



PATIENT WELCOME PACKET

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Welcome to CMMC Specialty Pharmacy!

Dear Patient,

Thank you for choosing CMMC Specialty Pharmacy. Our team is here to ensure you receive the attention and support you need to be successful with your specialty medications and treatment.

Our goal is to deliver the expertise and superior customer service you deserve. We will support you through your medication journey by working together with you and your healthcare providers. You can count on our guidance, compassion, and education throughout the length of your therapy.

This welcome packet introduces you to our services and will assist you with understanding how we help you along your medication journey. This packet contains answers to many common questions and provides contact information should you have questions at any time.

As a CMMC Specialty Pharmacy patient, you have access to our specialized pharmacy services:

- Clinical support for specialty medications 24 hours a day, 365 days a year
- A tailored medication journey created with your healthcare provider
- Counseling and educational materials on your medication
- Insurance and financial program assistance
- Refill reminders based on your preferences
- Free home delivery services and pick-up options

Again, thank you for being a patient of CMMC Specialty Pharmacy! We look forward to creating a long-lasting relationship with you as we assist you in achieving your medication goals.

Respectfully,
Your CMMC Specialty Pharmacy team



About CMMC Specialty Pharmacy

Location

12 High Street 
Lewiston, Maine 04240

We are located on the first floor within the CMMC Pharmacy.

Hours of Operation

CMMC Specialty Pharmacy Hours:

- Monday – Friday: 8 am to 4:30 pm EST

We are closed on the following holidays, but offer on-call/after-hours services for the below dates:

- New Year’s Day (January 1st)
- Memorial Day (last Monday in May)
- Independence Day (July 4th)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Christmas Day (December 25th)

How to Contact Us

You may contact us during business hours at

Local: 207-786-1800

Toll-Free: 866-735-9345

You can also visit our website for more information: <https://www.cmhc.org/cmmc/services/pharmacy/specialty-pharmacy/>

After-Hours Services

We offer 24-hour pharmacist support for any after-hours clinical questions. You can reach a pharmacist by calling 207-786-1800. You will be transferred to the after-hours service.



Our Vision

Safe, reliable, high-quality care for every patient every day.

Our Mission

To provide exceptional healthcare services in a safe and trustful environment, through the expertise, commitment and compassion of our family of caregivers.

Our Values

Compassion, Citizenship, Integrity, Service, Excellence, Commitment

Our Services

Patient Management Program

Upon receiving your prescription, CMMC Specialty Pharmacy will automatically enroll you into our Patient Management Program (PMP). The PMP is a disease-specific specialty medication service and is free of charge to you. By participating in the PMP, our pharmacists will be able to closely monitor your response to therapy, quickly identify any side effects or other areas of concern, and work with your prescriber to address these any concerns. Additionally, we will also be able to ensure you are provided access to all patient assistance programs that are available to you.

Ongoing participation in the program is highly encouraged, however, you may choose to opt-out of the PMP at any point in your therapy. You may also choose to opt back into the program at any point. To opt-out or opt back into the PMP, simply tell any staff member and they will connect you with a pharmacist to make the appropriate notifications in your electronic patient record.

What to expect:

- You will be contacted by members of the pharmacy team to ensure you have access to your medication without experiencing any gaps in therapy.
- We will partner with you and your provider to achieve therapy treatment goals.
- We will conduct a thorough review of your medications which includes an accurate listing of your current prescriptions, over the counter, herbal or homeopathic medications.
- We will conduct screenings for drug and disease state interactions.

Language & Cultural Services

We welcome diversity and comply with standards for Language & Cultural Services. CMMC Specialty Pharmacy can provide trained, qualified medical interpreters at no cost to our patients/families. They can help ensure effective communication for those who are:

- Limited-English Proficient (LEP)
- Deaf/Hard of Hearing (HOH)
- Other communication challenges

We also focus on providing resources and education that support the practice of culturally competent care to diverse patient populations. Please notify a pharmacy staff member if you have a preferred language or mode of communication other than English, or for any additional communication or cultural needs.



Your Prescription Process

Filling a New Prescription

In most instances, your provider will electronically send a prescription to our pharmacy. We can also fill prescriptions written on paper or verbally when called by the office of your provider. We can contact your provider to obtain a new prescription at your request or when you are out of refills.

