

HOME INFUSION

WELCOME PACKET

Contents

- 2 Home Infusion Pharmacy
- 3 Medication Safety and Biomedical Waste
- 4 Troubleshooting with Infusion Therapy: Central Venous Catheter Associated Complications
- 5 Tips for Proper Drug Disposal
- 7 Sharps Disposal
- 8 What is the Right Way to Wash your Hands?
- 9 Emergency Resources and Tips
- 11 Home Safety
- 12 Prevent Falls in the Home
- 13 Change of Coverage
- 14 Notice of Privacy Practices
- 18 Patient Bill of Rights
- 21 Medicare Prescription Drug Coverage and Your Rights
- 22 Medicare DMEPOS Supplier Standards
- 24 Making Medical Decisions in Advance About Your Care and Treatment
- 25 Patient Satisfaction Survey
- 26 Patient Concerns Form

Welcome

We'd like to take a moment to welcome you as a new patient of WVU Medicine Home Infusion. Thank you for choosing us. We look forward to partnering with you to provide your home infusion prescription needs. We want you to know your health and wellbeing is always our number one priority; we will do all we can to ensure you achieve the most successful result possible.

The trust and confidence you have placed in WVU Medicine Home Infusion is most appreciated. WVU Medicine Home Infusion provides you with timely home infusion medications, supplies, and equipment as prescribed by your physician. Our mission is to help you better understand your specific disease state and treatment plan so you can achieve the best results and maintain optimal health over the long-term. Through our unique services, we educate every patient on your home infusion therapy while monitoring all the medications you are taking to make sure there are no inappropriate drug reactions.

The specialized programs developed by WVU Medicine Home Infusion are used to provide these key benefits:

- Coordination of the insurance approval process
- Evaluation of eligibility for financial assistance to reduce medications costs
- Education & training on your unique disease state and medication
- Clinical monitoring
- Free delivery for all medications, supplies, and equipment
- Equipment/pump management
- Refill reminders
- Pharmacists available on call 24 hours a day, 7 days a week

It is a great pleasure to welcome you to WVU Medicine Home Infusion, and we look forward to being your home infusion therapy provider.

**Sincerely,
The WVU Medicine Home Infusions Team**

Home Infusion Pharmacy

Home infusion therapy is the administration of medication through a needle or catheter in a vein and is given in the home setting. Home infusion has been proven to be a safe and effective alternative to inpatient care for many medical conditions and therapy types.

A dedicated team of professionals will be monitoring your therapy throughout your time with us. If a clinical emergency arises at any time, we are on-call 24 hours a day to help you.

For all medical emergencies, call 911.

Clinicians with proper CPR training may perform resuscitative measures if there is a medical emergency in the home. Non-clinician staff will respond to medical emergencies in the home by accessing 911 services.

Proof of Delivery

The packing slip included in your delivery package provides you with an itemized list and quantity of medication and/or supplies you have received.

The packing slip also serves as proof of delivery and is included as part of your medical record in the event your insurance provider requests this information. Insurance providers can audit medical records at any time for proof of delivery and can deny reimbursement if proof of delivery is not available.

The packing slip must be signed, dated, and returned with the delivery person, if delivered by a driver. If the delivery was left at your door by a pharmacy driver, and not signed, the packing slip must be signed, dated, and returned as soon as possible.

Medication, Supplies, and Refills

If you have any questions about your medicine, please call and talk to a pharmacist.

To place an order for supplies and/or a medication refill, please call and talk to one of our team members. It is a requirement that someone from our pharmacy talks to you before each delivery to identify therapy and supply needs.

It is our goal to supply you with the correct number of supplies to administer your infusion therapy. You can help us by providing a correct count of your supplies weekly. Your home care nurse will teach you how to count and record your supplies each week.

Medication

Safety & Biomedical Waste

Remember – As a patient and/or family member, you are a part of the health care team. Taking an active role in safe medication use has many advantages. Not only will it help prevent medication errors, but it will also make you a more informed healthcare consumer. With teamwork, we strive to provide to you the best experience possible.

Our pharmacists can help with any medication questions. Never hesitate to call with any questions, concerns, or problems.

When you receive each delivery of medication, open the box, and look at each dose to ensure the correct product and correct patient name is on the product.

Always be sure to store all medications as instructed on the label and packaging. Store all medication and supplies away from children and pets. Do not store supplies on the floor. Refrigerated medicine should be placed in the refrigerator as soon as possible after it arrives. Place the new medicine behind previously delivered medicine if applicable. Non-refrigerated items should be kept in a cool, dry place away from direct sunlight and above freezing temperatures.

If your medication has been stored improperly for any length of time, call one of our pharmacists for further instructions.

Before taking each dose of medication:

- Always wash your hands before getting your medication ready.
- Read the label to make sure the medication you have is what your doctor ordered for you.
- Read any instructions or information you have been given.
- Check the product for any changes in color, appearance, or leaks. All IV solutions should be free of floating particles.
- Call us to speak to a pharmacist if the medication, dosing, or any information differs from what your doctor has told you.

For example: Your doctor told you to take your medication 1 time daily, but the label says to take it 2 times daily; call your pharmacist to confirm dosing instructions.

After taking each dose of medication:

- Place all used IV needles and syringes in the sharps container.
- Place all used supplies and/or remaining IV waste into your regular garbage.
- Do **NOT** throw away your infusion pump or accessories! These items are rented to you while you are receiving home infusion therapy. When you are done with the service, all equipment must be returned; if you do not return these items, you may be asked to pay for them.
- Should any improper waste disposal occur, contact WVU Medicine Home Infusion immediately.
- No returns can be accepted or credits provided for unused supplies due to safety and infection control standards.

Infection Control

It is important to notice problems as soon as possible to prevent complications.

You should look at your IV site daily for signs of infection, and report any suspected infection to your nurse immediately. These include:

- Pain
- Redness
- Swelling
- Warmth
- Drainage where the catheter enters your skin

Never use medicine or supplies if there is evidence of damage, leaks, discoloration, visible particulate matter, or if medicine is past the expiration date on the label.

Injection caps should always be prepped with alcohol or another antiseptic given prior to accessing the catheter, as taught by your nurse.

If your IV catheter becomes loose and is no longer secured correctly, this can lead to complications or an infection. Contact your nurse right away.

