

UK RETAIL PHARMACIES & DME SERVICES

Guide for Patients & Customers



WELCOME

Thank you for choosing UK HealthCare Retail Pharmacies and UK DME, a division of UK Pharmacy Services. Our dedicated team is excited to work with you, your physician and your insurance company to ensure that all your needs are met.

Durable medical equipment refers to devices and supplies prescribed by your medical provider to help you with a medical condition, either short-term or on an ongoing basis. This includes a wide variety of items, including mobility equipment such as wheelchairs, crutches, canes and walkers; diabetic equipment and supplies such as continuous glucose monitors; orthotic equipment such as braces; and breathing equipment such as CPAP and BiPAP machines. And much more.

This packet provides you with information to help you with your DME needs and for your overall health care. Please keep this packet handy for reference.

Please call our office at **859-21-UKDME (218-5363)** any time if you have questions. We are dedicated to providing professional and comprehensive home care services to our patients and accept only those patients whose home health needs can be met by the services we offer.

We provide the most up-to-date quality home care products available, and we genuinely care for the patients we serve.

Our services include:

- 24-hour, seven day-a-week emergency services. Call **859-323-5000** for assistance after hours.
- Patient instruction and training.
- Assessment and/or equipment maintenance visits, as ordered by your physician.
- Qualified and knowledgeable staff.
- Routine delivery and set-up.
- Assistance with your reimbursement and billing questions in relation to your insurance carrier requirements.
- Assistance with discharge from a hospital.



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WHERE TO FIND US

Reach all of our pharmacies toll-free by calling 833-333-UKRx (8579). Hours vary by location. To see hours and learn more about our pharmacies, visit UKPHARMACY.ORG.

CHANDLER RETAIL PHARMACY

First floor of Chandler Hospital Pavilion A behind the gift shop: THIS LOCATION NEVER CLOSES.
Phone: 859-218-3340

KENTUCKY CLINIC RETAIL PHARMACY

Kentucky Clinic Building, 740 S. Limestone
First Floor, near the main information desk
Phone: 859-323-5855

UNIVERSITY HEALTH RETAIL PHARMACY

First floor, University Health Service Building 830 S. Limestone, First Floor, Room 129
Phone: 859-257-6451

GOOD SAMARITAN RETAIL PHARMACY

Just inside the main lobby of UK Good Samaritan Hospital
310 S. Limestone
Phone: 859-218-4777

TURFLAND CLINIC RETAIL PHARMACY

UK HealthCare outpatient services center at Turfland
2195 Harrodsburg Road
Phone: 859-257-5899

UK DME

The UK DME store is located in Kentucky Clinic, Room K126. Limited DME services are also available at our retail pharmacy locations.

For more information about DME services, visit UKDME.ORG or call 859-218-5363.

UK FOUNTAIN COURT PHARMACY

245 Fountain Court, first floor
Lexington, KY 40509
(off Man O'War near Richmond Road in S. Lexington)
Phone: 859-562-0654

THE APOTHECARY

UK Gatton Student Center (first floor)
160 Avenue of Champions, Room A-151
Lexington, KY 40508
Phone: 859-562-0648

BLUEGRASS CLINIC PHARMACY

3101 Beaumont Center Circle
Lexington, KY 40503
Phone: 859-562-0220
(open to UK employees and patients of the Bluegrass Care Clinic only)

AFTER-HOURS ASSISTANCE

*For help with medications after business hours, Chandler Retail Pharmacy is ALWAYS OPEN.
If you have an urgent need after hours for help with your DME equipment, call 859-323-5000.*

TIPS FOR SUCCESS

At UK Retail Pharmacies & DME, we are here to help you get the most out of the products you receive from us. If you have any questions at all about how best to use your equipment, please do not hesitate to call us.

Below are a few tips that can help you achieve the best results from the therapy prescribed by your medical provider:

1. FOLLOW YOUR DOCTOR'S DIRECTIONS.

It is especially important that you follow the directions given by your doctor for your therapy in order to get the best results. That includes using the medication and/or equipment properly and for the right amount of time.

2. ASK QUESTIONS.

Educating yourself on your therapy and the condition for which you are being treated is a very important part of dealing with the changes you are experiencing. Ask your doctor or one of our staff for any other educational resources specific to your condition.

