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Welcome to UConn Health Pharmacy Services Inc.

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

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 FedEx/UPS/Courier Delivery** of your medication upon request

7. **Prescription Transfer** if UConn Health Pharmacy Services Inc. cannot fulfill the prescription

8. **24/7 Support**

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<thead>
<tr>
<th>Pharmacy Location</th>
<th>Contact Information</th>
<th>Hours of Operation</th>
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<tbody>
<tr>
<td>270 Farmington Avenue</td>
<td>833-777-4276</td>
<td>Monday-Friday: 8 a.m. - 4:30 p.m.</td>
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<tr>
<td>Farmington, CT</td>
<td>860-679-4036</td>
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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 UConn Health Pharmacy Services Inc.

- The UConn Health Pharmacy Services Inc. Team
Important Information

Contact Us When/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 to.

• 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 & 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 of all controlled substances, refrigerated medications, and high dollar medications.

• 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, copays, 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

- UConn Health Pharmacy Services Inc. 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.

Copayments

- You may be required to pay a part of your medication cost, called a copayment. If you have a copayment, it must be paid at the time of shipping or pick-up unless you would like to be billed by UConn Health Pharmacy Services Inc. We accept checks, Visa®, MasterCard®, American Express®, and Discover®. We can maintain your credit card information on file in a secured environment, if you wish.

Financial Assistance

- We have access to financial assistance programs to help with copayments, 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.
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:
  - [www.safeneedledisposal.org](http://www.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:
  - [www.fda.gov/consumers/consumer-updates](http://www.fda.gov/consumers/consumer-updates)

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:

  - **Connecticut Board of Pharmacy**
    - Phone Number: 860-713-6070

  - **URAC Complaint Info**
    - Website: [urac.org/file-a-grievance](urac.org/file-a-grievance)
    - Email Address: grievances@urac.org
    - General Phone Number: 202-216-9010

  - **ACHC Complaint Info**
    - Website: [achc.org/contact/](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:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Foundation</th>
<th>Website</th>
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<tbody>
<tr>
<td>Cystic Fibrosis</td>
<td>Cystic Fibrosis Foundation</td>
<td>cff.org</td>
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<tr>
<td>Dermatology</td>
<td>National Psoriasis Foundation</td>
<td>psoriasis.org</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Crohn’s and Colitis Foundation</td>
<td>crohnscolitisfoundation.org</td>
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<tr>
<td>Growth Hormone</td>
<td>Endocrine Web</td>
<td>endocrineweb.com</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>American Association for the Study of Liver</td>
<td>hcvguidelines.org</td>
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<tr>
<td>HIV</td>
<td>National Institutes of Health</td>
<td>aidsinfo.nih.gov</td>
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<tr>
<td>Hyperlipidemia</td>
<td>Familial Hypercholesterolemia Foundation</td>
<td>thefhhfoundation.org</td>
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<tr>
<td>Multiple Sclerosis</td>
<td>National Multiple Sclerosis Society</td>
<td>nationalmssociety.org</td>
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<tr>
<td>Oncology</td>
<td>American Cancer Society</td>
<td>cancer.org/cancer.html</td>
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<td></td>
<td>Chemocare</td>
<td>chemocare.com</td>
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<tr>
<td>Pulmonology</td>
<td>American Lung Association</td>
<td>lung.org</td>
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<tr>
<td>Rheumatology</td>
<td>American College of Rheumatology</td>
<td>rheumatology.org</td>
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<tr>
<td>Transplant</td>
<td>UNOS</td>
<td>transplantliving.org</td>
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<tr>
<td></td>
<td>National Kidney Foundation</td>
<td>kidney.org</td>
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Emergency & Disaster Preparedness Plan

UConn Health Pharmacy Services Inc. has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include, but are not limited to; 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. UConn Health Pharmacy Services Inc. will contact you prior to any inclement weather or a threat of disaster the city may encounter. However, it is your responsibility to contact the pharmacy prior to any occurrences that may be a threat of disaster or inclement weather in an area you reside, which may be outside of the UConn Health Pharmacy Services Inc. pharmacy area (if permissible). This process will ensure you have enough medication to sustain you.