Troubleshooting with Infusion Therapy:

Central Venous Catheter Associated Complications

There are different types of venous access, such as a peripherally inserted central catheter (PICC), the Hickman (tunneled central catheter), ports, midlines, and peripheral lines. Your home care nurse will check your IV line and teach you how to care for it. Depending on the type of line you have, it may also be used to get blood samples for lab studies. As with any type of treatment, there are certain problems that can happen.

PROBLEM	POSSIBLE CAUSE	WHAT TO DO
Accidental removal of the catheter from the chest	The catheter is no longer in place. THIS REQUIRES AN EMERGENCY RESPONSE.	Apply firm pressure to the exit site and chest area above it with a gauze dressing or clean washcloth. Call 911.
Shortness of breath, coughing, fast heart rate	These are signs of a possible blood clot or pulmonary embolus. THIS REQUIRES AN EMERGENCY RESPONSE.	Make sure the catheter is clamped. Lie down on your left side with head flat and feet up. Stay in this position while your caregiver calls 911.
Swelling or pain in your neck, shoulder, face, or arm on the side of the catheter	THIS REQUIRES AN EMERGENCY RESPONSE.	Stop using your catheter, and make sure it is clamped. Call 911 and your nurse or doctor right away.
Accidental catheter movement or complete removal from the arm	The catheter may be displaced if it appears larger, if a "cut" is visible at the exit site, or if the catheter is no longer working.	Do not use the catheter. Tape the catheter to your skin if it seems loose. If it is bleeding or if the catheter is completely out of the arm, apply clean gauze and pressure to the site. Call your nurse or doctor right away.
Pain, redness, warmth, swelling, or pus-like drainage where catheter enters your skin	These are signs of an infection.	Stop infusion, or do not start infusion. Call your nurse or doctor right away.
Unexplained fever and/or chills	This is a sign of a possible infection or a drug reaction.	Stop infusion, or do not start infusion. Call your nurse or doctor right away.
Leaking of fluid from catheter or at intravenous site	There may be a loose connection, or there may be damage to the catheter, such as a hole or crack.	Check and tighten connection. If leaking continues, stop your infusion, and do NOT flush the line. Clamp the catheter as close as possible to the insertion site. If necessary, pinch or fold it to clamp it. Some catheters can be repaired. Cover the hole or crack with sterile gauze. Call your nurse or doctor right away. Never use scissors or sharp objects near the catheter.
Blood in catheter or tubing	Some amount may be normal. There may be a loose connection, or the IV bag may not be high enough.	Check and tighten connections. Raise the bag. Flush the line with a saline flush if your medication does not infuse or if the blood does not clear from the line. Call your nurse or doctor right away if you are not able to flush the catheter.
Difficulty flushing the catheter	The catheter may be clamped, or your catheter could have a blood clot; this can be treated.	Make sure the catheter is not clamped. Change your position by raising your arms, lying down, coughing, or taking a deep breath. If you still cannot flush, stop using the catheter, and call your nurse. Never use force to flush the catheter.
Skin rash or itching. There may be swelling of face, hands, or eyelids and wheezing or shortness of breath may occur. You may also have a fever.	These are signs and symptoms of an allergic reaction.	Stop infusion, clamp the catheter, and do not restart infusion. If severe reaction or if symptoms worsen, call 911. Otherwise, call your nurse or doctor immediately.

Q: How should I handle my medication during times of natural disaster or personal disaster?

Call us as soon as possible at: **304-285-7216** or toll free at: **844-988-7216** for guidance when unsure how to safely manage medications during these times.

Q: How do I properly dispose of my medications?

It's important to properly dispose of unused or expired medications to prevent accidental ingestion or misuse of medications.

For the most up-to-date recommendations for how to properly dispose of expired or unused medications, please visit the following website:

[fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm)

If your medication is not on this list, please see the handout included in your Welcome Packet on how to properly dispose of your unwanted or expired medications.

You will be notified by an WVU Medicine Home Infusion employee if there is a recall on your medication and given instructions on what to do.

If you are unsure how to dispose of a medication or if a medication may be flushed or thrown in the trash, ask your pharmacist.

Contact WVU Medicine Home Infusion: **304-285-7216** or **844-988-7216 TOLL-FREE**

TIPS

for proper drug disposal

It is important to remove unused or expired medications from your home to prevent accidental ingestion by children or pets and misuse of prescription medications. In addition, disposal of unused medications is an environmental concern and proper disposal will prevent medications from getting into the soil and groundwater.

Medicine take-back programs are a good way to safely dispose of most medications. Contact your local law enforcement agency to see if it sponsors medication take-back programs in your community.

If you are unable to locate a medication take-back program in your area, the Food and Drug Administration (FDA) recommends the following for disposing of most medications:



1. Do NOT flush most medications whenever possible.



2. Read the packaging on the medication or the patient information that is provided with the medication. Follow any specific instructions for disposal.



3. Remove all medications from their original containers. Mix the medications with an undesirable substance, such as used coffee grounds or kitty litter. This will make the medication less appealing to children and pets and unrecognizable to people who may go through your trash.



4. Place the mixture in a sealable bag or an empty container with a lid, such as a coffee can or butter tub. Tightly seal the bag or container and throw it away in the trash. Always check with local trash services to make sure medicines can legally be thrown in the trash.



5. Some medications are considered too harmful to throw away in the trash. The FDA has a list of medications that may be disposed of by flushing if another method of disposal, such as a take-back program, is unavailable. A list of these medications is located on the next page.



6. Scratch out or remove all identifying information on the prescription label so that it is unreadable. This helps to protect your identity and the privacy of your personal health information before throwing it away.