Once the prescription is received, reviewed and reimbursement is arranged, we will fill your prescription. Please contact the Specialty Pharmacy if you have a question about the status of your order.

Insurance

CMMC Specialty Pharmacy can accept and bill most insurance companies. If your insurance requires you to use another pharmacy, we will

transfer the prescription to a pharmacy where it can be obtained.

Prior Authorizations

Specialty medications are often expensive and require additional steps to be approved by insurance. These additional steps are called a "prior authorization". They may require supporting documentation from your prescriber to be approved. Our pharmacy team will work with to get the prescription approved.

Patient Assistance

If your insurance copay is unaffordable, we will work with the financial support resources to possibly lower your cost.



Copays

CMMC Specialty Pharmacy will bill your insurance company on your behalf. However, you may still owe a portion of the cost, which is called a copayment or coinsurance. You will be responsible for paying your copayment when you order your medication or refills. We will inform you of the exact amount you need to pay. If you are out of network with our pharmacy, we will provide you with the out of network cost or cash price of the medication.

You will always be informed of the exact amount that you are responsible to pay for your prescription.

Payment Options

If you are responsible for a copayment, or any balance after financial assistance, we accept all major credit cards. We also accept cash, personal checks and flexible spending or health savings accounts.

Clinical Support

A trained specialty pharmacist will explain your medication in person and/or over the phone. We are also available to answer questions, provide education on self-administration, and communicate with your provider as needed. Our pharmacists are available 24 hours a day to address any medication issues by calling 207-786-1800.

Medications Not Available at CMMC Specialty Pharmacy

We have access to a wide range of specialty medications. If we are not able to obtain your medications due to manufacturer restrictions, back order, or other limitation, we will work with you and another pharmacy to ensure you receive your medication.

Prescriptions that Must be Transferred to Another Specialty Pharmacy

If we cannot fill your prescription for any reason, we will transfer it to a pharmacy of your choice.

Medication Substitution

Our pharmacists will substitute a brand-name drug with an equivalent generic unless a practitioner requests a specific brand-name drug.

Drugs reimbursed under the MaineCare program must be substituted with a therapeutically equivalent drug when the Department of Health and Human Services has determined the substitute drug will be more cost-effective than the brand-name drug.

Ongoing Patient Services

Refill Reminders

A specialty pharmacy technician will contact you for a refill reminder 5-7 days before your medication is scheduled to run out. We will check on your progress, ask about any side effects, verify dosage, and schedule the shipment of your next refill. Payment is required before your medication can be picked up or shipped.

Convenient Pickup and Delivery Options

Once your prescription is ready, we offer several delivery options for your convenience:

- Pick-up in person at CMMC Pharmacy
- Overnight delivery (requires signature)
- Same-day delivery in the case of emergencies

All specialty medications will be delivered free of charge. We will coordinate delivery of your specialty medications to your home or an

approved alternate location. If your medication requires special handling or refrigeration, we will package and ship it accordingly. If you cannot be there to accept the package, we can arrange for it to be left either at your home or at an approved alternate location. If you miss your delivery, please let us know and we will work with you to reschedule your delivery.

CMMC Specialty Pharmacy will make every effort to deliver your medications early if a weather warning is in place. A member of our pharmacy team will attempt to contact you with any special instructions. Please make sure you have a secondary contact on file to ensure there is no gap in therapy.

Support Tools and Products

Our team will provide the tools and products you need to succeed in your treatment. These may



include patient education sheets, teaching materials provided by manufacturers, disposal containers and other supplies associated with the administration of your medication.

For additional information or resources about your condition or medication, please visit our website: <https://www.cmhc.org/cmmc/services/pharmacy/specialty-pharmacy/>

What to Do in the Event of a Medication Recall

Upon notification of a medication recall, we will follow these steps:

- Review our inventory and records to see if we have the medication in stock
- Remove and quarantine any stock of the medication in the pharmacy
- Follow the steps recommended by the manufacturer and document the steps with the date completed and the signature of the person completing the form.
- Contact any patient that may have potentially received the recalled medication and their prescriber if necessary.

What to Do if You Feel You May be Having an Adverse Reaction to Your Medication

Serious medical symptoms include:

- Shortness of breath or difficulty breathing
- Skin rash
- Hives
- Fever
- Swelling
- Wheezing

If you feel you are experiencing an adverse drug reaction, please visit your local emergency room or call 911. Please contact the pharmacy the next business day and inform our staff of the reaction and any actions that may have been taken.