3. CALL US!

If you have any unanswered questions or need any further support, call us during regular store hours. You can reach our pharmacy locations toll-free at **833-333-UKRx (8579)** or UK DME toll-free at **844-730-5914**. If you need assistance after hours, see Page 3. Our staff is here to help you!



PATIENT SAFETY

HAND-WASHING INSTRUCTIONS

Infections are serious. The best way to make sure you do not get an infection is to wash your hands often. Remember to always wash your hands before and after you prepare or handle any medication.

1. Collect the supplies:
 - ▶ Soap.
 - ▶ Paper towels or a clean cloth towel.
2. Wet your hands with warm water.
3. Place a small amount of soap on your hands.
4. Rub your hands briskly together for at least 30 seconds.
5. Don't forget about the in-betweens of your fingers and under your fingernails.
6. Rinse your hands with warm water.
7. Dry your hands with a paper towel or clean cloth towel.
8. Turn off your faucet with the towel.
9. If you touch anything (your hair, for example), sneeze into your hands or feel that your hands may no longer be clean, wash your hands again before continuing with your care. If no water supply is available, use an alcohol-based antibacterial hand cleanser.

ADVERSE EVENTS

Patients experiencing adverse events, acute medical symptoms or other problems should contact their primary care provider (PCP) or local emergency room, or call 911.



HOW TO THROW AWAY **HOME-GENERATED BIOMEDICAL WASTE**

Home-generated biomedical waste is any type of syringe, lancet or needle (“sharps”) used in the home to either inject medication or draw blood. Special care must be taken with the disposal of these items to protect you and others from injury, and to keep the environment clean and safe.

Please follow these simple rules to ensure your safety during your therapy:

SHARPS

After using your injectable medication, place all needles, syringes, lancets and other sharp objects into a sharps container. Do not dispose of sharps in the trash unless they are contained within a sharps container. Do not flush them down the toilet. If a sharps container is not available, a hard plastic or metal container with a screw-on top or other tightly securable lid (for example, an empty hard can or liquid detergent container) could be used. Before discarding, reinforce the top with heavy-duty tape. Do not use clear plastic or glass containers. Containers should be no more than three-quarters full.

DISPOSAL

Check with your local waste collection service or public health department to verify the disposal procedures for sharps containers in your area. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at www.cdc.gov/needledisposal.

NEEDLE-STICK SAFETY:

- ▶ Never replace the cap on needles.
- ▶ Throw away used needles immediately after use in a sharps disposal container.
- ▶ Plan for the safe handling and disposal of needles before using them.
- ▶ Report all needle-stick or sharps-related injuries promptly to your medical provider.

IF YOUR THERAPY DOES NOT INVOLVE THE USE OF NEEDLES OR SHARP ITEMS

You do not need a sharps container. You should place all other used supplies in a bag you can't see through. Put this bag inside a second bag, and put this in your garbage with your other trash.

PATIENT INFORMATION ON EMERGENCY PREPAREDNESS

GENERAL HOME SAFETY – PATIENT EDUCATION

Each year, nearly 21 million people suffer injuries in the home. We want you and your family to live in a safe environment. We have provided some suggestions that could help you prevent an injury within your home. Check every room in your house and make your home safer.

FALLING

(This is the way people are most often injured in their homes.)

1. Keep the floor clean. Promptly clean up spills.
2. If you use throw rugs, place them over a rug liner or choose rugs with non-skid backs to reduce your chance of falling.
3. Use a non-slip mat or install adhesive strips in your tub or shower.
4. Tuck away telephone, computer and electrical cords out of walkways.
5. All stairs and steps need handrails. If you have stairs in your home and have children, use baby gates at the top and bottom of the stairs.
6. Have all walkways lighted well and use night lights as needed.
7. Have a flashlight that works.

POISONING

1. Keep all hazardous materials and liquids out of the reach of children.
2. Keep medications out of the reach of children.
3. Know your local poison control number or dial 800-222-1222 if a poisoning occurs.

FIRE AND BURN PREVENTION

1. Have smoke detectors in the home, and replace batteries at least once a year.
2. Test each smoke detector once a month.
3. Have a fire plan and be sure all family members know what to do if there's a fire.
4. Place covers over electrical outlets.
5. Check to make sure your water heater is set no higher than 120° F.
6. Keep children away from the stove and never leave the stove unattended while cooking.
7. Keep matches and lighters out of the reach of children.



