

SPECIALTY PHARMACY

WELCOME PACKET

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Welcome

We'd like to take a moment to welcome you as a new patient of WVU Medicine Specialty Pharmacy. Thank you for choosing us. We look forward to partnering with you to provide specialty medications and programs specifically designed for certain disease states. 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 Specialty Pharmacy is most appreciated. WVU Medicine Specialty Pharmacy provides you with timely specialty medications as prescribed by your physician. Our mission is to help you better understand your specific disease state so you can achieve the best results and maintain optimal health over the long-term. Through our unique specialty programs, we educate every patient on how to safely take your prescribed specialty medications while monitoring all the medications you are taking to make sure there are no inappropriate drug interactions.

The specialized programs developed by WVU Medicine Specialty Pharmacy are used to provide these key benefits:

1. Help educate you on your unique disease state.
2. Provide support for other conditions and symptoms you may have.
3. Provide you with courteous, educated staff members, who will make the ordering process easy and positive.
4. Provide your physician with very important details of your care for faster intervention, as required.

It is a great pleasure to welcome you to WVU Medicine Specialty Pharmacy, and we look forward to being your specialty medication provider.

Sincerely,
The WVU Medicine Specialty Pharmacy Team

FAQ

Frequently Asked Questions

Q: What is a specialty pharmacy?

A specialty pharmacy fills prescriptions for specialty medications, which are often expensive and require special handling and expert knowledge from healthcare providers. Specialty medications are used to treat complex, life-threatening, or rare conditions. Additionally, specialty pharmacies offer a number of personalized services to assist you based on your medical needs. For example, specialty pharmacists provide education about specific conditions, as well as how to take your medications, manage your symptoms, and avoid complications with your medications. Our team also works closely with your healthcare provider and your prescription insurance company to be sure you have access to the right drug, ensure your medication is covered by your insurance plan, and obtain financial assistance, if available, to reduce the costs of your medication.

WVU Medicine Specialty Pharmacy offers services for conditions like: Ankylosing Spondylitis, Asthma, Atopic Dermatitis, Cardiology, Crohn's Disease and Ulcerative Colitis, Cystic Fibrosis, Growth Hormone Deficiency, Hematology, Hepatitis C, HIV, Multiple Sclerosis, Oncology, Osteoporosis, Psoriasis, Psoriatic Arthritis, Respiratory Syncytial Virus, and Rheumatoid Arthritis.

Q: Why is my medication considered a specialty medication?

Specialty medications are often expensive and require special handling and expert knowledge from healthcare providers. Specialty medications are used to treat complex, life-threatening, or rare conditions and usually cannot be dispensed from a community pharmacy.

Common characteristics of specialty medications include:

- Infusion or injection based
- Medications that require special handling and storage (e.g. refrigeration)
- High cost
- Medications used for treatment of complex or rare conditions
- Medications that must be given by a healthcare provider
- Very strict monitoring by a healthcare provider

Q: What kind of services does WVU Medicine Specialty Pharmacy provide?

WVU Medicine Specialty Pharmacy provides a variety of services in addition to filling your specialty medications. Our team of clinical pharmacists has experience with complex conditions and works to provide services to help monitor your therapy, manage side effects, and provide education about your medications. **Other services we provide include:**

- Coordination of the insurance approval process
- Evaluation of eligibility for financial assistance to reduce medication costs
- Constant communication with your healthcare provider
- Verbal and/or written education about medications and medical conditions by clinically trained pharmacists
- Training for self-administration of injectable medications
- Enrollment in the Patient Management Program
- Free delivery for all medications and supplies
- Monthly phone calls to discuss any questions about your medication
- Monthly refill reminders
- Pharmacists available or "on call" 24 hours a day, seven days a week to answer any questions

Q: How do I contact WVU Medicine Specialty Pharmacy?

