



 *Care New England
Pharmacy*

PATIENT WELCOME PACKET

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Welcome to Care New England Pharmacy

Care New England Pharmacy understands that your medical needs may be difficult to manage.

Our staff is dedicated to working with you, your doctors and nurses, family, and friends to achieve a fully integrated health care team. Our primary goal is to provide you with quality care. We proudly serve patients in Rhode Island, Connecticut, Massachusetts, and Florida.

You Can Expect

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.

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.

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.

In-depth **Consultation Services**

Refill Reminder Calls

Prescription Transfer if Care New England Pharmacy cannot fulfill the prescription

24/7 Pharmacist Support

Pharmacy Location	Contact Information	Hours of Operation
455 Toll Gate RD Warwick, RI 02886	855-981-1908	Monday-Friday: 8:00 a.m. - 8:00 p.m. Weekends and Holidays: 8:00 a.m. - 6:00 p.m.

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 Care New England Pharmacy!

- The Care New England Pharmacy 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.
- You need to refill your medication.
 - Medications can be refilled by contacting your liaison, **using the MyChart App**, or calling the pharmacy at the number listed above.

Prescription Transfers

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

Delivery & 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 may require a signature for delivery of select deliveries.
- 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, give the pharmacy a call.
- For your convenience, you can dispose of the Green Cell Foam panels in a sink. It is non-toxic and safe for pipes, septic, and waste treatment facilities. Green Cell Foam is also backyard compostable. You can watch how easy it is to dissolve at: greencellfoam.com/disposal-video or follow the below instructions.

How to Dispose of Green Cell Foam



Compost

Green Cell Foam is compostable in any residential/commercial compost facility. It will decompose in 60 days or less when in a moist soil environment



Dissolve Small Pieces

Green Cell Foam dissolves in water– put small pieces in the sink and watch it “melt” safely down the drain; it even biodegrades in seawater & freshwater!



Dissolve Large Pieces

Place large pieces of Green Cell Foam into a bucket of water and let sit overnight. Pour mixture onto plants—it makes for great plant food!



Dissolve Large Pieces

Green Cell Foam burns cleanly and safely in fireplaces and fire pits. It works great to start your barbecue or summer campfire!

Learn more at greencellfoam.com

Adverse Drug Reactions

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

Drug Substitution Protocols

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

Payment Policy

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

Insurance Claims

- Care New England Pharmacy will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue.

Co-payments

- You may be required to pay a part of your medication cost, called a co-payment. If you have a co-payment, it is recommended that it is paid at the time of shipping or pick-up. In the event you would like to be billed by Care New England Pharmacy, arrangements can be made in accordance with the Care New England Patient Billing policies. 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

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

Proper Disposal of Sharps

- Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the Pharmacy if you are prescribed an injectable medication.
- Contact local waste pickup services for their policy on sharps container pickup. You can also review the following organizations websites for additional information:

Proper Disposal of Sharps



bit.ly/SharpDisposal



safeneedledisposal.org

Proper Disposal of Unused Medications

- For your convenience we have a drug disposal bin located in the main lobby of the Kent Hospital.
- For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also review the following U.S. Food and Drug Administration (FDA) websites for additional information:

Proper Disposal of Unused Medications



bit.ly/ConsumerUpdates



bit.ly/Disposal-of-Medicines

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, in writing, or by email.
- The following organizations are available to contact anytime you feel your complaint was not resolved by the pharmacy:



Rhode Island Board of Pharmacy

Website: health.ri.gov/licenses

Telephone: (401) 222-2828



URAC Complaint Info

Website: urac.org/file-a-grievance

Email Address: grievances@urac.org

General Phone Number: (202) 216-9010



ACHC Complaint Info

Website: www.achc.org/contact

For further information, you may contact ACHC toll-free at (855) 937-2242 or (919) 785-1214 and request the Complaints Department

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

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

Emergency & Disaster Preparedness Plan

Care New England Pharmacy 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. When there is a threat of disaster or inclement weather in the local area Care New England Pharmacy will contact you prior to any disasters the city may encounter. However, if there will be a threat of disaster or inclement weather in an area you reside which is outside of the Warwick area it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

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

- 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.
 - If you are not in the Kent County area and are aware you will be experiencing inclement weather, you are responsible for calling the pharmacy 3-5 days before the occurrence.
- The pharmacy will send your medication via courier or national carrier next day delivery during any suspected inclement weather emergencies.
- 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.
- 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.
- 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 aid 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.