What to Do if You Suspect a Medication Error

Medication errors are serious matters that need to be addressed as soon as they are discovered. If you suspect there is an error with your medication, please contact CMMC Specialty Pharmacy immediately and ask to speak with the pharmacist or Specialty Pharmacy Manager.

General Information and Tips for Success

Before Taking Your Medication

Please let us know if you:

- Have any drug allergies, unusual reactions to medication, food or other substances such as latex
- Are taking any over-the-counter or herbal products such as vitamins, supplements or dietary aids
- Are taking any prescription medications
- Are, may be, or are trying to become pregnant
- Are breastfeeding
- Have any diagnosed medical problems
- Are on a special diet

What You Should Know About Your Medication:

- The name of your medication and what it is used for
- How to take it, what time of day and for how long
- How long it will take your medication to start working
- What kind of side effects to look for and what to do if you experience them
- What to do if you miss a dose
- How to store your medications and if there are any specific storage requirements
- How to dispose of your medication and supplies
- Whether the medication can be taken with or without food

Needle-Stick Safety

- Do not use a needle more than once
- Never put the cap back on a needle once removed
- Throw away used needles immediately after use in a sharps disposal container
- Plan for safe handling and disposal before use
- Keep out of the reach of children and pets
- Report any needle sticks or sharps-related injuries to your physician

Disposing of Your Medications and Supplies

How to Dispose of Your Unused Medications

Should you need to dispose of unused medications, our staff will assist you in finding out dates and locations of prescription medication "Take-Back Programs" or sites. Additionally, unused medications can be mixed into cat litter or used coffee grounds and then placed in a sealed container. The sealed container can then be disposed of in your household trash.

Additional information can be found on the Maine.gov website: www.maine.gov/dps/mdea

How to Dispose of Chemotherapy or Hazardous Drugs

- DO NOT throw chemotherapy or hazardous drugs in the trash or flushed down the toilet
- If you are unsure of whether your medication is chemotherapy or hazardous, please call the pharmacy prior to disposing
- You can also contact your local health department or waste collection service for disposal instructions: www.maine.gov/dep/waste/hazardouswaste

How to Dispose of Home-Generated Biomedical Waste

This is any type of syringe, lancet or needle used in the home to inject medication or draw blood. Special care needs to be taken with the disposal of these items. This is to protect you and others from injury, and to keep the environment safe and clean. If your therapy involves the use of needles, we will give you a sharps container.

Sharps Containers

After using your injectable medication, place all needles, syringes, lancets and other sharp objects into a sharps container. Do not place sharp objects, such as needles or syringes, into the trash unless they are in a sharps container. Do not flush them down the toilet. If a sharps container is not available, you can use a hard plastic or metal container with a screw-on top or other tightly securable lid. For example, you could use an empty hard can or liquid detergent container.

Disposal

In Maine, as long as your Sharps container is closed/locked, the container can be thrown in your regular trash. Some manufacturers will provide complimentary sharps containers and will provide you with instructions for returning and replacement. For additional information or resources, you can check with your local waste management collection service or public health department, or visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at maine.gov/dep/waste/biomedical/sharps.html

What to Know to Stay Well

Handwashing

Keeping hands clean is one of the most important steps to staying well. Basic hand washing with soap and water will reduce the spread of germs significantly. If the water is unclean, hand sanitizer should be used.

When should you wash your hands?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- 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

How should you wash your hands?

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

Wearing a Mask

Wearing a mask is another important way to protect yourself and others from spreading diseases, such as COVID-19. Choose a mask that

has two or more layers of breathable fabric and fits snugly against your face.

Stay Home

If you are sick or experiencing any symptoms such as headache, nausea, fever, or fatigue, please stay home except to seek medical care.

Vaccination

Currently, there are vaccinations against both influenza and the novel COVID-19 viruses. Please consult your provider prior to receiving either vaccination.