PATIENT INFORMATION ON EMERGENCY PREPAREDNESS

FIRE

1. Rescue anyone from immediate danger.
2. If you are safe, alert the fire department. Otherwise, evacuate the area.
3. Turn off oxygen (if applicable), and try to contain the fire by closing off any access, such as doors.
4. Attempt to extinguish the fire only if it is in a small localized area, otherwise evacuate the building and notify the fire department once you are safe.
5. If relocation is necessary, please call UK DME to alert us to your updated contact information and new delivery location to ensure that there is no lapse in therapy.

NATURAL DISASTERS (FLOOD, EARTHQUAKE OR TORNADO)

1. In disaster-prone areas, store food and extra bottled water. Have a battery-operated radio, flashlights and extra batteries. If you are on a nebulized medication or other medication that requires electricity to administer, please call your local electric company to report your special needs. They may be able to prioritize the restoration of your electricity.
2. Check for injuries.
3. Check your home for any gas or water leaks and turn off appropriate valves.
4. Stay away from windows or broken glass. Wear shoes at all times.
5. Evacuate the area if necessary.
6. If evacuation is necessary, go to the nearest shelter and notify the organizers of any special



PATIENT INFORMATION ON EMERGENCY PREPAREDNESS

needs you have. For DME, please call to alert us to your updated contact information and new delivery location to ensure that there is no lapse in therapy. Reach UK DME at 859-218-5363 or toll-free at 844-730-5913.

POWER OUTAGE

1. Notify your gas and electric companies if there is a loss of power. If you are on a nebulized medication or other medication that requires electricity to administer, please call your local electric company to report your special needs. They may be able to prioritize the restoration of your electricity.
2. Have a battery-operated radio, flashlights, batteries and/or candles available. (If you are on oxygen, turn it off before lighting candles.)

WINTER STORM

1. Prepare an emergency kit with:
 - ▶ Water.
 - ▶ Non-perishable food.
 - ▶ Battery-operated radio.
 - ▶ Flashlights and fresh batteries.
 - ▶ First-aid kit, including prescription medicines.
2. Keep a full charge in your cell phone.
3. Do NOT use your stove for heat. If your power goes out, use these items as heat sources:
 - ▶ Extra blankets, sleeping bags or warm winter coats, gloves and hats.
 - ▶ A wood-burning fireplace. (Be sure to keep a supply of dry firewood.)
4. Never use a charcoal grill or portable gas camp stove inside your home. Both of these items produce deadly fumes.
5. Avoid using candles as they can lead to house fires. If you do use candles, never leave lit.



WHAT ARE MY RIGHTS AS A PATIENT?

You have the right to...

- ▶ Be treated with respect and receive care in a safe environment, be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and wrongful borrowing of patient property.
- ▶ Know what is medically wrong and how we can help you get better. We will also tell you the things you will need to know when you get home so that you can stay well.
- ▶ Ask us to explain your treatment plan. This includes how often you will visit us. And if you don't understand any changes to your treatment, just ask.
- ▶ Say "no" to anything we suggest.
- ▶ Know how much you will need to pay for our services. And we will tell you how much your insurance will need to pay. We will discuss this with you.
- ▶ Know about any rules that might affect you or your family.
- ▶ Work with us to find the best way to help you get better. This includes helping create and make any changes to your treatment plan.
- ▶ Be treated politely and with consideration.
- ▶ Have your choices about end-of-life decisions respected.
- ▶ Receive care, no matter what your age, race, ethnic origin, culture, color, national origin, language, sex, gender identity or expression, sexual orientation, appearance, veteran status, uniformed service, creed, political belief, socioeconomic status, physical or mental disability, religion, or diagnosis consistent with the services that UK HealthCare provides.
- ▶ Feel free to tell us your concerns, issues or complaints. Don't be afraid to speak up about your care. If you have a problem, we will look into it.
- ▶ Receive treatment for pain.
- ▶ Have your privacy respected.
- ▶ Learn how we protect your privacy and personal information.
- ▶ Choose your health care providers.
- ▶ Have your regular doctor or a family member notified that you are in the hospital.
- ▶ Have us explain your duties as a patient.
- ▶ Be free from restraints and seclusion in any form that is not medically necessary.
- ▶ Speak to a health professional if and when you choose.
- ▶ Know the names of your doctors, nurses and other team members and their titles, and speak to their supervisor upon request.
- ▶ Have your religious beliefs respected.
- ▶ Not be involved in research unless you want to be involved.
- ▶ Receive a copy of your medical records; request amendment to your records and request a list of disclosures of your record.