4: Rinse your hands well under clean, running water.



2: Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.



5: Dry your hands using a clean towel or air dry them.



3: Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

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 was 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 it 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 & 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 an electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas?

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

Fire

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

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year (or as needed).
- If there is oxygen in use, place a “No Smoking” sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines, and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not allow ashtrays 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:

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

Care New England Pharmacy 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 Care New England Pharmacy 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 every individual representing our pharmacy, who provides 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 confidentiality.
- Be given information as it relates to the uses and disclosure of your care plan.
- Have your care plan remain private and confidential, except as required and permitted by law.
- Receive instructions on handling drug recall.
- Receive information on how to access support from consumer advocates groups.

As our patient, you have the right to (continued):

- Receive pharmacy health and safety information to include consumer's 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 (PHI).
- 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 of any potential side effects and/or complications.
- Notify Care New England Pharmacy by telephone when medication supply is running low so refill may be shipped to you promptly.
- The responsibility to submit any forms that are necessary to receive services or participate in the program to the extent required by law
- Maintain any equipment provided, if applicable.
- The responsibility to notify the organization of any concerns about the care or services 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

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).

- A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
- 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.
- A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
- 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.
- 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.
- 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.
- 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.
- A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
- 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.
- 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.
- A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition, see 42 CFR § 424.57(c)(11).
- 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.

Medicare DMEPOS Supplier Standards (continued)

- A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
- 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.
- 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.
- A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
- A supplier must disclose any person having ownership, financial, or control interest in the supplier.
- 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.
- 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.
- 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.
- A supplier must agree to furnish CMS with any information required by the Medicare statute and regulations.
- 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).
- All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
- All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
- All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
- A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
- A supplier must obtain oxygen from a state-licensed oxygen supplier.
- A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516 (f).
- A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
- A supplier must remain open to the public for a minimum of 30 hours per week except for 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 Care New England Pharmacy, are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57 (c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Medicare Prescription Drug Coverage & Your Rights

Enrollee's Name: _____ (Optional)

Drug and Prescription Number: _____ (Optional)

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.

Form CMS -10147

OMB Approval No. 0938-0975 (Expires: 02/28/2025)



Notice of Privacy Practices

PREPARED BY: Jocelyn Therien, Director, Compliance and Privacy Operations	PAGE: 1 of 2	EFFECTIVE DATE: June 30, 2021	POLICY NUMBER: CNE-PRIV-001
REVIEWED BY:	REVIEWED BY:	REVIEWED BY:	APPROVED BY: Jennie Henriques, SVP, Chief Compliance & Privacy Officer