UConn Health Pharmacy Services Inc. will utilize every resource available to continue to service you. However, there may be circumstances where UConn Health Pharmacy Services Inc. 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 aide 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 snowstorm or hurricane utilizing the weather updates as point of reference.
   a. If you are not in the Hartford County 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 FedEx/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.
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. 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. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- 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 or 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:

1. Take immediate action per plan - escape is your top priority.
2. Get help on the way - with no delay. CALL 9-1-1.
3. 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 & Responsibilities

UConn Health Pharmacy Services Inc. recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the pharmacist on duty.

Patients and their families also have responsibilities while under the care of UConn Health Pharmacy Services Inc. to facilitate the provision of safe, high-quality health care for themselves and others. The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

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.

As our patient, you have the right to:

• Select those who provide you with pharmacy services.
• Receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, or physical or mental handicap.
• Be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental.
• Assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain.
• Be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services.
• Express concerns, grievances, or recommend modifications to your Pharmacy regarding services or care, without fear of discrimination or reprisal.
• Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
• Receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy’s policies, procedures and charges.
• Request and receive data regarding treatment, services, or costs thereof, privately and with confidentially.
As our patient, you have the right to (continued):

- Be given information as it relates to the uses and disclosure of your plan of care.
- Have your plan of care remain private and confidential, except as required and permitted by law.
- Receive instructions on handling drug recall.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Medication Management Program in accordance with state and federal law.
- Receive information on how to access support from consumer advocates groups.
- Receive pharmacy health and safety information to include consumers rights and responsibilities.
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- 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.
- Can 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.
As a patient, you have the responsibility to:

- Provide accurate and complete information regarding your past and present medical history and contact information and any changes.
- Agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments.
- Participate in the development and updating of a plan of care.
- Communicate whether you clearly comprehend the course of treatment and plan of care.
- Comply with the plan of care and clinical instructions.
- Accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services.
- Respect the rights of Pharmacy personnel.
- Notify your physician and the Pharmacy with any potential side effects and/or complications.
- Notify UConn Health Pharmacy Services Inc. by telephone when medication supply is running low so refill maybe shipped to you promptly.
- Maintain any equipment provided.

Specialty Pharmacy patients have the below additional rights and responsibilities:

- The right to have personal health information shared with the patient management program only in accordance with state and federal law.
- The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- The right to speak to a health care professional.
- The right to receive information about the patient management program.
- The right to decline participation, revoke consent or dis-enroll at any point in time.
- The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information.
- The responsibility to notify their treating prescriber of their participation in the medication management program.
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.
Medicare DMEPOS Supplier Standards (continued)

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).
Medicare DMEPOS Supplier Standards (continued)

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 UConn Health Pharmacy Services Inc 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.gov](http://ecfr.gov). Upon request we will furnish you a written copy of the standards.

Enrollee’s Name (optional): ____________________________________________

Drug and Prescription Number (optional): ____________________________________________
Medicare Prescription Drug Coverage & 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.

Form CMS -10147
(Expires: 02/28/2021)
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. EFFECTIVE DATE OF ORIGINAL NOTICE: APRIL 14, 2003. REVISED DATE: SEPTEMBER 23, 2013

WHO WILL FOLLOW THIS NOTICE: The University of Connecticut Health Center entities listed below will follow the terms of this Notice. In addition, these entities may share medical, dental, and billing information with each other for treatment, payment or health care operations purposes described in this Notice.