WHAT ARE MY RIGHTS AS A PATIENT?

TO HELP US HELP YOU, PLEASE...

- ▶ Tell us everything we need to know about your condition and history.
- ▶ Do what your doctor recommends or tell your doctor why you do not want to follow the recommendations.
- ▶ Be considerate of the people with whom you come in contact.
- ▶ Take part in making your hospital stay safe; be an involved part of your health care team.
- ▶ Provide us with your health insurance information or ask us about other options available to assist you with your payments.
- ▶ Let us know if you have legal papers about end-of-life decisions, such as a living will, health care surrogate declaration or other advance directives. Tell your nurse if you want to make an advance directive, or contact Patient & Family Services for more information at **859-323-5501**.

IF YOU HAVE COMPLAINTS OR CONFLICTS...

- ▶ You can complain about anything without worry. If you don't want to talk to your doctor or nurse, please contact the patient representative at **859-257-2178**.
- ▶ If you have a complaint about our service, please call UK Retail Pharmacy Administration at **833-333-UKRx (8579)**.
- ▶ If you still have a complaint, you may contact the Kentucky Office of Inspector General at **800-372-2973**. For complaints regarding DME services, you also may submit your complaint to the Kentucky Board of DME by calling **502-892-4251** or emailing **DMEs@ky.gov**.
- ▶ Patients in the Kentucky Clinic who have a conflict may go to the Information Desk on the first or third floors and ask Kentucky Clinic Administration to be notified at **859-257-6780**.
- ▶ You may also contact the Joint Commission on Accreditation of Healthcare Organizations at **800-994-6610** or email to: **complaint@jcaho.org**; or contact:

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

OTHER IMPORTANT INFORMATION

TO HELP US HELP YOU, PLEASE . . .

- ▶ Tell us everything we need to know about your condition and history.
- ▶ Do what your doctor recommends or tell your doctor why you don't want to follow the recommendations.
- ▶ Be considerate of the people with whom you come in contact.
- ▶ Take part in making your hospital stay safe; be an active and involved part of your health care team.
- ▶ Provide your health insurance information or ask us about other options available to assist you with your payments.
- ▶ Let us know if you have legal papers about end-of-life decisions, such as a living will or advance directives. Tell your nurse if you want to make a living will or advance directives. Contact the Department of Patient & Family Services for more information at **859-323-5501**.

WHAT YOU NEED TO KNOW ABOUT ADVANCE DIRECTIVES

As a patient, you have the right to create advance directives. Advance directives are documents that state your choices about medical treatment. They will also allow you to name someone to make decisions about your medical treatment if you are unable to make decisions for yourself.

Kentucky law recognizes three types of advance directives: 1) Living Will; 2) Designation of Health Care Surrogate; 3) Advance Directive for Mental Health Treatment.



OTHER IMPORTANT INFORMATION

LIVING WILL

A living will is a document that tells your doctor or other health care providers whether you want treatments or procedures which will prolong your life if you are in a terminal condition or are in a permanently unconscious state. Procedures that can prolong your life may include mechanical respirators to help you breathe, kidney dialysis to clean your body of wastes, CPR (cardiopulmonary resuscitation) to restore your heartbeat, and artificial nutrition and hydration. Your living will may also include your wishes regarding organ donation.

HEALTH CARE SURROGATE DESIGNATION

This type of advance directive lets you name a specific person to make your medical decisions when you are unable to do so. This person acts in your best interest to authorize treatment, refuse treatment or withdraw treatment when you are temporarily or permanently unable to decide for yourself.

TO WHOM SHOULD I TALK?

You do not have to have an advance directive. If you choose to write an advance directive giving your instructions, you should first talk with your family and those close to you who are concerned about your care and your feelings.

WHEN DO I WRITE AN ADVANCE DIRECTIVE?

Illness or injury can happen at any time. It is easier to discuss possible situations and your wishes at a time when you are healthy. You can always change or cancel an advance directive later if you desire.