THE FOLLOWING MEDICATIONS **MAY** BE DISPOSED OF BY FLUSHING:

Active Ingredient:	
Abstral, oral tablets (sublingual)	Fentanyl
Actiq, oral transmucosal lozenge*	Fentanyl Citrate
Arymo ER, tablets (extended release)	Morphine Sulfate
Avinza, capsules (extended release)	Morphine Sulfate
Belbuca soluble film (buccal)	Buprenorphine Hydrochloride
Buprenorphine Hydrochloride, tablets (sublingual)*	Buprenorphine Hydrochloride
Buprenorphine Hydrochloride; Naloxone Hydrochloride, tablets (sublingual)*	Buprenorphine Hydrochloride; Naloxone Hydrochloride
Butrans, transdermal patch system	Buprenorphine
Daytrana, transdermal patch system	Methylphenidate
Demerol, tablets*	Meperidine Hydrochloride
Demerol, oral solution*	Meperidine Hydrochloride
Diastat/Diastat AcuDial, rectal gel	Diazepam
Dilaudid, tablets*	Hydromorphone Hydrochloride
Dilaudid, oral liquid*	Hydromorphone Hydrochloride
Dolophine Hydrochloride, tablets*	Methadone Hydrochloride
Duragesic, patch (extended release)*	Fentanyl
Embeda, capsules (extended release)	Morphine Sulfate; Naltrexone Hydrochloride
Exalgo, tablets (extended release)	Hydromorphone Hydrochloride
Fentora, tablets (buccal)	Fentanyl Citrate
Hysingla ER, tablets (extended release)	Hydrocodone Bitartrate
Kadian, capsules (extended release)	Morphine Sulfate
Methadone Hydrochloride, oral solution*	Methadone Hydrochloride
Methadose, tablets*	Methadone Hydrochloride
Morphabond (extended release)	Morphine Sulfate

Active Ingredient:	
Morphine Sulfate, tablets (immediate release)*	Morphine Sulfate
Morphine Sulfate, oral solution*	Morphine Sulfate
MS Contin, tablets (extended release)*	Morphine Sulfate
Nucynta ER, oral tablets (extended release)	Tapentadol
Onsolis, oral soluble film (buccal)	Fentanyl Citrate
Opana, oral tablets (immediate release)	Oxymorphone Hydrochloride
Opana ER, oral tablets (extended release)	Oxymorphone Hydrochloride
Oxecta, oral tablets (immediate release)	Oxycodone Hydrochloride
Oxycodone Hydrochloride, oral capsules	Oxycodone Hydrochloride
Oxycodone Hydrochloride, oral solution	Oxycodone Hydrochloride
Oxycontin, oral tablets (extended release)	Oxycodone Hydrochloride
Percocet, oral tablets*	Acetaminophen; Oxycodone Hydrochloride
Percodan, oral tablets*	Aspirin; Oxycodone Hydrochloride
Suboxone, oral film (sublingual)	Buprenorphine Hydrochloride; Naloxone Hydrochloride
Targiniq ER (extended release)	Oxycodone Hydrochloride; Naloxone Hydrochloride
Vantrela ER, tablets (extended release)	Hydrocodone Bitartrate
Xartemis XR, oral tablets	Oxycodone Hydrochloride; Acetaminophen
Xtampza ER capsules (extended release)	Oxycodone
Xyrem, oral solution	Sodium Oxybate
Zohydro ER, oral capsules (extended release)	Hydrocodone Bitartrate
Zubsolv, oral tablets (sublingual)	Buprenorphine Hydrochloride; Naloxone Hydrochloride

*These medicines have generic versions available or are only available in generic formulations. This list is supplied by the FDA and is often updated. **Please visit:** fda.gov for more information.

Always refer to printed materials supplied with your medication for specific disposal instructions.

SHARPS

Disposal



ALWAYS USE A SHARPS CONTAINER

Used sharps are hazardous waste. When not discarded properly, they can cut and infect others. Protect your community by always discarding your used sharps in a sharps disposal container.

FREE sharps containers may be available from your doctor, hospital, health insurance, or medication supplier. You can also buy a sharps container from your pharmacist or online.



IF YOU CANNOT GET AN FDA-CLEARED SHARPS CONTAINER, FOLLOW THESE GUIDELINES:

Use an empty household container with these features:

- Stays upright
- Made of heavy-duty plastic
- Tight-fitting lid that cannot be punctured
- Does not leak

DO NOT USE: milk containers, water bottles, glass containers, or soda cans. These containers can break or puncture easily.



Discarding a household container:

1. Close lid and tape shut. Label container.
2. Bring container to a sharps disposal program.

If you cannot find a disposal program, put container in center of full trash bag and discard in regular trash.*

*In some areas, it is illegal to dispose of sharps in the trash. **Please follow your community guidelines.**

ALWAYS REMEMBER

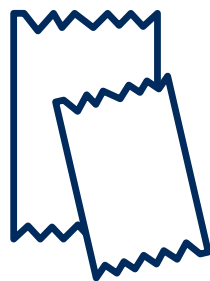
- **DO NOT** throw loose sharps in trash
- **DO NOT** put sharps in recycling
- **DO NOT** flush sharps down toilet
- **KEEP OUT** of reach of children

For information about rules and laws in your community, contact the Coalition for Safe Community Needle Disposal at: 800-643-1643.

Information gathered from **FDA.GOV**.



What is the right way to **WASH YOUR HANDS?**



1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

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

3. Scrub your hands for at least 20 seconds.

Need a timer? Hum the “Happy Birthday” song from beginning to end twice.

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

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

Pat your skin rather than rubbing to avoid chapping and cracking.

6. Use a paper towel (or elbow) to turn off the faucet.

7. Use hand sanitizer if soap and clean, running water is unavailable.

Washing hands with soap and water is the best way to reduce the number of germs on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs and might not remove harmful chemicals.

Information gathered from [CDC.GOV](https://www.cdc.gov)

EMERGENCY

Resources and Tips

Preparing your medications for an emergency to decrease the risk of a life-threatening situation:

Make a list – Keep a current list of medications you are taking, including dose and directions and phone numbers of your doctor and pharmacy.

Have your card – Keep your health insurance and drug card with you at all times.

Start a stockpile – Make sure you have at least 7-10 days of your medications and other medical supplies. Refill your prescriptions as soon as you are able so you can set aside a few extra days’ worth in your emergency kit. Also, consider any over-the-counter medications that you may need (ex. pain relievers, cold medications, antacids).

Storage matters – Keep your pills in labeled, child-proof bottles in a secure place that does not experience extreme temperature changes or humidity. Consider placing medicine bottles in waterproof bags when flooding is a concern.

Check the date – Do not let medications in your emergency kit expire. Check dates twice a year.

Talk about a plan – Talk to your doctor or pharmacist about what you should do in case you run out of medicine during an emergency.

Plan ahead – Make sure you know the shelf-life and optimal storage temperature of your medications because some medications can only be at room temperature for certain periods of time.

Check before using – Before using medications in your emergency kit, check to make sure the look or smell hasn’t changed. If you are unsure about the medication, ask your doctor or pharmacist.

