

Home **Infusion**

WELCOME PACKET

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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 Infusion 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: 304-974-3340 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 a 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: **304-974-3340**

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, 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](https://www.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.

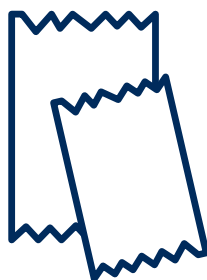


ALWAYS REMEMBER

- **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](https://www.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**

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

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/emergency-preparedness-response-recovery/prepare/medications/)
How to Get Your Prescription Drugs During a Disaster – [aarp.org](https://www.aarp.org/living/health/medication/article/2017/06/01/how-to-get-your-prescription-drugs-during-a-disaster/)

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.



**American
Red Cross**

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

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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.

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.

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.

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

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.

YOUR RIGHTS

**WHEN IT COMES TO YOUR HEALTH INFORMATION,
YOU HAVE CERTAIN RIGHTS**

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. For home health and hospice patients a copy will be made available within 4 days of your written request.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but we may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get 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 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 the Enterprise Director of Privacy: 1-844-988-6446, wvumnopp@wvumedicine.org
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

FOR CERTAIN HEALTH INFORMATION, YOU CAN TELL US YOUR CHOICES ABOUT WHAT WE SHARE.

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

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts if you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your 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. Fundraising efforts are handled through the individual hospital foundations, who may use the following information about you for fundraising purposes: Patient demographic information including name, address, phone/email, date of birth, age, and gender; health insurance status; dates of service; the department and physician who provided services; and outcomes information.

You have the right to opt out of fundraising efforts by contacting the foundation at your specific hospital, whose contact information is available at <https://wvumedicine.org/about/rights-privacy-and-non-discrimination/notice-of-privacy-practices/>

OTHER USES AND DISCLOSURES

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research.

We have to meet many conditions in the law before we can share your information for these purposes.

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

Help with public health and safety issues

- We can share health information about you 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 research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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

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

Respond to lawsuits and legal actions

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

Shared Medical Record/Health Information Exchanges

- We maintain PHI about our patients in shared electronic medical records that allow WVU Medicine and its affiliates to share PHI for treatment and healthcare operations purposes. We may share your health information using various Health Information Exchanges (HIE) that WVU Medicine participates in both on a state, regional and a national basis. If you choose not to participate in these exchanges, your health information will no longer be provided through the exchange. You may 'Opt-Out' at any time by notifying WVU Medicine, however; your decision to 'Opt-Out' does not affect the information that was exchanged prior to the time you chose not to participate.

OUR RESPONSIBILITIES

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

For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.hbml.

Changes to the Terms of This Notice

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

Contact information:

Enterprise Director of Privacy
1 Medical Center Drive, Morgantown, WV 26506
1-844-988-6446
wwumnopp@wvumedicine.org
wvumedicine.org

This Notice of Privacy Practices applies to the organizations and affiliates listed at this website:
<https://wvumedicine.org/about/rights-privacy-and-nondiscrimination/notice-of-privacy-practices>

Organized Health Care Arrangement

An Organized Health Care Arrangement (OHCA) is an arrangement that allows legally separate entities to use and disclose protected health information for the joint operation of the arrangement. The WVU Medicine entities listed above participate in an organized health care arrangement which allows legally separate entities to use and disclose protected health information for their joint health care activities of the OHCA. The WVU Medicine entities listed above will share your health information with each other, as necessary to carry out treatment, payment, or health care operations relating to the OHCA. The WVU Medicine entities agree to abide by the terms of this Notice with respect to protected health information created or received by such entity as part of its participation in the OHCA.

PATIENT BILL OF RIGHTS

As a patient, you have the right to:

1. Privacy.
2. Effective communication, including but not limited to correct and understandable information from your WVUH Specialty Pharmacy & Home Infusion Pharmacist concerning your treatment and/or drug therapy.
3. Discuss your medication therapy, including any possible side effects and drug interactions, and to receive counseling and education from your WVUH Specialty Pharmacy & Home Infusion Pharmacist.
4. Expect that all prescribed medications dispensed to you are accurate, effective, and in useable condition.
5. Select a pharmacy of your choice and not be pressured or forced into transferring your prescriptions to another pharmacy.
6. Be fully informed in advance about services/care to be provided.
7. Have one's property and person treated with dignity, courtesy, and respect as a unique individual.
8. Be able to identify WVUH Specialty Pharmacy & Home Infusion representatives and visitors, their name and job title through proper identification (Name badge, Job title), and speak with a pharmacist if requested.
9. Choose a healthcare provider.
10. Receive information about the scope of care/ services that are provided WVUH Specialty Pharmacy & Home Infusion, as well as any limitations to the company's care/service capabilities.
11. 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.
12. Coordination and continuity of services from WVUH Specialty Pharmacy & 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.
13. 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.
14. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
15. Receive medications and services from qualified personnel and to receive instructions and education on safely handling and taking medications.
16. Receive information regarding your order status. Patients or caregivers can call the appropriate department and speak with a pharmacy employee:
Home Infusion Patients
Phone: 304-974-3340 | Toll-free: 1-844-874-3340
17. 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 and 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.
18. Consent or decline to take part in research, investigation, and clinical trials.
19. Receive a copy of the Notice of Privacy Practices describing how their protected health information (PHI) is used and disclosed for purposes of treatment, payment, and healthcare operations as well as how to file complaints and obtain additional information.
20. Expect that PHI contained in the Designated Record Set (DRS) is confidential and will be used by WVUH only for the purposes of treatment, payment, or health care operations as outlined in the Notice of Privacy Practices. PHI will not be disclosed for any other purposes unless the patient has given permission to release information or reporting is required or permitted by law. The patient has the right to restrict access to the extent permitted by law.