Additional Resources:

- www.cdc.gov/flu
- www.cdc.gov/handhygiene
- <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>



Emergency Preparedness Information

Know What to Expect and What to Do

Know what the most common emergencies are in your area and what you should do if one occurs. If the emergency requires you to evacuate, please remember to take your medications with you (with ice bricks and a cooler if your medication requires refrigeration) and let us know where you have evacuated to so we can ensure there are no gaps in your therapy. If you miss your medication delivery for any reason (not available, cannot get to your home or any other reason), please call the pharmacy as soon as possible and we will do our best to assist you.

Know Where to Go

One of the most important pieces of information you should know is the location of the closest special needs shelter. These shelters are opened to the public during voluntary and mandatory evacuation times and specialize in caring for patients with special medical needs. They are usually the safest place to go if you cannot get to a friend or family member's home.

Reaching Us

If the pharmacy must close due to a disaster, we will provide instructions on contacting our staff and other important information on our answering machine message.

If the Emergency was Unforeseen

We will try to locate you using the numbers you provided in order to determine your safety and location. If travel is restricted due to damage from the disaster, we will attempt to alert you through the alternative phone numbers you provide.

Community Support

Local law enforcement agencies, the Red Cross, local news and radio stations usually provide excellent information and tips for planning.

An Ounce of Prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need. To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter? Or a relative's home? If your prescriber has instructed, you to go to a hospital. Which one is it?

Make Your Own Personal Disaster Kit!

Include in your kit:

- An accurate medication list
- A small supply of any over the counter medications that you frequently use
- The phone numbers of your prescriber, our pharmacy and any other emergency services or contacts written down, the internet may not be available
- Bottled water
- Hand sanitizer, soap and paper towels
- Any non-perishable snacks that you may need
- Flashlight

For More information:

Visit the FEMA website at www.fema.gov

CMMC Specialty Pharmacy - Patient Rights and Responsibilities

As a patient of The CMMC Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been violated, please contact the Pharmacy Manager at 866-735-9345 or 207-786-1800.

Patient Rights

- 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, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care or 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 the agency's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

Patient Responsibilities

- Submit forms that are necessary to receive services
- Provide accurate medical and contact information and any changes
- Notify the treating provider of participation in the services provided by the organization
- Notify the organization of any concerns about the care or services provided

Patient Management Program Rights & Responsibilities

As a participant of the Patient Management Program, you have the following rights and responsibilities. Some of these will overlap with your general patient rights and responsibilities provided at the end of this packet.

1. The right to have personal health information shared with the patient management program only in accordance with state and federal law.
2. The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
3. The right to speak to a health professional.
4. The right to receive information about the patient management program.
5. The right to decline participation, revoke consent, or disenroll at any point in time.
6. The responsibility to submit any forms necessary to participate in the program, to the extent required by law.
7. The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information.
8. The responsibility to notify their treating provider of their participation in the patient management program, if applicable.

Central Maine Health Care - Patient Rights and Responsibilities

Healthcare is shared experience involving patients and those who give care. Because we recognize, value and respect the personal worth and dignity of each patient served by Central Maine Health Care, this statement of patient's rights is offered as an expression of our philosophy and commitment to our patients.

1. The right to be treated without regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, and gender identity or expression.
2. The right to considerate, safe, respectful care by skilled and competent staff.
3. The right to express their spiritual beliefs and cultural practices to the extent they do not harm others or interfere with treatment.
4. The right to expect that within our capacity, reasonable requests for services if medically appropriate and legally permissible will be honored. If transfer to another institution is necessary the receiving institution and provider must first accept the transfer. The patient must be provided with explanation of why transfer is necessary and alternative to that transfer.
5. The right to expect reasonable continuity of care and to be informed by care givers of available and realistic patient care options Also the right to receive appropriate instructions and education from caregivers to achieve an optimum level of wellness and safety.
6. The right to have a family member, representative, support person and personal physician notified of admission and have support person present for emotional support.
7. The right to effective communication and accommodation for, language, vision, speech, hearing, and cognitive impairments. The right to have interpreter and translation services available.
8. The right to obtain complete and current information concerning diagnosis, treatment and prognosis except in emergencies when patient lacks capacity and need for treatment urgent.
9. The right to know the name of provider who has primary responsibility for your care as well as those practitioners who will provide treatment and services.
10. The right to participate in decisions about his or her care, treatment, and services.
11. The right to accept or refuse medical or surgical care once risks and benefits are explained and in accordance with law and regulation. If patient is a minor legal guardian are included in decision making.
12. The right to include or exclude any family members from participating in care decisions.
13. The right to expect privacy and discretion regarding medical discussion, consultation, examination and treatment.
14. The right to have medical records and information handled in a confidential manor among those directly involved in your care, and those entitled to review information in the records in accordance with law and regulation.
15. The right to have caregivers strive to manage and control pain for all patients.
16. The right to make an informed decision whether or not to participate in research, investigation or clinical trials. The institutional Review Board and Ethics Committee are available to assist as needed.
17. The right to be informed about Advance Directives (Living Will, POLST, Medical Power of Attorney) as well as how decisions regarding your care would be made if you were unable to speak for yourself.