During an emergency:

Call WVU Medicine Home Infusion for guidance on handling medications during times of natural disaster or personal emergencies.

To find an open pharmacy, visit RxOpen.com (it maps open and closed pharmacies during disasters)

Medicare recipients who need dialysis treatment should contact the End-Stage Renal Disease Network (ESRD), or call 800-Medicare to get ESRD Network contact information.

People who need chemo and other cancer treatments should call 800-4CANCER to help locate cancer centers/providers.

References:

Preparing Your Medicine Cabinet for an Emergency: A Checklist – [cdc.gov](https://www.cdc.gov)

How to Get Your Prescription Drugs During a Disaster – [aarp.org](https://www.aarp.org)

Be Red Cross Ready

Get a kit. Make a plan. Be informed.

It's important to prepare for possible disasters and other emergencies. Natural and human-caused disasters can strike suddenly, at any time and anywhere. There are three actions everyone can take that can help make a difference ...

Be Red Cross Ready Checklist

- I know what emergencies or disasters are most likely to occur in my community.
- I have a family disaster plan and have practiced it.
- I have an emergency preparedness kit.
- At least one member of my household is trained in first aid and CPR/AED.
- I have taken action to help my community prepare.

Get a kit



At a minimum, have the basic supplies listed below. Keep supplies in an easy-to-carry emergency preparedness kit that you can use at home or take with you in case you must evacuate.

- Water—one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
- Food—non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home)
- Flashlight • Battery-powered or hand-crank radio (NOAA Weather Radio, if possible)
- Extra batteries • First aid kit • Medications (7-day supply) and medical items • Multi-purpose tool • Sanitation and personal hygiene items • Copies of personal documents (medication list and pertinent medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies)
- Cell phone with chargers • Family and emergency contact information • Extra cash • Emergency blanket • Map(s) of the area

Consider the needs of all family members and add supplies to your kit. Suggested items to help meet additional needs are:

- Medical supplies (hearing aids with extra batteries, glasses, contact lenses, syringes, cane)
- Baby supplies (bottles, formula, baby food, diapers)
- Games and activities for children
- Pet supplies (collar, leash, ID, food, carrier, bowl)
- Two-way radios
- Extra set of car keys and house keys
- Manual can opener

Additional supplies to keep at home or in your kit based on the types of disasters common to your area:

- Whistle • N95 or surgical masks • Matches • Rain gear • Towels • Work gloves • Tools/supplies for securing your home
- Extra clothing, hat and sturdy shoes
- Plastic sheeting • Duct tape • Scissors • Household liquid bleach • Entertainment items • Blankets or sleeping bags

Make a plan



- Meet with your family or household members.
- Discuss how to prepare and respond to emergencies that are most likely to happen where you live, learn, work and play.
- Identify responsibilities for each member of your household and plan to work together as a team.
- If a family member is in the military, plan how you would respond if they were deployed.

Plan what to do in case you are separated during an emergency

- Choose two places to meet:
 - Right outside your home in case of a sudden emergency, such as a fire
 - Outside your neighborhood, in case you cannot return home or are asked to evacuate
- Choose an out-of-area emergency contact person. It may be easier to text or call long distance if local phone lines are overloaded or out of service. Everyone should have emergency contact information in writing or programmed into their cell phones.

Plan what to do if you have to evacuate

- Decide where you would go and what route you would take to get there. You may choose to go to a hotel/motel, stay with friends or relatives in a safe location or go to an evacuation shelter if necessary.
- Practice evacuating your home twice a year. Drive your planned evacuation route and plot alternate routes on your map in case roads are impassable.
- Plan ahead for your pets. Keep a phone list of pet-friendly hotels/motels and animal shelters that are along your evacuation routes.

Be informed



Learn what disasters or emergencies may occur in your area. These events can range from those affecting only you and your family, like a home fire or medical emergency, to those affecting your entire community, like an earthquake or flood.

- Identify how local authorities will notify you during a disaster and how you will get information, whether through local radio, TV or NOAA Weather Radio stations or channels.
- Know the difference between different weather alerts such as watches and warnings and what actions to take in each.
- Know what actions to take to protect yourself during disasters that may occur in areas where you travel or have moved recently. For example, if you travel to a place where earthquakes are common and you are not familiar with them, make sure you know what to do to protect yourself should one occur.
- When a major disaster occurs, your community can change in an instant. Loved ones may be hurt and emergency response is likely to be delayed. Make sure that at least one member of your household is trained in first aid and CPR and knows how to use an automated external defibrillator (AED). This training is useful in many emergency situations.
- Share what you have learned with your family, household and neighbors and encourage them to be informed.

Emergency Contact Cards for All Household Members

- Get your cards online at <http://www.redcross.org/prepare/ECCard.pdf>.
- Print one card for each family member.
 - Write the contact information for each household member, such as work, school and cell phone numbers.
 - Fold the card so it fits in your pocket, wallet or purse.
 - Carry the card with you so it is available in the event of a disaster or other emergency.

Let Your Family Know You're Safe

Tell your loved ones about the American Red Cross Safe and Well Web site available through RedCross.org. This Internet-based tool should be integrated into your emergency communications plan. People within a disaster-affected area can register themselves as "safe and well" and concerned family and friends who know the person's phone number or address can search for messages posted by those who self-register. If you don't have Internet access, call **1-866-GET-INFO** to register yourself and your family.

Home Safety

Emergencies and environmental disasters can happen at any time. We will make every effort to continue services without interruption and to let you know where your delivery is during these emergencies. Please listen to radio and television for weather updates and emergency information/instructions.

Fire and Electrical Safety

- Replace frayed cords.
- Cords should not be placed under furniture or rugs. Extension cords should not be overloaded.
- Electrical outlets should be grounded.
- Multiple outlet adapters should not be used on electrical outlets.
- Do not use an outlet if it sparks, if smoke appears, or if it is very warm.
- Keep flashlights and extra batteries handy.
- Fire regulations recommend one smoke detector on each level of the home.
- Check the batteries in smoke detectors often.
- Develop an evacuation plan to exit the residence in the event of fire.
- Establish clear pathways to all of the exits. Do not block the exits with furniture or boxes.
- Have a key accessible near deadbolt-locked doors.
- Chimneys should be inspected annually to avoid unsafe build up.
- Kerosene heaters, wood stoves, and fireplaces should not be left unattended while in use.
- Do not smoke in bed.