- John Dempsey Hospital, including all outpatient locations both on and off campus,
- University Hospital Outpatient Center of Medicine
- All University of Connecticut Medical Group (UCMG) practice sites, both on and off campus,
- All School of Dental Medicine practice locations and clinics, both on and off campus, and
- University Health Services

OUR PLEDGE REGARDING MEDICAL/DENTAL/DENTAL INFORMATION: We understand that medical/dental/billing information about you and your health is personal and confidential. In this Notice, such information is referred to as “protected health information.” We are committed to protecting this information about you, and we create a record of your care and your visits when you receive at the Health Center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Health Center, and any records contained within your medical/dental/billing record here. This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of this information.

We are required by law to:
- Notify you of your Health Center's legal duties and privacy practices with respect to protected health information about you.
- Notify you of a right to file a complaint if you believe your privacy rights have been violated.
- Follow the terms of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION: The following categories describe different ways that we use and disclose protected health information.

- Treatment: We may use and disclose protected health information about you to provide you with treatment or care.
- Payment: We may use and disclose protected health information about you to obtain payment for care you receive at the Health Center.
- Health Care Operations: We may use and disclose protected health information about you for your health care operations at the Health Center. These uses and disclosures are necessary to run the Health Center's business and to properly administrative activities.
- Research: We may use and disclose your protected health information for research purposes.
- Public Health Activities: We may use and disclose protected health information to prevent or control disease, injury or disability, or for public health purposes.
- Health Oversight Activities: We may use and disclose protected health information to a health oversight agency for activities authorized by law.
- Fundraising Activities: We may use and disclose your protected health information to contact you about fundraising activities.
- Law Enforcement: We may use and disclose protected health information to law enforcement officials as required by law.

As Required by Law: We will disclose protected health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health information about you when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to help prevent the threat.

Special Situations:
- Organ and Tissue Donation: We may disclose your protected health information to an organ procurement organization or other entities involved in the procurement, banking or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.
- Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities and applicable law. We may also release information about foreign military personnel to the appropriate foreign military authority as permitted by law.
- Workers’ Compensation: We may release protected health information about you for workers’ compensation claims.
- Public Health Risks: We may disclose protected health information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child or elder abuse;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting a disease; and
- Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law. These activities include audits, investigations, inspections, and licensure.

Conditions: We may disclose protected health information only when the requirements of an applicable law have been met.

Limitations and Dispositions: If you are involved in a lawsuit or a dispute, we will disclose protected health information about you in response to a court or administrative order, or to comply with a subpoena, court order, or other lawful process by someone else involved in the dispute, provided that the requesting entity meets all of the legal requirements of the process.

Law Enforcement: We may disclose protected health information if required by law.

- In response to a court order, subpoena, warrant, summons or similar process;
- In connection with a legal proceeding in a court of law, administrative proceeding, or other legal matter, but only when permitted to do so by law;
- In response to a law enforcement official's request for information about a suspected criminal offense or about a patient who may be the victim of a crime;
- In response to a federal, state, or local law enforcement official's request to identify or locate a suspect, fugitive, missing person, or missing juvenile;
- In response to a law enforcement official's request about a death or about information on the location of a deceased person;
- In response to a law enforcement official's request about a crime victim;
- In response to a law enforcement official's request to identify or locate a suspect, fugitive, missing person, or missing juvenile;
- In response to a law enforcement official's request about a death or about information on the location of a deceased person;
- In response to a law enforcement official's request about a crime victim;
- In response to a law enforcement official's request about a death or about information on the location of a deceased person;
- In response to a law enforcement official's request about a crime victim;
- In response to a law enforcement official's request about a death or about information on the location of a deceased person;
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- In response to a law enforcement official's request about a crime victim;
- In response to a law enforcement official's request about a death or about information on the location of a deceased person;
- In response to a law enforcement official's request about a crime victim;
- In response to a law enforcement official's request about a death or about information on the location of a deceased person;
- In response to a law enforcement official's request about a crime victim;
disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Patients Under Custody of Law Enforcement: If you are under the custody of a law enforcement official we may release protected health information about you to the law enforcement official. This release would be necessary to protect your health care to provide you with health care and/or to protect your health and safety or the health and safety of others.

