

## PATIENT WELCOME PACKET

Please sign and return all forms to in the enclosed postage-paid envelope. For forms printed from the website, please contact your Pharmacy representative to obtain a postage-paid envelope.

Acro Pharmaceutical Services (“Acro”) and Commcare Specialty Pharmacy (“Commcare”)(collectively and separately hereinafter, “Pharmacy”) believe disease states are managed best when a patient’s entire care team is engaged. We collaborate with your physician, insurer and other healthcare providers to achieve the best outcomes through our specialty pharmacy services. We help our patients manage their various therapies by providing:

- Expert clinical guidance and advice on your medications
- Specialty medication starter kits and educational material
- Copay assistance enrollment and financial support
- Medication compliance monitoring
- Nutritional and vitamin support

If you would like to place a prescription order, check on prescription status, obtain a refill, or any other questions, give us a call:

24/7 Hotline: Acro (800) 906-7798, Commcare (888) 203-7973

### Special Considerations for Medicare Prescriptions.

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 formulary list of covered drugs;
- 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 the preferred drug price.

#### What you need to do to file a Medicare coverage determination.

You or your prescriber should 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 may 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 the following information:

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 needs 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.

#### Our mission

To improve the health of communities.

#### Our vision

Through the collaborative power of the alliance, we will lead the transformation to high-quality, cost-effective healthcare.

Visit us at [www.acropharmacy.com](http://www.acropharmacy.com) or [www.commcarepharmacy.com](http://www.commcarepharmacy.com) to find out more about our service representative availability in your area as well as other additional services you may benefit from. If you wish to file a grievance or complaint with the Accreditation Commission for Health Care (“ACHC”), you may contact ACHC at 855-937-2242, Florida Board of Pharmacy- Phone: 850-245-4339, Pennsylvania Board of Pharmacy- Phone: 717-783-7156 or Tennessee Board of Pharmacy- Phone: 615-741-2718

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**Please sign and return this form in the enclosed postage-paid envelope. For forms printed from the website, please contact your Pharmacy representative to obtain a postage-paid envelope.**  
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## **ACKNOWLEDGEMENT OF RECEIPT**

- **Notice of Privacy Practices**
- **Patient Rights and Responsibilities**
- **Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Supplier Standards**

I hereby acknowledge my receipt of the Notice of Privacy Practices, Patient Rights and Responsibilities, and Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Supplier Standards provided on behalf of Acro Pharmaceutical Services and Commcare Specialty Pharmacy.

Our Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Our Notice of Privacy Practices is subject to change.

\_\_\_\_\_  
Name of Patient (please print)

\_\_\_\_\_  
Signature of Patient/Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient/Patient Representative (please print)

\_\_\_\_\_  
Relationship to Patient

## Patient Authorization Form

**This form will be retained in your medical record.**

In accordance with HIPAA, applicable state laws and our Notice of Privacy Practices, Acro Pharmaceutical Services and Commcare Specialty Pharmacy (collectively and separately hereinafter "**Pharmacy**") are required to maintain the privacy of your Protected Health Information ("PHI"), including your Patient Prescription Record ("PPR").

In order for us to better protect your privacy, your PHI/PPR and account information will be discussed with those you choose to receive such information.

- I hereby authorize Pharmacy to disclose my PHI/PPR, reflecting my prescription history and any other Pharmacy services I have received from Pharmacy as set forth below:
  - My PHI/PPR, may be disclosed to the following person(s), categories of person(s), or entities:
    - Name: \_\_\_\_\_
    - Address: \_\_\_\_\_
    - Relationship to Patient: \_\_\_\_\_
  
    - Name: \_\_\_\_\_
    - Address: \_\_\_\_\_
    - Relationship to Patient: \_\_\_\_\_
  - I authorize Pharmacy to leave voicemail messages concerning my PHI/PPR at the following phone number(s):
    - Phone Number: \_\_\_\_\_
    - Relationship to Patient: \_\_\_\_\_
  
    - Phone Number: \_\_\_\_\_
    - Relationship to Patient: \_\_\_\_\_
- Purpose of the release of information:
  - At the request of the Patient/Patient's Personal Representative.
  - Other: \_\_\_\_\_.
- I understand that my PHI/PPR may include information related to treatment of mental health conditions, alcohol or substance abuse, HIV or AIDS, sexually transmitted diseases or communicable diseases. I understand that the information, if any, pertaining to any of the conditions described above may be released.
  - I authorize the release of this information.
  - I do not authorize the release of this information.
- I understand that if the person or entity that received my PHI/PPR is not required to comply with the applicable privacy regulations, the information described above may be re-disclosed by the recipient and no longer be protected by those regulations.
- I understand that signing this Authorization is voluntary and that this Authorization will not affect my ability to obtain treatment from Pharmacy, any payment for treatment or enrollment or eligibility for benefits. A photocopy or facsimile of this signed Authorization is as valid as the original and will be accepted.