Environmental Safety

- Torn, worn, or frayed carpeting should be repaired or removed.
- Rugs, runners, and mats should be secured to the floor with double-sided tape or rubber matting or be rubber-backed.
- Handrails and hand grips should be secure.
- A sturdy step stool should be used to reach items on high shelves.
- Always store heavy items on lower levels.

Weather-Related Emergency Tips Power Outages

- If your home infusion equipment is run by A/C current with a battery back-up, call the electric company to let them know of your need for priority restoration of power.
- Always keep extra alkaline batteries for your infusion pump.
- Inform us of any power outages lasting longer than six hours; a recharged battery or pump may be delivered to you.
- Fill an ice chest with ice to store all refrigerated medicine.

Flooding

- Go to high ground immediately; get out of areas that tend to flood.

Tornadoes

- Be prepared to move to the basement, in a corner along an outside wall, or under the stairs.
- If there is no basement, go to the lowest level, in a bathroom, closet, inner hallway, or under the stairs.
- Stay away from doors and windows.

Winter Storms & Blizzards

- Keep an emergency supply of food and water in your home.
- Conserve energy; close off unused rooms.
- Dress warmly and in layers.
- Use caution when using kerosene and/or electric heaters.



For more information on disaster and emergency preparedness, visit RedCross.org.

Copyright © 2009 by the American National Red Cross | Stock No. 658508

Prevent Falls in the home

According to the National Safety Council, falls continue to be the major reason for injury and hospital admission and injury-related death for older adults. Follow these tips to prevent slips and falls in your home:

- If you use oxygen, safely manage oxygen tubing to eliminate a trip hazard.
- Change position slowly. When planning to rise from bed, sit on the edge of bed and dangle feet before standing.
- Be aware that climbing and reaching high places will increase your chance of a fall.
- Use a sturdy step stool with hand rails when these tasks are necessary.
- Keep pathways and steps free of ice, snow, leaves, and newspapers.
- Plan ahead, take your time — don't rush.
- Wear supportive, non-skid footwear indoors and outside.
- Keep the floor clear. Reduce clutter, and safely tuck telephone and electrical cords out of walkways.
- Keep the floor clean. Clean up grease, water, and other liquids immediately. Don't wax floors.
- Eat regular, well-balanced meals to avoid weakness, dizziness, and fatigue.
- Ask for assistance with any heavy jobs.

General Areas

- Minimize changes in walking surfaces and use slip-resistant coverings, such as rough tile and carpet with short, dense pile. Use non-skid throw rugs to reduce your chance of slipping on linoleum.

- Make sure living areas are well lit.
- Consider installing more outlets to minimize the use of extension cords.
- Relocate switches so that you don't have to walk through darkened areas.
- Make sure your doors are wide enough to accommodate your walker or wheelchair. Increase the width, if necessary.

Stairways

- Install handrails on both sides of the stairs and consider extending them one foot beyond the last step at both top and bottom. The top of the railing should be at your elbow height.
- Use handrails that allow you to use a "powergrip," i.e. encircle your thumb and fingers around it, and allow hand clearance between the handrail and wall.
- Consider marking the nose of each tread with a contrasting color.
- Suggested stair rise of no more than seven inches and tread width of at least 11 inches.
- Remove thick carpets and underpads on treads.

Bathroom

- Securely install grab-bars in tub/shower and near toilet at height and angle best suited for your needs; tubs/showers typically require two bars positioned for support when entering and exiting, respectively.
- Install slip-resistant tile/surfaces.

Change of Coverage

To Our Patients,

Please be aware it is the patient's responsibility to notify providers of any changes in their insurance policy and coverage. Failure to do so may result in non-payment by your insurance company. If this occurs, you are fully responsible for any unpaid claims.

We request you notify WVU Medicine Home Infusion at least 15 days prior to any changes being made. This will allow WVU Medicine time to obtain benefits and appropriate authorization.

Please feel free to contact us at 304-974-3340 if you have any questions or concerns.

Sincerely,
The Reimbursement Team of WVU Medicine Home Infusion Team

Suggestions for reducing falls and their severity:

Begin a regular exercise program.

Exercise is one of the most important ways to reduce your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination are the most helpful. Ask your doctor or healthcare worker about the best type of exercise program for you.

Have your healthcare provider review your medicines.

Have your doctor or pharmacist look at all the medicines you take (including ones that don't need prescriptions, such as cold medicines). As you get older, the way some medicines work in your body can change. Some medicines, or combinations of medicines, can make you drowsy or light-headed, which can lead to a fall.

Have your vision checked.

Have your eyes checked by an eye doctor. You may be wearing the wrong glasses or have a condition such as glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

If you have any questions related to preventing falls, please speak to your home care nurse or contact us at WVU Medicine Home Infusion at 304-974-3340.

Notice of PRIVACY PRACTICES

WVU Medicine Home Infusion

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.

If you have any questions about this Notice of Privacy Practices, please ask a member of our staff. **You may contact WVU Medicine Home Infusion by calling: 304-974-3340.**

This is your Notice of Privacy Practices (NOPP) from WVU Medicine Home Infusion. Please read it carefully. This notice describes how we may use and disclose your protected health information (PHI) in order to carry out treatment, payment, and healthcare operations and for other specified purposes that are permitted or required by law. This notice also describes your rights with respect to your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. There are special protections for HIV, alcohol and substance abuse, mental health, and genetic information. This Notice is required by privacy regulations (the "HIPAA Privacy Rules") issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with an additional copy of our NOPP upon request;
- abide by the terms of this notice; and
- communicate any changes to the NOPP to you.

Use and Disclosure of Protected Health Information Without Your Authorization

The following categories describe different ways that WVU Medicine Home Infusion may use and disclose your protected health information without getting a special form of written permission from you called an "authorization" under the HIPAA Privacy Rules.

TREATMENT: We will use and disclose your protected health information in order to provide treatment to you. For example, protected health information will be used by your pharmacist to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you.

PAYMENT: We will use and disclose your protected health information in order to obtain payment for healthcare services provided to you. For example, we may contact your insurer to determine whether it will authorize payment for your prescription and to determine the amount of your co-payment or co-insurance. We may bill you or your insurer for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking. In the event coverage for a particular prescription is denied, we may contact your physician or insurer to obtain a prior authorization or confirm medical necessity.