Proof of Immunization: We may disclose immunization records to a school about a child who is a student or prospective student of the school, as required by state or other law, if authorized by the parent (or legal guardian). We may also release your name and/or address on a school supply list if required by state law or regulation, unless you specifically request that we not do so.

SPECIAL RULES REGARDING DISCLOSURE OF BEHAVIORAL HEALTH, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION: For disclosures concerning protected health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. For example, we generally may not disclose this specialty protected health information in response to a subpoena, warrant or other legal process unless you sign a special authorization or a court orders the disclosure.

Behavioral Health Information: Certain behavioral health information may be disclosed for treatment, payment and healthcare operations as permitted or required by law. Otherwise, we will only disclose such information pursuant to an authorization, court order or as otherwise required by law. For example, all communications between you and a psychologist, psychiatrist, social worker and certain therapists and counselors will be privileged and confidential in accordance with State and Federal law.

Substance Abuse Treatment Information: If you are treated in a specialized substance abuse program, the confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations. Generally, we may not sell to a person outside the program that you attend the program to disclose any information identifying you as an individual being treated for drug or alcohol abuse, unless:

1. You consent in writing;
2. The disclosure is allowed by a court order;
3. The disclosure is made to appropriate personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of these Federal laws and regulations by us is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal, state, local law and regulations. If you are a crime committed by a patient either at the substance abuse program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

HIV-Related Information: We may disclose HIV-related information as permitted or required by State law. For example, your HIV-related information, if any, may be disclosed without your authorization for treatment purposes, certain health oversight activities, pursuant to a court order, or in the event of certain exposures to HIV by personnel of the Health Center, another person, or a known partner (if certain conditions are met).

Misuses: We will comply with State law when using or disclosing protected health information of minors. For example, if you are an unemancipated minor consenting to a health care service related to HIV/AIDS, venereal disease, abortion, outpatient mental health treatment or alcohol/drug dependence, and you have not requested that another person be treated as a personal representative, you may have the authority to consent to the use and disclosure of your health information.

USES AND DISCLOSURES THAT REQUIRE YOUR PRIOR AUTHORIZATION: Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will require your authorization. Where appropriate, we will ask you to sign an authorization. Where appropriate, we will ask you to sign a document related to your use or disclosure of protected health information about you, you may revoke it, in writing, at any time. If you revoke it, we will no longer use or disclose protected health information about you for the reasons covered by yourrevocation unless required by law. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you. Examples of when an authorization from you may be required include the following:

Psychotherapy Notes: A signed authorization is required for the use or disclosure of psychotherapy notes created by or used by a mental health professional, in psychotherapy notes in order to treat you, for our mental health training programs, or to defend ourselves in a legal action or other proceeding.

Marketing: A signed authorization is required for the use or disclosure of your protected health information for a purpose that ensures you to purchase or use a product or service except for certain limited circumstances such as when the marketing communication is face-to-face or when marketing includes the distribution of a promotional gift of nominal value provided by the Health Center.

Sale of Protected Health Information: Except when permitted by law, we will not sell your protected health information unless we receive a signed authorization from you.

Uses and Disclosures Not Described in this Notice: Unless otherwise permitted by Federal or State law, other uses and disclosures of your protected health information that are not described in this Notice will be made only with your signed authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Inspect and Copy: You have the right to inspect and copy covered protected health information that may be used to make decisions about your care. You also have the right to obtain an electronic copy of any of your protected health information that we maintain in electronic format. To inspect and/or receive a copy of your protected health information about you, you must submit your request in writing to the Director of the Health Information Management Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond to your request within 30 days of receiving your request. We may deny your request to inspect and copy in certain limited circumstances and we will provide you the reason for the denial. In certain circumstances, if you are denied access to your information, you may request that the Health Center review the request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Correct or Update: You have the right to request correcting or updating your medical record. If you believe there is missing or incorrect information, you may ask us to correct or update the information; however, we cannot delete information from your record. You have the right to request this for as long as the information is kept by or for the Health Center. To request a correction or update, your request must be made in writing on our form, with a reason to support the request, signed by you, and submitted to the Director of the Health Information Management Department. We will respond within 60 days of receiving your written request. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the request is to amend information that:

• Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
• Is not part of the information kept by or for the Health Center; and
• Concerns the information which you were not permitted to inspect and have copied or;
• Is accurate and complete.

