and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
   - If you don’t have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.

4. If you are sick, avoid close contact with others.
   - If you are sick, stay away from other people or stay home. Don’t shake hands or touch others.
   - When you go for medical treatment, call ahead and ask if there’s anything you can do to avoid infecting people in the waiting room.

5. Get shots to avoid disease and fight the spread of infection.
   Make sure that your vaccinations are current—even for adults. Check with your doctor about shots you may need. Vaccinations are available to prevent these diseases:
   - Chicken pox
   - Mumps
   - Measles
   - Diphtheria
   - Tetanus
   - Hepatitis
   - Shingles
   - Meningitis
   - Flu (also known as influenza)
   - Whooping cough (also known as Pertussis)
   - German measles (also known as Rubella)
   - Pneumonia (Streptococcus pneumoniae)
   - Human papillomavirus (HPV)

Five Things You Can Do To Prevent Infection is supported by:
American Hospital Association
Association for Professionals in Infection Control and Epidemiology, Inc.
Centers for Disease Control and Prevention
Infectious Diseases Society of America
The Joint Commission
Society for Healthcare Epidemiology of America

The Joint Commission is the largest health care accrediting body in the United States that promotes quality and safety.
LIGHTING
• Replace dim, burned out, or glaring lights with bright, soft white light bulbs
• Use a night light
• Make sure lights are easy to turn on and off
• Keep a flashlight available

CLEAR HALLWAYS AND STAIRS
• Remove clutter, especially from hallways and stairwells
• Use handrails while taking the stairs
• Use non-skid treads or bright reflective tape to mark the edge of the stairs

FLOORS
• Remove scatter/throw rugs
• Place non-skid treads or double-sided tape under area rugs
• Keep floors free of clutter
• Wipe up spills immediately
• Make sure floors are not slippery

BATHROOM
• Use a raised toilet seat and safety frame for ease in getting up and down from toilet
• Set water temperature at 120 degrees or less to prevent burns and falls trying to avoid burns
• Consider a hand-held shower head, shower chair, and handrails in the tub
• Place non-skid adhesive strips in the tub
• Use liquid soap or soap on a rope to prevent dropping soap

OTHER
• Store items used often at waist level
• Select furniture with armrests for support in getting up and down
• Use caution when moving or walking with IV poles and equipment
• Keep phone within easy reach
CLINICAL RESOURCES

Oncology
https://www.cancer.org/
https://www.cancer.gov/
https://www.nccn.org/patients/
https://www.lls.org/
https://uabmedicine.org/cancer

Gastroenterology
https://medlineplus.gov/ulcerativecolitis.html
https://medlineplus.gov/crohnsdisease.html
https://www.crohnscolitisfoundation.org/
https://www.uab.edu/medicine/gastroenterology/patient-care

Hepatitis C
https://www.cdc.gov/hepatitis/hcv/index.htm
https://medlineplus.gov/hepatitisc.html
https://www.uabmedicine.org/patient-care/conditions/hepatitis

Multiple Sclerosis
https://www.nationalmssociety.org/What-is-MS
https://www.nationalmssociety.org/Treating-MS/Medications
https://www.uab.edu/mscenter/

Rheumatoid Arthritis
https://www.cdc.gov/arthritis/basics/rheumatoid-arthritis.html
https://www.uabmedicine.org/patient-care/conditions/arthritis

Osteoarthritis
https://www.cdc.gov/arthritis/basics/osteoarthritis.htm
https://www.uabmedicine.org/patient-care/conditions/osteoarthritis
INFORMED CONSENT
UAB PHARMACY SERVICES

I understand that I am to receive my therapy at home or through UAB Outpatient Services. My medication(s) and supplies will be provided by UAB Pharmacy Services, I and/or my caregiver have been trained in the care and techniques for use associated with my access device, equipment, and medications, or arrangements have been made for my treatments to be administered by a trained professional. I have been provided a schedule for administration of my medication, and I have been instructed on how and when to request supplies, if needed.

Possible side effects of my medication(s) and therapy have been explained to me. I have been instructed on how and to whom to report unusual signs and symptoms. I have also been instructed on how to report problems associated with equipment or supplies.

If I should require home nursing care and/or laboratory testing, I have been informed of available services. I have also been informed that I may choose a pharmacy or home infusion service other than UAB Pharmacy Services.

I understand that I must provide a means of communication, usually by telephone, so that my progress can be monitored. I must provide an address or arrange for pick-up of medications and supplies from the pharmacy location.

DISCLOSURE OF INFORMATION

I agree that the results of my treatment, including laboratory tests may be communicated to health-care providers associated with my care. I also understand that my medical record may be reviewed by medical students, pharmacy students, accreditation body representatives and regulatory inspectors as a part of normal operating procedures and quality improvement activities.