HEALTHCARE OPERATIONS: We will use and disclose your protected health information in order to carry out our general business operations as a healthcare provider. For example, we may use information in your health record to monitor the performance of the pharmacists providing treatment to you. We will share your protected health information with third party business associates that perform various activities for us.

LAW ENFORCEMENT: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law, including laws that require the reporting of certain types of wounds or other physical injuries; pursuant to court order, court-ordered warrant, subpoena, summons, administrative request, or other similar process; for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; when you are the victim or suspected to be the victim of a crime; when we suspect that the information relates to criminal conduct that occurred on our premises; to alert law enforcement officials regarding a death; and in an emergency to report a crime.

PUBLIC HEALTH: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability, including the FDA. We may also disclose your protected health information to a public health authority authorized by law to receive reports of child abuse or neglect. We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. In certain instances, we may also report work-related illnesses and injuries to employers for workplace safety purposes.

FOOD AND DRUG ADMINISTRATION: We may disclose your protected health information to a person or company subject to the jurisdiction of the Food and Drug Administration ("FDA") to report adverse events, product defects or problems, biologic product deviations, or track FDA-regulated products; to enable product recalls; to make repairs or replacements; to conduct post-marketing surveillance; or for other purposes related to the quality, safety, or effectiveness of a product or activity regulated by the FDA.

HEALTH OVERSIGHT ACTIVITIES: We may disclose your protected health information to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings required by the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose protected health information about you in response to an order of a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

TO CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may disclose your protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, consistent with applicable law, in order to permit the funeral director to carry out his or her duties.

ORGAN OR TISSUE DONATION: Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

RESEARCH: We may use and disclose your protected health information for medical research purposes following IRB guidelines. We will obtain your authorization prior to using your information in research studies, if information that directly identifies you is disclosed. The only exception would be granted under rare circumstances when the IRB is permitted by federal regulations to grant a waiver of authorization.

MILITARY AND VETERANS: If you are a member of the armed forces, including a foreign military, we may use and disclose protected health information about you as required by military command authorities.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES, PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: We may release protected health information about you to authorized federal officials for the conduct of intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.

CORRECTIONAL INSTITUTION: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official protected health information necessary for the provision to you of healthcare services, your health and safety, the health and safety of others, law enforcement on the premises of the correctional institution and the administration, and maintenance of the safety, security, and good order of the correctional institution.

WORKERS' COMPENSATION: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar programs established by law.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may disclose protected health information about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

REFILL AND APPOINTMENT REMINDERS; HEALTH-RELATED BENEFITS AND SERVICES: We may contact you to provide refill or appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

DISCLOSURES TO YOU OR FOR HIPAA COMPLIANCE INVESTIGATIONS: We may disclose your protected health information to you or to your personal representative, and we are required to disclose your protected health information in certain circumstances described on the next page in connection with your rights of access to your protected health information and to an accounting of certain disclosures of your protected health information. We must also disclose your protected health information to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate our compliance with the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996.

Other Uses and Disclosures That May Be Made Without Your Authorization

We also may use and disclose your protected health information in the three instances set forth below without getting your authorization under the HIPAA Privacy Rules, although you may in certain circumstances have the opportunity to agree or object

to these uses and disclosures. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

OTHERS INVOLVED IN YOUR HEALTHCARE: We may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information directly related to that person's involvement in your care or payment related to your care.

NOTIFICATION: We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or caregiver about your location, general condition, or death.

DISASTER RELIEF: We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless we determine that to do so would impede our ability to respond to emergency circumstances.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITH YOUR AUTHORIZATION: Other uses and disclosures of your protected health information will be made only with your written authorization as required under the HIPAA Privacy Rules, unless otherwise permitted or required by law as described above. You may revoke this authorization in writing at any time except to the extent that we have taken an action in reliance on the authorization.

Your Health Information Rights

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR HEALTH INFORMATION.

For more information about these rights or to request copies, amendments, or restrictions of your records, **contact:**

WVU Hospitals Health Information Management Department (WVUH HIM Department)
PO Box 8049, Morgantown, WV 26506

or call: 304-598-4109.

NOTIFICATION OF BREACH: You have the right to be notified when your PHI has been disclosed to or accessed by a person who was not authorized to receive the information. We will notify you of any breach of your protected information within 60 days of our becoming aware of the breach.

OBTAIN A PAPER COPY OF THE NOTICE UPON REQUEST: You may request a copy of this notice from us at any time, even if you have agreed to receive it electronically. You may obtain a paper copy at the site where you obtain healthcare services or by contacting the WVUH HIM Department.

RIGHT TO REQUEST A RESTRICTION ON CERTAIN USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION: You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the WVUH HIM Department. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or healthcare operations, is not otherwise required by law, and the PHI pertains solely to a healthcare item or service for which you, or a person on your behalf, has paid in full.

RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION: With a few exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of protected health information we maintain about you. **To inspect or copy your protected health information, you must send a written request to:** WVUH Health Information Management Department at PO Box 8049, Morgantown, WV 26506. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. If you wish other parties to receive copies of your records, you must designate the individual(s) by signing an authorization or submitting a signed request, including information regarding the designated recipient and where to send the copy.

REQUEST AN AMENDMENT OF PROTECTED HEALTH INFORMATION. You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. We will consider your request and will make amendments based on the medical opinion of the healthcare provider who originated the entry. However, if the healthcare provider believes the entry should not be amended, we are not required to make the amendment. We will inform you about the denial and how to can disagree with the denial. **To request an amendment, you must send a written request to:** WVU Health Information Management Department at PO Box 8049, Morgantown, WV 26506.

RECEIVE AN ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION: You have the right to receive an accounting of certain disclosures we have made of your protected health information. This list will not include many types of disclosures, including those made for treatment, payment, or healthcare operations; disclosures we have made directly to you or your personal representative; disclosures to friends

or family members involved in your care; disclosures for notification purposes; and disclosures made with your authorization. To request an accounting of disclosures, contact the Health Information Management Department as indicated above.

REQUEST CONFIDENTIAL COMMUNICATIONS OF PROTECTED HEALTH INFORMATION: You have the right to request that we communicate with you about protected health information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to the Health Information Management Department and explain how or where you wish to be contacted.