WHAT ELSE DO I NEED TO KNOW?

- ▶ Anyone 18 years of age or older can make an advance directive.
- ▶ If you change your mind, you can destroy the document or revoke it either verbally or in writing.
- ▶ You don't need a lawyer to write an advance directive.
- ▶ We do not automatically honor advance directives in outpatient areas as we don't know of your wishes or your visit may be for unrelated care. If you want us to honor an advance directive in an outpatient area, please speak to a nurse or your doctor.
- ▶ While you are a patient at UK HealthCare, if you would like more information on advance directives, you may contact Patient & Family Services in UK Chandler Hospital, Room H149 or by calling 859-323-5501.

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003
Revised September 23, 2013



THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

We are committed to protecting the privacy of all health information we create and maintain as a result of the health care we provide you. Your “protected health information” (PHI) includes information about your past, present or future health, health care we provide you and payment for your health care contained in the record of care and services provided by University of Kentucky health care facilities. The purpose of this Notice is to explain who, what, when, where and why your protected health information may be used or disclosed, and assist you in making informed decisions when authorizing anyone to use or disclosure your PHI.

OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

- ▶ To request in writing to the treatment area a restriction on the uses and disclosures of protected health information as described in this Notice. We are not required to agree to the restriction you request. We may not be able to comply with your request in certain situations, which include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services and uses and disclosures that do not require your authorization.
- ▶ To request in writing a restriction on disclosures for payment or health care operations when paying out-of-pocket in full for health care item or service. We are required to agree to this restriction.
- ▶ To obtain a paper copy of this Notice and upon written request submitted to the UK health care facility maintaining the record, inspect and/or obtain a copy of your health record.
- ▶ To amend your health record by submitting a written request with the reasons supporting the request to the Medical Records department. We may deny your request if a) the record was not created by us, unless the person that created the record is no longer available to make the amendment; b) the record is not part of the health information used to make decisions about you; c) we believe the record is correct and complete; or d) you would not have the right to inspect and copy the record as described herein.
- ▶ To request in writing to the Privacy Officer a written list of disclosures we made of your health information, except that we are not required to account for disclosures for purposes of treatment, payment, operations, directory notification, disaster relief, as allowed under certain circumstances by law or pursuant to your authorization.
- ▶ To request in writing to the treatment area that we communicate with you by a specific method and at a specific location. We will typically communicate with you in person; or by letter or telephone.
- ▶ To revoke your authorization to use or disclose PHI at any time except, unless your authorization was obtained as a condition of obtaining insurance coverage, and except to the extent your PHI has already been disclosed pursuant to your authorization. Your revocation request must be made in writing to the Medical Records unit of the facility where you originally filed your authorization.
- ▶ To be notified of a breach of your unsecured protected health information
- ▶ To receive a copy of your medical record in electronic format, if possible.

OUR RESPONSIBILITIES

Maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information.

Abide by the terms of the Notice currently in effect. We have the right to change our Notice of Privacy Practices and we will apply the change to all of your personal health information, including information obtained prior to the change.

Post notice of any changes to our Privacy Practices Direct your questions, complaints and requests made in the lobby and make a copy available to you upon request.

NOTICE OF PRIVACY PRACTICES

CONTACT FOR QUESTIONS/COMPLAINTS/REQUESTS

Direct your questions, complaints and requests made in the lobby and make a copy available to you upon request. pursuant to this Notice to: Privacy Officer, 2333 Alumni Drive, Suite 200, Lexington, KY 40517, 859-323-1184 or 859-323-8002. You may also file a complaint with the Secretary of Health and Human Services. Filing a complaint will not result in retaliation.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI for the following purposes:

Treatment: We may use and disclose your protected health information to anyone involved in the provision of health care to you, including for example, University physicians, nurse practitioners, nurses and other medical professionals, including our medical students, residents and volunteers. We may also disclose your protected health information to outside treating medical professionals and staff as deemed necessary for your health care.

Payment: We may use and disclose your protected health information to billing and collection agencies, insurance companies and health plans to collect payment for our services.

Health Care Operations: We may use and disclose your protected health information for our own health care operations. For example, we may use your protected health information to assess your care in an effort to improve the quality and safety of our service to you; to evaluate the skills, qualifications and performance of our health care providers; to provide training programs to students, trainees and other health care providers. In addition, our accountants, auditors and attorneys may use your protected health information to assist our compliance with applicable law.