18. The right to access protective and advocacy services.
19. Patients have the right to be informed of the hospital charges, billing practices, and available payment plans.
20. The right to be informed about the hospital administrative mechanisms for resolving disputes, grievances, and conflicts. Central Maine Healthcare has a Patient Relations Program to assist as needed.

Patient Responsibilities

1. Patients have the responsibility to provide – to the best of their knowledge – accurate and complete information about all matters relating to their health status.
2. Patients have the responsibility to report any changes in their condition to their physician and/or other caregivers.
3. Patients have the responsibility to follow treatment plans and instructions as agreed upon by patient and caregivers.
4. Patients have the responsibility to cooperate with staff caring for them and to ask questions when they do not understand instructions.
5. Patients have the responsibility to participate in the educational opportunities provided and in the development of a post-hospital care plan.
6. Patients have the responsibility to inform the health care providers about any Advance Directives they might have and to inform them of changes they have made to these documents.
7. Patients have the responsibility to follow hospital rules and regulations, including respect for property of other patients, offices and the hospital.
8. Patients have the responsibility to question billing discrepancies in a timely fashion and to provide the necessary information and forms to facilitate the prompt payment of their bills.
9. Patients have the responsibility to be considerate and respectful of other patients, especially regarding noise, TV, and visitors.
10. Patients have the responsibility to contact their provider, nurse, other members of the health care team, or to call the Patient Relations Specialist to get answers to questions about their care in the hospital.
11. Patients have the responsibility to help us improve our process and services by letting us know their concerns. At Bridgton Hospital, please contact Administration at 647-6032. At CMMC, please call the Patient Relations Office at 795-2398. At Rumford Hospital, please contact Administration at 369-1032.

Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (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 C.F.R. 424.57 (c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
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. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, and State health care programs, or from 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. This standard requires that the location is accessible to the public and staffed during posted hours of business, with visible signage. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery.
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 directly, or through a service contracted with another company, 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 supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government 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 implementing 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 or services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation date: October 1, 2009.
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontract, 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. Must meet the surety bond requirements specified in 42 C.F.R. 424.57 (c). Implementation date: May 4, 2009
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 C.F.R. 424.516 (f)
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions

Notice of Privacy Practices - How We Use and Share Your Health Information

Your Information.

Your Rights.

Our Responsibilities.

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

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none">• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	<ul style="list-style-type: none">• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.• We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request Confidential Communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations.• We are not required to agree to your request, and we may say “no” if it would affect your care.• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.• We will say “yes” unless a law requires us to share that information.

<p>Get a list of those with whom we've shared information</p>	<ul style="list-style-type: none"> ▪ You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. ▪ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> ▪ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> ▪ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ▪ We will make sure the person has this authority and can act for you before we take any action.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> ▪ You can complain if you feel we have violated your privacy rights by contacting the Privacy Officer at 207-795-0111. ▪ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. ▪ CMMC Pharmacy is committed to patient satisfaction and good customer relations. If you have a complaint or grievance that is not privacy related, you may contact our Customer Service Representative in patient relations at 207-795-0111. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none">• Share information with your family, close friends, or others involved in your care• Share information in a disaster relief situation• Include your information in a hospital directory• Contact you for fundraising efforts• If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none">• Marketing purposes• Sale of your information• Most sharing of psychotherapy notes
In the case of fundraising:	<ul style="list-style-type: none">• We may contact you for fundraising efforts, but you can tell us not to contact you again. Contact the Privacy Officer to make this request.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you	<ul style="list-style-type: none">• We can use your health information and share it with other professionals who are treating you.	Example: A doctor treating you for an injury asks another doctor about your overall health condition
Run our organization	<ul style="list-style-type: none">• We can use and share your health information to run our facility operations, improve your care, and contact you when necessary	Example: We use health information about you to manage your treatment and services. We share information with the Joint Commission for accreditation purposes.
Bill for your services	<ul style="list-style-type: none">• We can use and share your health information to bill and get payment from health plans or other entities.	Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