Changes to This Notice

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for protected health information we already have about you, as well as any protected health information we receive in the future. The effective date of this notice is December 2015. You may request a copy of the Notice by asking for one at your next visit to our organization, **by calling us at: 304-285-7216 or toll free at: 1-844-988-7216, or via our website at: WVUMedicine.org/Specialty-Pharmacy.**

For More Information or to Report a Problem

If you have questions or would like additional information about our privacy practices, you may contact the WVU Hospitals Privacy Officer at 304-598-4109.

If you believe your privacy rights have been violated, you may file a complaint with the Office for Civil Rights. We will provide you with the address to file your complaint upon request.

Information may also be found at OCR's website at: [hhs.gov/ocr](https://www.hhs.gov/ocr).

We support your right to protect the privacy of your medical information. You will not be treated differently or penalized for filing a complaint. We will not retaliate in any way if you choose to file a complaint with us or with the Office for Civil Rights.

PATIENT Bill of Rights

As a patient, you have the right to:

1. Obtain correct and understandable information from your WVU Medicine Home Infusion pharmacist concerning your treatment and/or drug therapy.
2. Discuss your medication therapy, including any possible side effects and drug interactions, and to receive counseling and education from your WVU Medicine Home Infusion pharmacist.
3. Expect that all prescribed medications dispensed to you are accurate, effective, and in useable condition.
4. Select a pharmacy of your choice.
5. Be fully informed in advance about services/care to be provided.
6. Be treated with dignity, courtesy, and respect as a unique individual.
7. Be able to identify WVU Medicine Home Infusion representatives through name and job title (name badge, job title) and to speak with a pharmacist if requested.
8. Choose a healthcare provider.
9. Receive information about the scope of care/ services that are provided by WVU Medicine Home Infusion, as well as any limitations to the company's care/service capabilities.
10. Receive, upon request, evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.), including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
11. Coordination and continuity of services from WVU Medicine Home Infusion; timely response when care, treatment, services, and/or equipment is needed or requested; and to be informed in a timely manner of impending discharge/transfer.
12. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, and explanation of all forms you are requested to sign.
13. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, sexual orientation, sexual identity, gender identity, marital status, veteran status, ancestry, political affiliation, social or economic status, age, disease process, DNR status, disability in accordance with physician orders, or other characteristic protected by federal or state law.
14. Receive medications and services from qualified personnel and to receive instructions and education on safely handling and taking medications.
15. Receive information regarding your order status. **Patients or caregivers can call: 304-285-7216 or toll free at: 1-844-988-7216** and speak with a pharmacy employee.
16. Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it; the possible alternatives and/or risks involved; your right to refuse all or part of the services; and to be informed of expected consequences of any such action based on the current body of knowledge.
17. Confidentiality and privacy of all the information contained in your records and of protected health information (except as otherwise provided for by law or third-party payer contracts).
18. If desired, to be referred to other healthcare providers within an external healthcare system (ex. dietitian, pain specialist, mental health services, pharmacy, etc.). You may also be referred back to your own prescriber for follow up.
19. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
20. Express dissatisfaction/concerns/complaints for lack of respect, treatment, or service and to suggest changes in policy, staff, or services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. **Patients or caregivers can call: 304-285-7216 or toll free at: 1-844-988-7216** and ask to speak with a pharmacist or supervisor.

1. Have concerns/complaints/dissatisfaction about services that are (or fail to be) resolved in a timely manner.
2. Be informed of any financial relationships of the pharmacy.
3. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer co-pay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).
4. **Be advised of pharmacy number: 304-285-7216 or toll free at: 1-844-988-7216** for after hours as well as normal business hours of Monday through Friday 8:00 am to 6:00 pm EST.
5. Be advised of any change in the plan of service before the change is made.
6. Participate in the development and periodic revision of the plan of care/service.
7. Receive information in a manner, format, and/or language that you understand.
8. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
9. Be fully informed of your responsibilities.
10. Have the right to decline participation, revoke consent, or disenrollment in any services of WVU Medicine Home Infusion at any point in time.
11. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of client/patient property.

As a patient, it is your responsibility to:

1. Adhere to the plan of treatment or service established by your physician and to notify him/her of your participation in WVU Medicine Home Infusion's Patient Management Program.
2. Adhere to WVU Medicine Home Infusion's policies and procedures.
3. Submit any forms necessary to participate in the program, to the extent required by law.
4. Participate in the development of an effective plan of care/treatment/services.
5. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
6. Ask questions about your care, treatment, and/or services.
7. Have clarified any instructions provided by company representatives.
8. Communicate any information, concerns, and/or questions related to perceived risks in your services and unexpected changes in your condition.
9. Be available to receive medication deliveries, notify WVU Medicine Home Infusion if you are unavailable for scheduled delivery times, and coordinate with WVU Medicine Home Infusion during times you will be unavailable.
10. Treat pharmacy personnel with respect and dignity without discrimination regardless of race, religion, political belief, sex, sexual orientation, sexual identity, gender identity, marital status, veteran status, ancestry, political affiliation, social or economic status, age, disease process, DNR status, disability in accordance with physician orders, or other characteristic protected by federal or state law.
11. Provide a safe environment for the organization's representatives to provide services.
12. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.
13. Communicate any concerns on ability to follow instructions provided.
14. Pay all co-pays as required by insurance coverage and promptly settle unpaid balances except where contrary to federal or state law.
15. Notify WVU Medicine Home Infusion of change in prescription or insurance coverage, physician, or physical condition.
16. Notify WVU Medicine Home Infusion immediately of address or telephone changes, temporary or permanent.

Customer Information:

After-Hour Services:

WVU Medicine Home Infusion's normal business number **(304-285-7216)** or toll-free number **(1-844-988-7216)** will direct you to a voicemail box for after hour emergency questions or situations. A pharmacist will return your call 24 hours/7 days a week. You may leave a message for non-urgent matters or refill request at any time by following designated prompts.

Complaint Procedure:

1. You have the right and responsibility to express concerns, complaints, or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination, or unreasonable interruption of services. **Call WVU Medicine Home Infusion at: 304-285-7216 or toll free at: 1-844-988-7216**, and ask to speak with a supervisor or pharmacist during regular business hours or the company representative if you are calling outside of regular business hours, including weekends and holidays.
2. The formal grievance procedure of WVU Medicine Home Infusion ensures that your concerns/complaints will be reviewed and an investigation started within 5 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the grievance. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing.
3. If you feel the need to discuss your concerns, dissatisfaction, or complaints with a party other than WVU Medicine Specialty Pharmacy staff, you may file a complaint with Consumer Services with the West Virginia Board of Pharmacy or the Accreditation Commission for Health Care.