Business Associates: There are some services provided to our organization through contracts with business associates, such as laboratory and radiology services. We may disclose your protected health information to our business associates so that they can perform these services. We require the business associates to safeguard your information to our standards.

Individuals Involved With Your Care: We may disclose your protected health information to family or others identified by you or who is involved in your care or payment for your care. We may also notify a family member, or another person responsible for your care, about your location and general condition, unless you object by contacting the caregiver at the facility providing your care.

Legally Required Disclosures & Public Health: We may disclose your protected health information as required by law, including to government officials to prevent or control disease, to report child, adult or spouse abuse, to report reactions or problems with products, and to report births and deaths.

Health Oversight Activities: We may disclose your protected health information to a federal or state health oversight agency that is authorized to oversee our operations.

Workers Compensation: We may disclose your protected health information for workers compensation or similar programs.

Serious Threats to Health and Safety: We may disclose your protected health information if necessary to prevent or reduce the risk of a serious or imminent threat to the health or safety of an individual or the general public.

Law Enforcement & Subpoenas: We may disclose your protected health information to law enforcement such as limited information for identification and location purposes, or information regarding suspected victims of crime, including crimes committed on our premises. We may also disclose your protected health information to others as required by court or administrative order, or in response to a valid summons or subpoena.

NOTICE OF PRIVACY PRACTICES

Inmates: We may disclose your protected health information to a correctional facility which has custody of you if necessary a) to provide health care to you; b) for the health and safety of others; or, c) for the safety and security of the correctional facility.

Information Regarding Decedents: We may disclose your protected health information regarding a deceased person to: 1) coroners and medical examiners to identify cause of death or other duties, 2) funeral directors for their required duties and 3) to procurement organizations for purposes of organ and tissue donation.

Research: We may also disclose your protected health information where the disclosure is solely for the purpose of designing a study, or where the disclosure concerns decedents, or an institutional review board or privacy board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information. In all other situations, we may only disclose your protected health information for research purposes with your authorization.

Treatment Alternatives: We may contact you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

Fund Raising: We may contact you as part of a fund raising effort. You may opt out of fund raising communications by using the contact information listed on the fund raising material you receive

Directory Information: We may disclose your name, location and general condition to those persons who ask for you by name or to members of the clergy. You may object to such disclosure by contacting the Registration Office/Desk at the facility from which you received this Notice.

Appointment Reminders: We may use and disclose your PHI to provide a reminder to you about an appointment.

DISCLOSURES REQUIRING AUTHORIZATION

- 1. Sale and Marketing of PHI.** We may not sell your PHI or use or disclosure your PHI for marketing purposes without your authorization.
- 2. Psychotherapy Notes.** Most uses and disclosures of psychotherapy notes require an authorization.
- 3. All Other Uses and Disclosures.** All other uses and disclosures of your protected health information will only be made pursuant to your written authorization, which you have the right to revoke at any time, except to the extent we have already made disclosures pursuant to your authorization.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all your protected health information that we maintain by posting the revised Notice at our facilities, making copies of the revised Notice upon request to the facility or the Privacy Officer, or posting the revised Notice on our website.

MEDICARE DMEPOS **SUPPLIER STANDARDS**

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

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR §424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.

MEDICARE DMEPOS **SUPPLIER STANDARDS**

15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j)(3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

GOOD FAITH ESTIMATE



YOU HAVE THE RIGHT TO RECEIVE A “GOOD FAITH ESTIMATE” EXPLAINING HOW MUCH YOUR HEALTH CARE WILL COST

Under the law, health care providers need to give patients who don't have certain types of health care coverage or who are not using certain types of health care coverage an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.
- If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate and the bill.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

BALANCE BILLING



YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

WHEN YOU GET EMERGENCY CARE OR GET TREATED BY AN OUT-OF-NETWORK PROVIDER AT AN IN-NETWORK HOSPITAL OR AMBULATORY SURGICAL CENTER, YOU ARE PROTECTED FROM BALANCE BILLING. IN THESE CASES, YOU SHOULDN'T BE CHARGED MORE THAN YOUR PLAN'S COPAYMENTS, COINSURANCE AND/OR DEDUCTIBLE.