- I. Purpose.** The purpose of this Notice of Privacy Practices Policy (this “Policy”) is to ensure that each Affiliated Covered Entity (“ACE”) provides patients with Care New England’s Notice of Privacy Practices (“Notice”) as required by the Privacy and Security Rule.
- II. Scope.** This Policy applies to Care New England (“CNE”) and all Care New England hospitals, Care New England healthcare entities, and each other Care New England entity that is a direct or indirect subsidiary of Care New England (each a “CNE Affiliate” and collectively, “CNE Affiliates”).
- III. Policy.** It is the policy of Care New England and each CNE Affiliate that all patients will receive adequate notice of the uses and disclosures of PHI, and adequate notice of their rights and the ACE’s legal duties, with respect to PHI.
- IV. Definitions.** Terms not already defined in this Policy have the following meanings:
- a. “Affiliated Covered Entity”** means Care New England and each CNE Affiliate that is a Covered Entity, collectively, as designated by Care New England consistent with 45 C.F.R. § 164.105(b), as amended from time to time.
 - b. “CNE Affiliate”** means all Care New England hospitals, all Care New England health care entities and each other Care New England entity that is a direct or indirect subsidiary of Care New England.
 - c. “Covered Entity”** has the meaning set forth in 45 C.F.R. § 160.103, as amended from time to time.
 - d. “Notice of Privacy Practices”** means then-current “Joint HIPAA Notice of Privacy Practices for CNE Member Organizations,” as amended from time to time.
 - e. “PHI” or “Protected Health Information”** has the same meaning as “protected health information” as defined in 45 C.F.R. § 160.103, as amended from time to time.
 - f. “Privacy and Security Rule”** shall mean the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and their implementing regulations, as amended from time to time.
 - g. “Workforce”** means an employee, provider, volunteer, trainee or other person whose conduct, in the performance of work for Care New England and/or one or more CNE Affiliates, is under the direct control of Care New England and/or one or more CNE Affiliates, whether or not such person is paid by Care New England or a CNE Affiliate.
- V. Procedure.**
- a. Content of Notice.** The Notice will be written in plain language and contain all of the elements required by the Privacy and Security Rule (and specifically 45 C.F.R. § 164.520(b)).

- b. Provision of the Notice of Privacy Practices.
 - i. Each ACE will make the Notice available upon request to any person.
 - ii. Each ACE will provide a patient with the Notice no later than the date of first service delivery to a patient personally; provided, however, that in an emergency treatment situation, the Notice will be given as soon as reasonably practical after the emergency treatment situation.
 - iii. Each ACE that operates or maintains a facility, center, office or other similar location to provide services (a **"Service Site"**) will have the Notice available at such Service Site for individuals to take with them upon request.
 - iv. Each ACE will post the Notice within each of its Service Sites in a clear and prominent location where it is reasonable to expect individuals seeking service to be able to see and read the Notice.
- c. Electronic Notice.
 - i. Website. Each ACE that maintains a business website will prominently post the Notice on the website and make the Notice available electronically through the website.
 - ii. E-Mail. The patient has the right to request the Notice be delivered via e-mail. Any email communications to a patient by a member of an ACE will comply with the *Email Communication with Patient Policy (CNE-PRIV-008)*.
- d. Acknowledgment of Receipt of the Notice of Privacy Practices. Each ACE will make a good faith effort to obtain a written acknowledgment of the receipt by a patient of the Notice o when provided by such ACE pursuant to Section V(b) or Section V(c)of this Policy. If a written acknowledgment is not obtained, the ACE will document its good faith efforts to obtain such written acknowledgment and the reason why the written acknowledgment could not be obtained. To document compliance, all written acknowledgments or documentation of good faith efforts to obtain written acknowledgments shall be retained in the patient's electronic medical record following CNE retention guidelines outlined in *Retention and Destruction of Records (CNE-CC-010)*.
- e. Revisions to the Notice of Privacy Practices.
 - i. Care New England will promptly revise and distribute the revised Notice whenever there is a material change to the uses or disclosures, the patient's rights, the legal duties of Covered Entities, or other privacy practices stated in the Notice . To document compliance, Care New England will retain a copy of previously issued Notices o for a period of six years from the date of creation, or the date when such Notice last was in effect, whichever is later.
 - ii. On or after the effective date of a revision(s) to the Notice , ACE's will, upon request of a patient, make the revised Notice available to such patient.
 - iii. On or promptly after the effective date of a revision(s) to the Notice , ACE's will ensure that each of its Service Sites have the revised Notice available as required by Section V(b)(iii) and has posted the revised Notice of Privacy Practices in accordance with Section V(b)(iv).

REFERENCES:

Retention and Destruction of Records Email Communication with Patients

APPROVAL/REVISION:

2/24/2012: Initial Version of Policy approved by CNE Legal

8/7/2015: Revision approved by CNE Legal and CNE Compliance Services

8/24/2018: Revision approved by CNE Chief Compliance & Privacy Officer

6/30/2021: Revision approved

REPLACES:

CNE-PRIV-001; VNA-PRIV-009, Kent 8310.0113