21. Review PHI in the DRS, receive a copy, and to have the information explained, except when restricted by law. The patient has the right to request amendment and/or correction to PHI in the DRS. A request for amendment may be denied if the information is accurate and complete based on the provider's professional judgment, the information was not created by WVUH, or it is not subject to the individual's rights of access.

22. Receive an accounting of disclosures of their PHI as permitted by law.

23. If desired, to be referred to other health care providers within an external health care system (ex. Dietician, pain specialist, mental health services, pharmacy etc.). Patient may also be referred to their own prescriber for follow up.

24. Express dissatisfaction/concerns/complaints/grievances for lack of respect, treatment, or service, without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. Patients or caregivers can contact the appropriate department and ask to speak with a pharmacist or supervisor.

Home Infusion Patients

Phone: 304-974-3340 | Toll-free: 844-874-3340

25. If you have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.

26. Be informed of any financial relationships of the pharmacy.

27. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer copay and patient assistance programs.

28. Be advised of pharmacy number for after hours as well as normal business hours listed below:
Home Infusion Patients
Monday through Friday 9:00 AM to 5:00 PM EST
Phone: 304-974-3340 | Toll-free: 844-874-3340

29. Be advised of any change in the plan of service before the change is made.

30. Participate in the development and periodic revision of the plan of care/service.

31. Receive information in a manner, format, and/or language that you understand.

32. 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.

33. Be fully informed of your responsibilities.

34. Have the right to decline participation, revoke

consent or disenrollment in any services of WVUH Specialty Pharmacy & Home Infusion at any point in time.

35. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.

36. Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.

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 WVUH Specialty Pharmacy & Home Infusion's Patient Management Program.

2. Adhere to WVUH Specialty Pharmacy & 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 and notify the pharmacy when there is a change.

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 WVUH Specialty Pharmacy & Home Infusion if you are unavailable for scheduled delivery times, and coordinate with WVUH Specialty Pharmacy & Home Infusion during times you will be unavailable.

10. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.

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 WVUH Specialty Pharmacy & Home Infusion of change in prescription or insurance coverage, physician, or physical condition.
16. Notify WVUH Specialty Pharmacy & Home Infusion immediately of address or telephone changes, temporary or permanent.

The information provided in this welcome packet is subject to the West Virginia University Hospitals' Patient Rights and Responsibilities, please visit: <https://wvumedicine.org/about/rights-privacy-and-non-discrimination/patient-rights-and-responsibilities/> for additional information regarding your Patient Rights and Responsibilities.

Customer Information:

After-Hour Services:

WVUH Specialty Pharmacy & Home Infusion's normal business number 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 designated prompts. Please call the appropriate department based on your needs listed below:

Home Infusion Patients

Phone: 304-974-3340 | Toll-free: 844-874-3340

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 the WVUH Specialty Pharmacy & Home Infusion at 304-974-3340 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 complaint procedure of WVUH Specialty Pharmacy & Home Infusion ensures that your concerns/complaints will be reviewed, and an investigation started within 5 business days of receipt of the concern/informed in writing of the resolution of the complaint. 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 WVUH Board of Pharmacy. A signed complaint should be mailed it to 2310 Kanawha Blvd. East Charleston, WV 25311 or faxed to (304) 558-0572. For the complaint form, go to www.wvbop.com.