Right to a List of Disclosures We Have Made About You: You have the right to request a list of the disclosures of your protected health information made by us. This list does not include disclosures for treatment, payment and healthcare operations or certain written requests. To obtain this list of disclosures, you must submit your request in writing to the Director of the Health Information Management Department. Your request must state a time period, which may not be longer than six years prior to the date of your request. Your request should indicate in what form you want the list (for example, en paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of costs involved and you may elect your request before any costs are incurred. Please note that at times, companies we work with (called "business associates") may have access to your protected health information. When you request an accounting of disclosures from the Health Center, we may not be able to provide all non-business associates, so that you may then contact them directly for an accounting of disclosures.

Effective January 1, 2014, where required by law, when you request a list of disclosures of protected health information that is maintained in an electronic health record, the accounting will be for three years prior to the date of the request, and will include disclosures made for purposes of treatment, payment and health care operations in addition to those disclosures listed in our policy regarding accounting of disclosures.

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or healthcare operations. You may also have the right to request a restriction on a health plan, other than Medicaid or other federal health care program that requires the Health Center to submit information and the Health Center must agree to your request (unless we are prohibited by law from doing so). If we agree to the restriction, we will abide by it unless the restriction interferes with our provision of payment or other health care operations (but not treatment) and if you paid out of pocket, in full, for the item or service to which restriction on disclosing the protected health information pertains. If those two conditions are not met, we are not required to agree to your requested restriction. To request a restriction of disclosure to a health plan, you must make your request restriction known at the time of service and provide a restriction form. Either you or the Health Center may terminate any restriction on the disclosure of your protected health information by notifying the other party in writing of the termination. The termination of the restriction will apply only to use and/or disclosure of protected health information after the termination date.

Right to Request Confidential Communications: You have the right to the request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request at the time of registration at the doctor’s office or by calling the Registration Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request Transmission of Your Protected Health Information in Electronic Format: You may request to transmit an electronic copy of your protected health information that we maintain in an electronic format to an individual or organization of your choice. To request the transmission of your electronic health information, you must submit the request in writing on our form, to the Director of the Health Information Management Department.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, www.uceh.org. You may obtain a paper copy of this Notice at any location where you receive care. We will ask that you acknowledge receipt of this Notice in writing.

CHANGES TO THIS NOTICE: We reserve the right to change this Notice and to make the revised or changed Notice effective for protected health information we already have about you as well as any such information we receive in the future. We post copies of the current Notice in all Health Center locations where you receive care. The effective date of the Notice is posted on the front page. In addition, each time you register or are admitted to the Health Center for treatment or health care services as an Inpatient or outpatient, we will offer you a copy of the current Notice in effect.

QUESTIONS ABOUT THIS NOTICE: You may refer questions about this Notice to your health care provider. Questions may be directed to the Health Center’s Privacy Office.

COMPLAINTS: You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with the Health Center and/or the Secretary of the United States Department of Health and Human Services (DHHS) Office for Civil Rights (OCR).

• To file a complaint with the Health Center, contact the Privacy Office at 860-749-4180. All complaints must be submitted in writing.

• To file a complaint with the DHHS, you must file in writing (electronic or paper), within 180 days of when you knew, or should have known of the problem.

• Social workers complain to DHHS Regional Manager for Region 1, Office for Civil Rights U.S. Department of Health and Human Services Government Center J.K. Kennedy Federal Building - Room 1875 Boston, Massachusetts 02203

• You may also file an electronic complaint with the DHHS OCR via their web portal: via which can be found on their website.