- I understand that I may revoke this Authorization at any time, except to the extent that Pharmacy has taken action in reliance on this Authorization, by writing PremierPrivacy@PremierInc.com or the following address:

Premier, Inc.  
Attn: Premier Legal / Premier Privacy  
13034 Ballantyne Corporate Place  
Charlotte, NC 28277

- I understand that I have the right to receive a copy of this Authorization.
- This Authorization will expire 12 months from the date I sign it as shown below on this Authorization unless I enter a different expiration here \_\_\_\_\_ or revoke as instructed above.

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**By signing below, I acknowledge I understand and have completed this Patient Authorization Form.**

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**Signature of Patient or Personal Representative**

\_\_\_\_\_  
**Name of Patient**

\_\_\_\_\_  
**Date**

**If Personal Representative is signing for the patient, please provide your name, address, documentation and description of your ability to sign on behalf of the patient.**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

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**For Office Use Only**

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I attempted to obtain written consent for disclosures of protected health information, but the consent could not be obtained because:

- The individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining the consent
- Other (Please specify)

## Assignment of Insurance Benefit

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**Please sign and return this form in the enclosed postage-paid envelope. For forms printed from the website, please contact your Pharmacy representative to obtain a postage-paid envelope.**  
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Acro Pharmaceutical Services (“**Acro**”) and Commcare Specialty Pharmacy (“**Commcare**”) (collective and separately hereinafter, “**Pharmacy**”) are affiliated covered entities. Unless you object, either or both Pharmacy may provide treatment. I authorize payment to Pharmacy of the insurance benefits I receive for medication and services. I also authorize my insurance company to notify Pharmacy about my benefits and claims. If that company does not accept this assignment of benefits, I understand that I can sign my insurance check over to Pharmacy. I agree that I must pay for all medication and services I receive, unless the law provides otherwise.

### Generic Substitution Requirement

When a generic substitution is available and allowed by the physician, Pharmacy will dispense the generic equivalent. If you wish to only receive the brand name of the medication, please contact Pharmacy by phone at the numbers listed below. Please be advised, you will pay the difference of the cost between the brand name medication and the generic plus the brand copayment.

**Acro (800) 906-7798**

**Commcare (888) 203-7973**

Generic drugs offer the same quality as brand name medications. They work just like their brand name equivalents in dosage, strength, performance and use. Generic drugs are required to meet the same quality and safety standards set by the U.S. Food and Drug Administration (FDA).

\_\_\_\_\_  
Name of Patient (please print)

\_\_\_\_\_  
Signature of Patient/Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient/Patient Representative (please print)

\_\_\_\_\_  
Relationship to Patient

**To rescind any of the above information, please notify Pharmacy immediately and specify if you are rescinding as to one pharmacy or both.**

## 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

#### You have the right to:

- Receive a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request how we communicate with you.
- Ask us to limit the protected health information we share.
- Receive a list of those with whom we've shared your information.
- Receive a copy of this privacy notice.
- Choose someone to make decisions for you and act on your behalf.
- File a complaint if you believe your privacy rights have been violated.

► **See page 7** for more information on these rights and how to exercise them.



### Our Uses And Disclosures

#### We may use and share your protected health information as we:

- Treat you.
- Bill for your services.
- Run our organization.
- Help with public health and safety issues.
- Do certain types of research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement and other government requests.
- Respond to lawsuits and legal actions.

► **See page 8** for more information on these uses and disclosures.



### Your Choices

#### You have some choices in the way that we use and share protected health information as we:

- Tell Family and friends about your condition.
- Provide disaster relief.
- Use or disclose your protected health information for other purposes not described by this notice.

► **See page 9** for more information on these choices and how to exercise them.

## Your Rights.

**When it comes to your protected health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. All requests must be submitted in writing to our Privacy Officer. To request a form, contact our Privacy Officer using the information provided on page 9.

### Receive an electronic or paper copy of your medical record

- You can ask to see or receive an electronic or paper copy of your medical record and other protected health information we have about you.
- We will provide a copy or a summary of your protected health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct protected health information about you that you think is incorrect or incomplete.
- We may decline your request, but we'll tell you why in writing within 60 days.