WHAT IS "BALANCE BILLING" (SOMETIMES CALLED "SURPRISE BILLING")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or a deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

YOU'RE PROTECTED FROM BALANCE BILLING FOR:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

BALANCE BILLING

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

WHEN BALANCE BILLING ISN'T ALLOWED, YOU ALSO HAVE THESE PROTECTIONS:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - ▶ Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - ▶ Cover emergency services by out-of-network providers.
 - ▶ Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - ▶ Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact the Federal No Surprises Helpdesk at 1-800-985-3059.

Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.

This Surprise Billing Disclosure Notification is a description of my rights and protections against surprise medical bills. By signing below, I acknowledge that I have been provided a copy of this form.

NOTE: Interpretive services must be offered for preferred languages other than English.

Patient or Legal Representative

Date/Time

Relationship to Patient

Interpreter Name or ID#, if applicable

CAPPED RENTAL ITEMS

Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.

After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.

Examples of this type of equipment include: Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

INEXPENSIVE OR ROUTINELY PURCHASED DURABLE MEDICAL EQUIPMENT

Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount. Examples of this type of equipment include: Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.

EQUIPMENT WARRANTY INFORMATION

Every product sold or rented by our company carries a one-year manufacturer's warranty.

UK DME will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

UK DME will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

SECTION 1557 OF THE AFFORDABLE CARE ACT

NOTICE OF NONDISCRIMINATION FOR UK HEALTH PROGRAMS AND ACTIVITIES

The University of Kentucky complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

The University of Kentucky does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The health programs and activities of the University of Kentucky

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact any employee of a UK health program or activity.

If you believe that The University of Kentucky has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Heather Roop, Section 1557 Coordinator, Executive Director and Title IX Coordinator

Institutional Equity and Equal Opportunity

University of Kentucky

13 Main Building

Lexington, Kentucky 40506-0032

Telephone number **859-257-8927**

Fax **859-323-3739**

E-mail: heather.roop@uky.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance UK HealthCare Office of Patient Experience or Martha Alexander, Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>



YOUR RIGHT TO AN INTERPRETER

You have the right to an interpreter at no cost to you.



American Sign Language (ASL)

You have the right to an interpreter at no cost to you. Please point to this line. An interpreter will be called. Please wait.

ENGLISH

If you speak English, language assistance services, free of charge, are available to you.

SPANISH

Si usted habla español, tiene a su disposición servicios de asistencia con el idioma sin costo alguno.

CHINESE

如果您讲汉语普通话，则可以免费向您提供语言协助服务。

GERMAN

Wenn Sie deutsch sprechen, stehen Ihnen kostenlos Sprachhilfen zur Verfügung.

VIETNAMESE

Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị, nếu quý vị nói tiếng Việt.

ARABIC

إذا كنت تتحدث اللغة العربية، فسيتوفر لك خدمات المساعدة اللغوية مجاناً

SERBO-CROATIAN
(SERBO)

Ukoliko govorite srpski, na raspolaganju su vam besplatne usluge jezične pomoći.

JAPANESE

日本語を話される場合には、無償の言語支援サービスがご利用いただけます。

FRENCH

Si votre langue est le français, des services d'assistance linguistiques sont mis gratuitement à votre disposition.

KOREAN

모국어가 한국어일 경우 무료 언어지원 서비스가 제공됩니다.

PENNSYLVANIA
DUTCH

Wann du Deitsch schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch.

NEPALI

यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंले बिना कुनै शुल्क भाषा सहायता सेवाहरू प्राप्त गर्न सक्नुहुन्छ।

OROMO
(OROMO)

Yoo qooqa Oromo dubbatta tahe, tajaajilli gargaarsaa, baasi (kaffaltii malee) siif jira.

RUSSIAN

Если ваш язык — русский, то вам могут быть предоставлены бесплатные услуги переводчика.

TAGALOG

Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo sa lengguahe na walang bayad.

BANTU
(BANTU)

Niba uvuga Ikirundi, hari servisi itishurwa yo gusobanura indimi.

Services available in 200+ languages.



LET US KNOW HOW WE'RE DOING

We'd like to hear from you. Please take a moment to take our short patient survey and provide feedback on your experience with UK Retail Pharmacies & DME.

Scan the QR code with your phone's camera, or visit ukhealthcare.uky.edu/pharmacy-services/patients/satisfaction.



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