NORMAL BUSINESS HOURS: Monday-Friday: 8:00 am – 6:00 pm, Saturday and Sunday: Closed

IN PERSON/BY MAIL: 3040 University Ave, Suite 1400, Morgantown, WV 26506

PHONE: 304-285-7216 or toll free at: 844-988-7216. A member of our team will be happy to help answer your questions about order status, benefits and copay information, and complaint resolution.

EMAIL: SPHIRX@wvumedicine.org

A clinical pharmacist is available 24 hours a day, seven days a week to answer any questions you may have. Pharmacists are available for emergency and clinical situations (side effects, adverse reactions), complaint resolution, order status inquiry, and benefit/copay information.

Q: How will I know if my drugs are covered by insurance?

Specialty medications often require a prior authorization through your insurance provider. This means the insurance company requires documentation of your condition before it will cover a high-cost medication. A WVU Medicine Specialty Pharmacy team member will immediately let you know if there are any issues that may delay fulfillment, such as prior authorizations or quantity limits imposed by your insurance company. WVU Medicine Specialty Pharmacy will work with you, your healthcare provider, and your insurance company to complete this process. Our team will work to complete any prior authorizations as quickly as possible. Once we receive notification from your insurance company, we will inform you and your healthcare provider of the results of this process.

Because drug pricing and benefits coverage can change on a daily basis, a final determination of your coverage and co-pay cost cannot be made until your claim is processed. You may also call the member services phone number on your prescription insurance card to get the most current information from your insurance provider.

If you have Medicare Part D drug coverage, the cost of your prescription will change significantly as you meet your deductible and initial co-pay, progress through the “donut hole,” and reach total out-of-pocket expense. Patient Care Coordinators can assist you in determining and understanding your options.

Q: What if my prescription insurance does not cover my medication?

Our team will contact you if your insurance company denies coverage of your medication. We will inform you and your physician about potential options to cover part or full cost of your medication.

Some possibilities include:

- Patient assistance programs available through manufacturer (e.g. copay cards, coupons, etc.), financial assistance foundations, and local non-profit organizations associated with the disease state. Our team will help you enroll in financial assistance programs, when available.
- Utilizing a pharmacy within the insurance company's preferred network
- Contacting the physician regarding alternative therapies that are covered by the insurance company, if applicable.

Q: How do I fill a specialty medication prescription at WVU Medicine Specialty Pharmacy for the first time?

Generally, your doctor will contact WVU Medicine Specialty Pharmacy and fax or e-prescribe a new prescription. You may also drop off a paper prescription at our Morgantown, WV, location. Once we receive a prescription, our team will contact you to gather insurance information and potentially schedule pickup or delivery.

A WVU Medicine Specialty Pharmacy employee will let you know if our pharmacy is unable to fulfill the prescription. Suggestions and guidance on where the medication may be available will be given upon request.

Your prescription may be substituted with a generic equivalent based on state law, equivalency rating, and in accordance with company policy. Please ask a pharmacist if you have any questions or concerns.

Q: How can I transfer my current specialty prescriptions to WVU Medicine Specialty Pharmacy?

Call us today at: 304-285-7216 or toll free at: 844-988-7216. Our team will coordinate with your healthcare provider or current specialty pharmacy to transfer your prescription and set up pick up or delivery.

Q: How do I refill my specialty medications?

Approximately one week before your next refill is due, one of our team members will contact you via telephone to schedule your next fill. He or she will also ask you a few questions to see how you are feeling and note any changes to your medications or allergies.

If you need a refill before WVU Medicine Specialty Pharmacy contacts you, you may contact us by phone at: 304-285-7216 or toll free at: 844-988-7216 or by email at: SPHIRX@wvumedicine.org.

Please have your prescription numbers ready when you place your refill order.

Q: How do I receive my specialty medications from WVU Medicine Specialty Pharmacy? *Do I pick up my prescription in person like I do at a regular community pharmacy?*

Each month, approximately a week before your refill is due, our team will reach out to you by phone to see how you are feeling and set up your next specialty medication refill.