### Request how we communicate with you

- 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 agree to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain protected health information for treatment, payment or our operations.
- We are not required to agree to your request. For example, we may decline 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 protected health information with your health insurer.
- We will agree unless a law requires us to share that protected health information.

### Receive a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your protected 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, health care operations, and certain other disclosures (such as any you authorized 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.

### Receive a copy of this privacy notice

- 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.

### Choose someone to act for you

- 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 protected health information.
- We will make sure the person has this authority and can act for you before we take any action

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer at (800) 299-3499 or [specialtypharmacy\\_privacyofficer@premierinc.com](mailto:specialtypharmacy_privacyofficer@premierinc.com).
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

## Our Uses and Disclosures.

**How do we typically use or share your protected health information? We typically use or share your protected health information in the following ways as long as permitted by applicable law.**

### Treat you

- We can use your protected health information and share it with other professionals who are treating you.  
**Example:** A pharmacist may contact your doctor with questions about a prescription.

### Run our organization

- We can use and share your protected health information to run our pharmacy, improve your care and contact you when necessary.  
**Example:** We may use your protected health information to conduct quality assessment and improvement activities.

### Bill for your services

- We can use and share your protected health information to bill and receive payment from health plans or other entities.  
**Example:** We may contact your insurer, payor, or other agent and share your protected health information with that entity to determine whether it will pay for your prescription and the payment amount.

**How else can we use or share your protected health information?** We are allowed or required to share your protected health information in other ways – usually in ways that contribute to the public good, such as public health and research. We also will de-identify your information and use and disclose it for additional purposes. We have to meet many conditions in the law before we can share your protected health information for these purposes.

### Help with public health and safety issues

- We can share your protected health information for certain situations such as:
  - 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.

### Do certain types of research

- We can use or share your protected health information for health research without authorization if permitted by the law.

### Comply with the law

- We will share your protected health information if state or federal laws require it, including with government agencies they want to see if we're complying with laws.

### Respond to organ and tissue donation requests

- We can share your protected health information with organ procurement organizations.

### Work with a medical examiner or funeral director

- We can share your protected health information with a coroner, medical examiner, or funeral director if you die.

### Address workers' compensation, law enforcement and other government requests

- We can use or share your protected health information:
  - For workers' compensation claims.
  - For law enforcement purposes or with a law enforcement official.
  - With health oversight agencies for activities authorized by the law.
  - For special government functions such as military, national security and presidential protective services.

### Respond to lawsuits and legal actions

- We can share your protected health information in response to a court or administrative order, or in response to a subpoena.



## 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 protected health 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 protected health 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 our Privacy Officer know in writing if you change your mind
- *Unless you are paying cash, we may contact your insurer, payor, or other agent and share your protected health information if we are not a pharmacy in network and try to determine your prescription costs and payment amount.*

## Your Choices.

For certain protected health information, you can tell us your choices about what we share. If you have a clear preference for how we share your protected health 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:

- Share protected health information with your family, close friends or others involved in your care.
- Share protected health information in a disaster relief situation.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your protected health information if we believe it is in your best interest. We may also share your protected health information when needed to lessen a serious and imminent threat to health or safety.*

### In these cases we *never* share your protected health information unless you give us prior written permission:

- Marketing purposes.
- Sale of your protected health information.
- Most sharing of psychotherapy notes.

### In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### 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 pharmacy sites and locations, and on our websites.

### This Notice of Privacy Practices applies to the following organizations.

Acro Pharmaceutical Services and Commcare Specialty Pharmacy are separate limited liability companies. However, they are under common ownership and control, and thus have organized themselves as a single **Affiliated Covered Entity (“ACE”)** for the purposes of compliance with HIPAA. As an ACE, Acro Pharmaceutical Services and Commcare Specialty Pharmacy maintain a single Notice of Privacy Practices (“**Notice**”) which describes our health information practices. This Notice applies to all Acro Pharmaceutical Services and Commcare Specialty Pharmacy sites and locations. In addition, Acro Pharmaceutical Services and Commcare Specialty Pharmacy sites and locations may share protected health information (“**PHI**”) as necessary to carry out treatment, payment and healthcare operations relating to the ACE, and for other purposes as permitted or required by law.

Version 1.2: Original published September 20, 2016. Last revised August 3, 2018. Changes effective as of publication on August 6, 2018.