A signed complaint should be mailed or faxed to:



West Virginia State Board of Pharmacy
2310 Kanawha Blvd E., Charleston, WV 25311
Phone/Fax: 304-558-0558 Monday – Friday 8 am – 4 pm
Email: boardofpharmacy@wv.gov



Accreditation Commission for Health Care
139 Weston Oaks Ct., Cary, NC 27513
Phone: 855-937-2242 Fax: 919-785-3011
www.ACHC.org



Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181
Phone: 630-268-7400
www.jcrinc.com/contact-us

Medicare Prescription Drug Coverage and Your Rights

Your Medicare Rights

You have the right to ask for a coverage determination from your Medicare drug plan to provide or pay for a drug you think should be covered, provided, or continued. You also have the right to ask for a special type of coverage determination called an “exception” if you:

- need a drug that’s not on your drug plan’s list of covered drugs.
- believe a coverage rule (such as prior authorization or a quantity limit) shouldn’t apply to you for medical reasons
- need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

How to ask for a coverage determination:

You or your prescriber can call your Medicare drug plan’s toll-free phone number on the back of your plan membership card, or go to your plan’s website. You can ask for 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 name of the prescription drug, including the dose and strength (if known).
- The name of the pharmacy that tried to fill the prescription.
- The date you tried to fill the prescription.
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn’t apply to you.

Your Medicare drug plan will send you a written decision. If coverage isn’t approved and you disagree with this decision, you have the right to appeal. The plan’s notice will explain why coverage was denied and how to ask for an appeal. Refer to your plan materials or call 1-800-Medicare for more information.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. This information collection is used to provide notice to enrollees about how to contact their Part D plan to request a coverage determination. 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, to review and complete the information collection. This information collection is required under § 423.562(a)(3) and an associated regulatory provision at §423.128(b)(7)(iii). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRAREports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Get help and more information

Look at your plan materials or call 1-800-MEDICARE (1-800-633-4227) for more information about how to ask for a coverage determination. TTY users can call 1-877-486-2048. For help contacting your plan, call 1-800-MEDICARE.

To get this form in an accessible format (like large print, Braille, or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Medicare DMEPOS Supplier Standards

Below is an abbreviated summary of the standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, including the surety bond provisions, are listed in 42 C.F.R. section 424.57(c) and (d) and can be found at:

[CMS.gov/medicare/provider-enrollment-and-certification/enroll-as-a-dmepos-supplier](https://www.cms.gov/medicare/provider-enrollment-and-certification/enroll-as-a-dmepos-supplier).

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 contractor 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 cannot 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 C.F.R. section 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 Medicare Beneficiary Identifier 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. A supplier 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 (unless an exception applies).
23. A supplier 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. A supplier 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 C.F.R. section 424.57(d) (unless an exception applies).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. section 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 18480) (3) of the Act), physical and occupational therapists or DMEPOS suppliers working with custom made orthotics and prosthetics.

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?

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 give the home infusion medication(s).

☐ YES ☐ NO ☐ N/A

How to care for the IV catheter.

☐ YES ☐ NO ☐ N/A

How to store the home infusion medication(s).

☐ YES ☐ NO ☐ N/A

How to use the home infusion pump.

☐ 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

Patient Concerns Form

If you are unhappy with our service or have concerns about safety and quality of care, we would like you to contact our management. You may either complete this form, or call us at the number listed below. You may report concerns about safety or the quality of care to the West Virginia Board of Pharmacy without retaliatory action from WVU Medicine Home Infusion at: 304-974-3340 from 9:00 am to 5:00 pm, Eastern time.

Within 5 calendar days of receiving your concern, we will notify the beneficiary by letter that the matter is under investigation. If the resolution will take longer than 5 days, the acknowledgment letter will inform the patient or the patient's representative that we are actively working with to resolve the grievance and will include the current progress and the time frame for future updates.

The WVU Medicine Home Infusion team strives to ensure quality products/services that are consistent with our philosophy. As stated in your Bill of Rights and Responsibilities, you have the right to be given appropriate and professional quality services without discrimination. You also have the right to voice your concerns, grievances, or complaints about your service without being threatened, restrained, or discriminated against.

Thank you in advance for bringing your concern to our attention, as it will assist us in our continuing effort to improve the quality of our services.

Mail completed form to:

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

Patient's Name: _____ Birth Date: _____

Description of the problem/concern/complaint (include dates, times, and names, if possible):

Completed by: _____ Date: _____
(Print and Sign)

Relationship to patient (if applicable): _____



FOR OFFICE USE ONLY

Patient's Address: _____

Patient's Telephone Number: (____) ____ - _____ Patient's ID Number: _____

Form received by: _____

Follow-up by phone completed by: _____ Date: _____ Time: _____ AM/PM: _____

Items discussed: _____

Resolution / Action taken to resolve the complaint: _____

Follow-up by letter completed by: _____ Date completed: _____ Date mailed: _____

Form completed by: _____ Date: _____

[illegible]

[illegible]

[illegible]



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 or 844-988-7216

TOLL FREE



Important Phone Numbers

Poison Control Center: 1-800-222-1222

West Virginia Board of Pharmacy: 304-558-0558



3049743340