We offer free delivery services using experienced couriers, as well as carriers, such as FedEx and UPS, to ensure your medications are shipped appropriately. Prescriptions are shipped Monday through Friday. We deliver to the most convenient location for you, whether it is your home, workplace, or another location. We also have a physical location in Morgantown, WV, just like a regular retail pharmacy, where you may pick up your prescription.

Q: Do I have to sign for my prescription when it is delivered?

Yes. Before shipping any order (new or refill) a member of our team will contact you via telephone to agree on a date, time, and location for delivery that is convenient for you, so you can easily receive your medication on time.

Q: How can I pay for my specialty prescriptions?

Once WVU Medicine Specialty Pharmacy has fully processed your prescription, a member of our team will notify you of your co-pay. We will be happy to answer questions related to the cost of your prescription, including your co-payment, co-insurance, deductible, etc. We accept Visa, MasterCard, Discover, and American Express. Cash will be accepted if you visit our pharmacy in Morgantown, WV, **but please do not mail cash.**

Some patients may qualify for financial assistance to help reduce their out-of-pocket cost for specialty medications. Our team can also assist with this process. If you have questions about financial assistance, **please call us at: 304-285-7216 or toll free: at 844-988-7216.**

Q: What should I do if my insurance changes?

Contact WVU Medicine Specialty Pharmacy as soon as possible at: 304-285-7216 or toll free at: 844-988-7216 if there are any changes to your prescription insurance. Our team will communicate with your insurance company to determine if your specialty medication is covered and if a new prior authorization is needed. Please keep in mind that this process can take as long as 30 days, so it is important to contact us as soon as possible to avoid delays in getting your medication.

If your medication is not covered by your new insurance company, our team will work with your healthcare provider and insurance company to evaluate options, such as alternate medications or financial assistance programs to cover part or full cost of your medication. If your new insurance requires that you use a pharmacy within its preferred network, our team will coordinate the transfer of your prescription to a preferred pharmacy while keeping you and your provider informed.

Q: What is the Patient Management Program?

The Patient Management Program is included at no cost to you, and you are automatically enrolled as a patient of WVU Medicine Specialty Pharmacy. You may opt out at any time.

Clinical pharmacists will work with you on any problems, concerns, or questions you may have regarding your medication therapy. Topics discussed may include disease overview, medications, dosing, drug or food interactions, side effects, and coordination of care with your physician, when appropriate. **You may contact a pharmacist by calling: 304-285-7216 or toll free at 844-988-7216.**

The potential benefits of this program include side-effect management, medication and disease-state education, increased medication compliance, and improved overall health. Also, when coordination of care with your physician is necessary, your pharmacist will have all the information needed to help make informed decisions regarding what is best for you as the patient.

The potential limitations of this program are dependent on you as the patient. You must follow the directions of your physician and pharmacist, comply with your medication instructions, and be willing to discuss the details of your disease, medical history, and current practices with your pharmacist so he/she can have a full understanding of the situation.

Please let your physician know you are a patient of WVU Medicine Specialty Pharmacy and are enrolled in its Patient Management Program. A good relationship between your physician and your pharmacist will benefit everyone involved in your care.

Q: What is your complaint process?

WVU Medicine Specialty Pharmacy is committed to providing the highest quality of care to our patients. If you have any concerns or would like to file a complaint about the service you are receiving, please contact WVU Medicine Specialty Pharmacy.

You may call us at: 304-285-7216 or toll free at: 844-988-7216, or fill out the complaint form provided on our website and in your Welcome Packet.

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 a WVU Medicine Specialty Pharmacy employee if there is a recall on your medication and given instructions on what to do.

Q: What services are available if I have specific communication needs or other impairment? What if I speak a language other than English?

Our health system aims to provide equal access to communication and promote effective communication to all patients and caregivers. We will take the necessary steps to ensure that those with disabilities, including those with impaired sensory or speaking skills, are not, because of their disabilities, denied effective and necessary care.

One option is Language Line Interpreter Services, which is staffed with certified medical interpreters who can provide interpretation services for many languages through video or telephone call.

Another option is ScripTalk, which is a free program that provides "talking labels" to patients with visual impairments.