**Privacy Officer**  
13034 Ballantyne Corporate Place  
Charlotte, NC 28277

## Patient Rights and Responsibilities

**Acro Pharmaceutical Services and Commcare Specialty Pharmacy (collectively and separately hereinafter, “Pharmacy”) provide our patients with the highest possible quality care. In order to receive optimal benefit from your prescription coverage, we would like to inform you of your rights and responsibilities when you become our patient or seek services as a patient from Pharmacy.**

### Patient Rights

#### Right to be Informed:

- You have the right to know that you are automatically enrolled in our Patient Management Program when we provide pharmacy services to you. You may opt-out by calling the Pharmacy (Commcare: 888.203.7973; ACRO: 800.906.7798). As long as you are provided services by Pharmacy, you will be enrolled in the Patient Management Program. Disenrollment would occur upon transferring your prescription services to another pharmacy. If you want to know more about the philosophy and other details of this program, please let us know.
- You have the right to speak with a healthcare provider at any time utilizing regular business hours or the 24/7 availability of clinical staff.
- You have the right to know our toll-free telephone number for easy access to our staff (Commcare: 888.203.7973; ACRO: 800.906.7798). You have the right to know the name of the employee with whom you are talking and their job title. You have the right to speak with a supervisor if you request this. Our policy is to return your telephone call within two business days.
- You have the right to be informed of any responsibilities you may have in the care process.
- You have the right to be provided with information concerning those aspects of your condition related to the care provided by Pharmacy or other agencies contracted by Pharmacy.
- You have the right to receive information that would mean changes in or termination from our Patient Management Program.

#### Right to Choose:

- You have the right to choose your healthcare provider.

#### Respect and Nondiscrimination:

- You have the right to considerate, respectful care from all healthcare workers at all times and under all circumstances.
  - An environment of mutual respect is essential to maintain quality health care treatment.
  - You have the right not to be discriminated against based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, veteran status, lifestyle, genetic information, or source of payment.
- You have the right to have care provided by qualified personnel who are knowledgeable.
- You have the right to expect that Pharmacy will process your prescriptions without undue delay and contact you in the event of a drug recall which impacts your care plan. Pharmacy personnel will call you to discuss these issues and explain our plan for each situation which impacts your care plan.

#### Participate in Your Treatment:

- You have the right to participate in the development of the care plan.
- You have the right to receive and review information about diagnosis, treatment, and the progress of your condition, and to fully participate in all decisions related to your health care.
  - If you are unable to fully participate in treatment decisions, you have the right to be represented by family members, conservators, or other duly-appointed representatives. If a representative will be representing you, please ask for a Patient Authorization Form.
- You have the right to receive information in a manner in which you can understand and be able to give informed consent to the start of any procedure or treatment.
- You have a right to receive counseling or clinical advice from our pharmacist regarding a prescription. We offer you that option at the time your prescription is being delivered or please call us on our toll free line (Commcare: 888.203.7973; ACRO: 800.906.7798).

#### Confidentiality of Your Health Information

- You have the right to communicate with health care providers in confidence and to have the confidentiality of your individually identifiable health care information protected.
- You have rights as stated in the Notice of Privacy Practices.
- You have the right to expect that we will protect the confidentiality of your medical record and will release information only as it is compliant with HIPAA (Health Insurance Portability and Accountability Act of 1996). This means that your personal health information can be used by Pharmacy for healthcare purposes, such as providing you services through our Patient Management Program, quality

improvement, peer review, mandatory reporting, adjudication of claims, or for use in adherence and compliance programs. These uses of your personal health information are only done in accordance with state and federal law.

#### Financial Inquiries:

- You have the right to review your healthcare bills, have an explanation of benefits and services, and use the disputed claims process when there is a disagreement.

#### Fraud, Waste, and Abuse:

- If you suspect fraud, waste or abuse with your treatment, you have the right to ask questions about your medical charges, report wrongdoing and fraud to supervisor and/or the owner, or legal authorities if inquiry is left unanswered.

#### Complaints, Concerns and Appeals:

- You have the right to let us know of any issue/concern you may have regarding our services by calling our toll-free telephone number (Commcare: 888.203.7973; ACRO: 800.906.7798). We will respond to your concern within five business days or sooner depending on the problem.
- You have the right to a fair and efficient process for resolving differences with the healthcare provider that serves you. Ask to speak to the supervisor if you have a complaint.

### Patient Responsibilities

#### Medical History:

- Provide to the best of your ability and knowledge, accurate and complete information concerning your medical history.
- Send us any forms that we may request in order for us to register you in our Patient Management Program or any other forms that may be required by law.