A signed complaint should be mailed or faxed to:

West Virginia State Board of Pharmacy

2310 Kanawha Blvd E.

Charleston, WV 25311

Phone: 304-558-0558

Fax: 304-558-0572

Monday – Friday 8 am – 4 pm

Email: boardofpharmacy@wv.gov

For the complaint form, visit: www.WVBOP.com

Accreditation Commission for Health Care

139 Weston Oaks Ct.

Cary, NC 27513

Phone: 855-937-2242

Fax: 919-785-3011

www.ACHC.org



Our Infusion Pharmacy Services are proudly accredited by Accreditation Commission for Health Care (ACHC).

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.

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, 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 Blvd

Attn: PRA Reports Clearance Officer

Baltimore, MD 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: 02/28/2021)

Medicare DMEPOS

Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

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

1. 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).
2. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
3. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
4. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
5. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
6. A supplier must obtain oxygen from a state-licensed oxygen supplier.
7. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
8. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
9. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

MEDICARE DMEPOS SUPPLIER STANDARDS

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

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

Making Medical Decisions in Advance About Your Care and Treatment

Competent adults have the right to decide whether to accept, reject, or discontinue medical care and treatment. If you do not wish to undergo a certain procedure or to receive a certain treatment, you have the right to make your wishes known to your doctor or other healthcare provider and to have those wishes respected.

Your doctor should provide you with all of the information, which a person in your situation reasonably would want to know in order to make an informed decision about a proposed procedure or course of treatment, including risks, benefits, possible side effects, and alternatives, if any, to the proposed procedure or course of treatment.

What is an advance directive?

An advance directive is a written statement of a person's wishes regarding medical treatment, should the person be unable to communicate them. Advance directives can include a living will and a medical power of attorney.

What is a living will?

A living will is a voluntary, written document that describes the kind of "life-sustaining treatment" that a person would want for themselves if unable to communicate their wishes during a terminal illness or if permanently unconscious.

A living will only takes effect when ⁽¹⁾ your doctor has a copy of it; ⁽²⁾ your doctor has concluded that you are "incompetent" and therefore no longer able to make decisions about the medical care you wish to receive; and ⁽³⁾ your doctor and a second doctor has determined that you are in a "terminal condition" or in a "state of permanent unconsciousness."

What is a medical power of attorney?

A medical power of attorney is a designated person over the age of 18 who will help carry out your wishes and make medical decisions if you are temporarily unable to do so.

A medical power of attorney takes effect whenever you lose the ability to make your own decisions, even if only temporarily. At these times, healthcare decisions will be made by the person you designate.

Which is better to have: a living will or a medical power of attorney?

It is a good idea to fill out both documents because they address different aspects of your medical care. A living will applies only when you are terminally ill and unable to communicate your wishes or if you are permanently unconscious. A medical power of attorney becomes effective even if you are only temporarily unconscious and medical decisions need to be made.

Before you write your instructions down, you may wish to discuss them with your doctor, family, friends, or other appropriate persons, such as a member of the clergy. If you are writing a medical power of attorney, you should discuss your wishes with the person you are naming as your "attorney-in-fact." Similarly, if you are writing a living will and naming someone in that document to carry out your wishes, you should discuss your wishes with that person.

You may wish to contact a lawyer or the local or state Agency on Aging to provide you with information about such documents. You should give a copy of your living will to your doctor, hospital, or other healthcare provider. The law requires your doctor or other healthcare provider to ask you if you have an advance directive. If you give a copy of your living will to your doctor or other healthcare provider, that document must be made a part of your medical record.

Learn more about advance directives on the American Hospital Association website at Aha.org.

Download advance directive forms on the National Hospice and Palliative Care Organization Website at caringinfo.org

State-specific Information:

For more information about West Virginia advance directives, contact the West Virginia Center for End of Life Care at 1-877-209-8086 or visit wvendlife.org.

For more information about Ohio advance directives, contact the Ohio Hospital Association at 614-221-7614 or visit ohiohospitals.org.

For more information about Pennsylvania advance directives, contact the WVU Medicine Uniontown Hospital Social Work Department at 724-430-5361, the Southwestern Pennsylvania Area Agency on Aging at 724-489-8080, or visit Pennsylvania PREPARE at prepareforyourcare.org.

Patient Satisfaction Survey

Mail completed form to:

WVU Medicine Home Infusion
3040 University Ave, Suite 1400
Morgantown, WV 26505

Thank you for allowing WVU Medicine Home Infusion to provide your services. Please take a few minutes to give us your feedback on your experience. We value your comments and welcome any suggestions you may have to improve our services.

The home infusion pump was clean when it was delivered.

YES NO N/A

The home infusion pump worked properly.

YES NO N/A

The home infusion medications and supplies arrived before I needed them.

ALWAYS VERY OFTEN SOMETIMES RARELY NEVER

I knew who to call if I needed help with my home infusion therapy.

YES NO N/A

The response I received to phone calls for help on weekends or during evening hours met my needs.

ALWAYS VERY OFTEN SOMETIMES RARELY NEVER

The home infusion pharmacist informed me of the possible side effects of the home infusion medication. YES

NO

I understand the explanation of my financial responsibilities for home infusion therapy.

YES NO

Rate how often each staff was courteous and helpful

Always Very Often Sometimes Rarely Never N/A

Delivery Staff

Billing Staff

Pharmacy Staff

I understand the instructions provided for:

How to wash my hands.

YES NO N/A

How to store the home infusion medication(s).

YES NO N/A

How to give the home infusion medication(s).

YES NO N/A

How to use the home infusion pump.

YES NO N/A

How to care for the IV catheter.

YES NO N/A

I was satisfied with the overall quality of the services provided.

STRONGLY AGREE AGREE UNCERTAIN DISAGREE STRONGLY DISAGREE

I would recommend this home infusion company to my family and friends.

STRONGLY AGREE AGREE UNCERTAIN DISAGREE STRONGLY DISAGREE



HOME INFUSION

Monday – Friday: 9:00 am – 5:00 pm
Saturday and Sunday: Closed

3040 University Ave, Suite 1400
Morgantown, WV 26505

Phone: 304-974-3340



Important Phone Numbers

Poison Control Center: 1-800-222-1222

West Virginia Board of Pharmacy: 304-558-0558



3049743340