If you or a family member have questions about or desire to use these services, please ask a member of our staff for more information.

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 Specialty Pharmacy: **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](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**.



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.



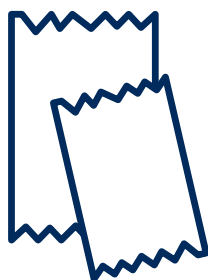
3. Scrub your hands for at least 20 seconds.

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)

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:
Specialty Pharmacy Patients
Phone: 304-285-7216 | Toll-free: 844-988-7216
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, and to suggest changes in policy, staff or services 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.

Specialty Pharmacy Patients

Phone: 304-285-7216 | Toll-free: 844-988-7216

25. 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:
Specialty Pharmacy Patients
Monday through Friday 8:00 AM to 6:00 PM EST
Phone: 304-285-7216 | Toll-free: 844-988-7216
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 leave a message for non-urgent matters or refill request at the normal business number at any time by following designated prompts. Please call the appropriate department based on your needs listed below:

Specialty Pharmacy Patients

Phone: 304-285-7216 | Toll-free: 844-988-7216

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 304-285-7216 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 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/complaint. Every attempt shall be made to resolve all complaints within 14 days. Medicare beneficiaries will be 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 Specialty Pharmacy & Home Infusion staff, please file a complaint with Consumer Services with West Virginia Board of Pharmacy. A signed complaint should be mailed 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: 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



Office of Quality and Patient Safety The Joint Commission

One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

Phone: 630-268-7400

Online: <https://www.jcrinc.com/contact-us>



Accreditation Commission for Health Care

139 Weston Oaks Ct.

Cary, NC 27513

Phone: 855-937-2242

Fax: 919-785-3011

www.ACHC.org



Utilization Review Accreditation Commission

1220 L Street NW, Suite 900

Washington, DC 20005

Phone: 202-216-9010

www.URAC.org



ACCREDITED
Specialty Pharmacy

Notice of **PRIVACY PRACTICES**

WVU Medicine Specialty Pharmacy

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.

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 plan’s list of covered drugs
- Believe a coverage rule (like 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:

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:

1. The name of the prescription drug, including the dose and strength (if known)
2. The name of the pharmacy that tried to fill your prescription.
3. The date you tried to fill your prescription.
4. 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.

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.

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.

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..

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 Specialty Pharmacy 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.



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

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Patient Satisfaction Survey

Instructions:

- Mark a circle to indicate your level of satisfaction.
- Please explain any less-than-satisfied response(s) in the comment section below.

• Mail completed form to:

WVU Medicine Specialty Pharmacy
3040 University Ave, Suite 1400
Morgantown, WV 26505

Thank you for allowing WVU Medicine Specialty Pharmacy to provide your specialty pharmacy 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.

How would you rate your level of satisfaction with the following?

	Very Satisfied	Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied	NA
Overall satisfaction with WVU Medicine Specialty Pharmacy services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting your service expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of the delivery of your medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of your order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness of the information you receive about your medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to reach a person by phone who could answer your questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of what you personally will pay after your insurance pays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of your insurance benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation on how you can refill your medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of whom to call if there is an issue with your order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How can we improve our services? _____

Comments: _____

Signature (Optional): _____ Date: _____

Phone: 304-285-7216 | Toll Free: 1-844-988-7216 | Fax: 304-598-4034

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 Specialty Pharmacy at: 304-558-0558 from 8:30 am to 5:00 pm, Eastern time.

Within 7 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 7 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 Specialty Pharmacy 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 Specialty Pharmacy
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: _____

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SPECIALTY PHARMACY

Monday – Friday: 8:00 am – 6:00 pm
Saturday and Sunday: Closed

3040 University Ave, Suite 1400
Morgantown, WV 26505

304-285-7216 or 844-988-7216 TOLL-FREE



Important Phone Numbers

Poison Control Center: 1-800-222-1222

West Virginia Board of Pharmacy: 304-558-0558



3042857216