#### Understand Your Treatment:

- Become knowledgeable about your medications by reading the information we send you each time we deliver the drug or by calling our toll free telephone number.
- Knowledge about your medications includes knowing the risks for taking the drug, how to dispose medications, and how to manage side effects.
- Inform a member of our staff if you do not clearly understand the treatment and/or the plan for care.
- Notify us if you have a concern about any medication recalls and how to handle them.

#### Financial Obligation:

- Be knowledgeable about your health coverage including covered benefits; limitations; and exclusions.
- Make a good-faith effort to meet financial obligations.

#### Interaction with Staff and Other Patients:

- Notify us if there is a need to cancel a treatment/ medication/therapy.
- Keep us and your physician's office informed of any changes in your health condition or if you experience reactions from the medication.
- Notify your prescriber of your participation in our Patient Management Program.
- Keep us informed of your current telephone number and address so we may deliver your medication to the correct address or reach you by phone when necessary.

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**By signing below, I acknowledge I have read and understand my Rights and Responsibilities as a patient of Pharmacy.**

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#### Signature of Patient or Personal Representative

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Name of Patient

Date

**If Personal Representative is signing for the patient, please provide your name, address, documentation and description of your ability to sign on behalf of the patient.**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

## 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 42 CFR § 424.57(c).**

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable state law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57(c)(11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57(d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

## Five Things You Can Do to Prevent Infection

It is important to try and avoid contagious disease, such as the common cold and the flu. Here are five easy tips to help prevent the spread of infection.

<p>1</p> 	<p><b>Clean your hands</b></p>	<p>Clean your hand thoroughly for at least 15 seconds. Use soap and warm water (be careful of the water temperature and use a temperature that is comfortable to you). Clean your hands: after visiting a place of business, before handling or eating food, after using the restroom, after visiting someone who is ill, after playing with a pet, after changing a diaper, etc.</p>
<p>2</p> 	<p><b>Cover your mouth and nose</b></p>	<p>Germs can travel 3 feet or more when you sneeze or cough. Always cover your mouth to prevent the spread of infection. You can sneeze or cough into a tissue or at the bend of your elbow. Always make sure you clean your hands right away.</p>
<p>3</p> 	<p><b>Avoid close contact with others if you are sick</b></p>	<p>If you are sick, stay away from others (if possible) and do not touch or shake hands with people. If you are visiting the doctor for treatment, call ahead and ask if there is anything you can do to avoid spreading the infection.</p>
<p>4</p> 	<p><b>Get your vaccinations</b></p>	<p>Vaccinations are available for: Chicken pox, measles, tetanus, Shingles, Mumps, Meningitis, Hepatitis, Pneumonia, Flu (Influenza).</p>
<p>5</p> 	<p><b>Ask healthcare professionals to wash their hands and wear gloves</b></p>	<p>Healthcare providers come in contact with lots of bacteria and viruses. Do not be afraid to ask them if they should wear gloves before they treat you.</p>

## Patient Emergency Preparedness Plan

It is important to have a general plan when preparing for an emergency. The following tips could be helpful during your preparation plans.

During your preparation, should you have specific questions regarding your medication, please call our 24/7 Hotline.  
 Acro Pharmaceutical Services (800) 906-7798  
 Commcare Specialty Pharmacy (888) 203-7973

### General plans for all patients.

#### Make a list and include:

- ✓ Medications
- ✓ Medical Information
- ✓ Allergies
- ✓ Copies of health insurance cards
- ✓ Contact information

#### Have on hand:

- ✓ 2 week supply of medication
- ✓ Cell phone
- ✓ Flashlights and batteries
- ✓ First aid kit
- ✓ Battery operated radio

#### Evacuation plans:

- ✓ Know emergency numbers
- ✓ Know where the nearest shelter is located
- ✓ Have an emergency bag ready to go
- ✓ Arrange for assistance if you cannot evacuate by yourself
- ✓ Have a plan for your pets
- ✓ Plan to have pet medication, food, and accessories

#### Essential items for your emergency bag:

- ✓ Health information
- ✓ Cell phone
- ✓ Essential medication
- ✓ Flashlight and batteries
- ✓ Copies of prescriptions
- ✓ Emergency food
- ✓ Pharmacy emergency hotline number:

Acro Pharmaceutical Services (800) 906-7798  
 Commcare Specialty Pharmacy (888) 203-7973