<p>Help with public health and safety issues</p>	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> - Preventing disease - Helping with product recalls - Reporting adverse reactions to medications - Reporting suspected abuse, neglect, or domestic violence - Preventing or reducing a serious threat to anyone’s health or safety - Participation in health information exchanges, disease and immunization registries
<p>Do research</p>	<ul style="list-style-type: none"> • We can use or share your information for health research.
<p>Comply with the law</p>	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law. • We will share information about you to military command authorities and for the protection of national security activities. • We will share information about you to protect the President and other heads of state.
<p>Respond to organ and tissue donation requests</p>	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations
<p>Work with a medical examiner or funeral director</p>	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
<p>Address workers’ compensation, law enforcement, and other government requests</p>	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> - For worker’s compensation claims - For law enforcement purposes or with a law enforcement official - With health oversight agencies for activities authorized by law - For special government functions such as military, national security, and presidential protective services
<p>Respond to lawsuits and legal actions</p>	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.

<p>Law Enforcement</p>	<ul style="list-style-type: none"> ▪ We can use or share health information about you: <ul style="list-style-type: none"> - To identify or locate a suspect, fugitive, or missing person - To provide information about a suspected death or victim of crime - To provide information about a crime that may have occurred at our facility - We will share information about you to a correctional facility when necessary to protect your health and safety, the safety of others, and for the security of the correctional facility.
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information regarding your privacy rights, contact the Privacy Officer or go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

To report a complaint or grievance regarding the care you received, you may contact the Customer Service Representative at 207-786-1800 (local) or 866-735-9345 (toll free). The Customer Service Representative will document your concerns and an investigation will take place. You may also contact the Customer Service Representative via mail at 12 High St, Lewiston, Maine 04240.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Feedback

We Value Your Feedback

Patient satisfaction is important to us and your opinion matters! We want to know what we can do to better serve you! You may receive a short survey in the mail approximately once a year. Feedback is important for us to improve, so you can also call us anytime!

Patient Complaints, Concerns or Issues

You have the right and responsibility to express concerns, complaints or dissatisfaction about the services you have received without fear of repercussions or an unreasonable interruption of services. We will strive to resolve any concerns or issues you experience as quickly as possible. If we cannot resolve your complaint promptly, or your complaint requires additional research, we will contact you with the results of our investigation, either via telephone or in writing of the complaint as soon as possible. If the pharmacy staff is unable to help resolve your complaint to your expectation, you may contact the Specialty Pharmacy Manager at 207-786-1800 or 866-735-9345. If you are still not satisfied you may contact any of the following:

Central Maine Medical Center Compliance Hotline

Tel: 207-795-2906

Maine Board of Pharmacy

Website: <https://www.maine.gov/pfr/professionallicensing/professions/board-pharmacy>

Email: pharmacy.board@maine.gov

Phone: 207-624-8651

DHHS Division of Licensing & Certification

State House Station, Augusta, Maine

Phone: 1-800-383-2441

Kepro

5700 Lombardo Center Dr., Suite 100

Seven Hills, OH 44131

Accreditation Commission for Healthcare (ACHC)

Website: <https://achc.org/contact/complaint-policy-process>

Phone: 1-855-937-2242

Utilization Review Accreditation Commission (URAC)

Website: <https://urac.i-sight.com/external-capture>

Email: grievances@urac.org

Phone: 202-216-9010



CMMC Specialty Pharmacy – Patient Acknowledgement Form

Please sign below to acknowledge you have received the CMMC Specialty Pharmacy Welcome Packet, the Notice of Privacy Practices (page 20), a copy of the Patient Rights and Responsibilities (page 14), and pertinent educational materials.

Signature: _____

Date: ____/____/____

Please sign and date this form.



 HIGH STREET (LOBBY) | LEWISTON, ME.

LOCAL: (207) 786-1800

TOLL FREE: (866) 735-9345

WWW.CMHC.ORG