I authorize the pharmacy staff to review my medical history, prescription formulations, and insurance information as they relate to my care. This information will be solely used on my behalf for the purpose described. This information is not to be made available for any other use without my written consent.

ASSIGNMENT OF BENEFITS

I authorize payment of prescription and medical benefits to UAB Pharmacy Services, for services rendered. I further agree to pay all charges connected with this treatment not covered by any insurance I may have and understand insurance coverage does not release me of the obligation of payment to UAB Pharmacy Services. If unable to pay for services rendered, it is my responsibility to arrange counseling through Social Services and receive information on available options. I will receive an invoice or receipt for each delivery. My original signature will be on file granting consent for the continuation of my therapy.

If a Medicare patient, I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is correct. I authorize release of all records required to act on this request. I request that payment of authorized benefits be made on my behalf. I authorize any holder of medical or other information about me to release to the health care financing administration and its agents any information needed to determine these benefits for related services.

If I have any questions pertaining to my treatment the pharmacy staff will be glad to answer them. If I have any medical emergencies, I have been instructed to contact my physician through UAB Hospital paging (telephone number 205-934-3411). Pharmacy-related emergencies should be directed to UAB Hospital paging (205-934-3411) and they will contact the pharmacist on call.
As a patient, you shall have the RIGHT:

1. To receive considerate, respectful and compassionate care of yourself and your property regardless of your age, gender, race, religion, culture, language, disabilities, socioeconomic status, sexual orientation, or gender identity or expression.

2. To be provided with effective communication and receive information in a manner that is understandable and have access to sign or foreign language interpreter services. We will provide an interpreter as needed.

3. To speak with a health professional and to be provided with the names and titles of the staff members involved in your care. You have the right to speak with a staff member’s supervisor, if requested.

4. To receive care in a safe environment, free from all forms of abuse, neglect or harassment.

5. To expect full consideration of your privacy and confidentiality in care discussions and treatments.

6. To know that our mission is to help you better understand your specific condition so you can achieve best results and maintain optimal health over the long-term through our patient management program. You also have the right to receive information about the care and services rendered to you through the patient management program and to be provided with information about your condition as it relates to the care provided. In addition, you have the right to receive information about changes in, or termination of, the patient management program.

7. To participate in decisions about your care, treatment and services provided, including the right to refuse treatment, decline participation, revoke consent or ‘opt out’ and/or request another pharmacy or home infusion provider at any point in time.

8. To be involved in your individualized plan of care. This may include, but not be limited to, development and revision of plan of care, assessing pain and pain management, making care decisions and resolving dilemmas or ethical issues about care decisions.

9. To receive financial information as a result of your treatment, care, and services received, including financial counseling resources.

10. To expect that all communications and records about your care are confidential, unless disclosure is allowed by law. You have the right to see or get a copy of your pharmacy or home infusion records and have the information explained, if needed. You have the right to request amendment to, and/or receive a list of to whom your personal health information was disclosed.

11. To voice complaints about the care you receive and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption in care.

Patient’s RESPONSIBILITIES:

1. You are expected to provide complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer on all forms or interactions, when it is required. You have the responsibility to notify the pharmacy staff if your address changes. You have the responsibility to accurately complete and return any provided forms back to the pharmacy in a timely fashion.

2. You are expected to remain under the care of a licensed physician for the duration of your treatment course and inform the pharmacy staff if you decide to change physicians during the course of therapy. In addition, you have the responsibility to submit any forms that are necessary to participate in the patient management program.

3. You are expected to provide complete and accurate information about your health and medical history on all forms or interactions, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks, changes in your condition and/or hospital admissions. You have the responsibility to notify your treating provider of your participation in the patient management program, if applicable.

4. You are expected to ask questions when you do not understand information or instructions. If you believe you can’t follow through with your treatment plan, you are responsible for telling your healthcare provider. You are responsible for outcomes if you do not follow the care, treatment and services plan.

5. You are expected to provide feedback about your expectations and satisfaction with the care and services provided.

6. You are expected to treat all staff, other patients and visitors with courtesy and respect.

7. You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner. You also have the responsibility to contact the pharmacy staff if your insurance changes.

8. When home care services are utilized, you are expected to maintain any equipment provided, keep home care visit appointments, or to call your home health care provider if you cannot keep your appointments.
Medicare Prescription Drug Coverage and Your Rights

Your Medicare rights

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the right to request a special type of coverage determination called an “exception” if you believe:

- you need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary;”
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card, or by going to your plan’s website. You or your prescriber can request 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:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision.

Refer to your plan materials or call 1-800-Medicare for more information.

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 collection is 0938-0975. 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, and gather the data needed, and complete and review the information collection. If you have any 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, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.
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.
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.

MEDICARE DMEPOS SUPPLIER STANDARDS

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 (supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at http://ecfr.gpoaccess.gov. Upon request, we will furnish you a written copy of the standards.