

Riverside Specialty Pharmacy  
**Patient Information**



 **RIVERSIDE SPECIALTY PHARMACY**

100 Fitness Drive | Bourbonnais, IL 60914 | (815) 634-5225  
[riversidehealthcare.org](http://riversidehealthcare.org)

 **RIVERSIDE**  
SPECIALTY PHARMACY

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# WELCOME TO RIVERSIDE SPECIALTY PHARMACY

Riverside Specialty Pharmacy understands that your medical needs may be difficult to manage. Our staff is dedicated to working with you, your doctors and nurses, family and friends to achieve a fully integrated health care team. Our primary goal is to provide you with quality care.

## What you can expect:

### ✓ **Personalized Care and Regular Follow-Ups**

Our specialty trained staff members will work with you to discuss your treatment plan, and address your questions or concerns. We will be in close contact with you throughout the course of your treatment.

### ✓ **Benefits**

There may be instances where you are prescribed a medication that your insurance plan may not cover. We will work diligently to lower your drug costs by getting the medication covered, switching to a medication that is covered or applying valid manufacturer discounts.

### ✓ **Patient Management Program**

When you are willing to follow the treatment plan determined by your healthcare team, the program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.

✓ In-depth **consultation** services

✓ **Automated telephone refills**

✓ **Free delivery** of your medication upon request

✓ **Prescription Transfer if Riverside Specialty Pharmacy cannot fulfill the prescription.**

✓ **24/7 Support**

Pharmacy Location	Contact Information	Hours
100 Fitness Drive Bourbonnais, IL 60914	(815) 634-5225	Monday – Friday 8 a.m. to 4:30 p.m.

We look forward to providing you with the best service possible. We know that you have many options and we sincerely thank you for choosing Riverside Specialty Pharmacy!

*—The Riverside Specialty Pharmacy Team*

## IMPORTANT INFORMATION

### Contact Us When/If:

- You have any questions or concerns about your medication
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- You would like to start taking a vitamin/supplement or any over the counter medication
- Your contact information or delivery address has changed
- Your insurance information or payment method has changed
- You need to check the status of your delivery
- You need to reschedule or change your delivery
- You have any questions or concerns about our specialty pharmacy service

### Prescription Transfers

- If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. All we request is a phone call from you to inform us where you would like your prescription transferred.
- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care prior to transferring your prescription.

### Delivery and Storage of your Medication

- We can ship your medication to your home at no cost to you. Please note we require a signature for delivery of all controlled substances, refrigerated medications and high dollar medications.
- If your medication requires refrigeration, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box and place it in the refrigerator.
- If the package looks damaged or is not in the correct temperature range, please give the pharmacy a call.

### Adverse Drug Reactions

- If you are experiencing adverse effects to your medication, please contact your doctor or pharmacy as soon as possible.

## Drug Substitution Protocols

- From time to time it may be necessary to substitute name brand drugs for generic drugs. This may occur if your insurance company prefers the generic be dispensed or to reduce your copay.

## Payment Policy

- Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan.

## Insurance Claims

- Riverside Specialty Pharmacy will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you so that we can work together to resolve the issue.

## Co-payments

- You may be required to pay a part of your medication cost, called a copayment. If you have a co-payment, it must be paid at the time of shipping or pick-up. We accept cash, checks, Visa®, MasterCard®, American Express®, and Discover®.

## Financial Assistance

- We have access to financial assistance programs to help with co-payments and to ensure there are no financial barriers to starting your medication. These programs can include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrolling into such programs.

## Proper Disposal of Sharps

- Place all needles, syringes, and other sharp objects into a sharps container. This will be available for purchase at the specialty pharmacy.
- Contact local waste pickup services for their policy on sharps container pickup. You can also check the following website for additional information:  
<https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/sharps-disposal-containers>

## Proper Disposal of Unused Medications

- For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:  
<https://www.fda.gov/consumers/consumer-updates>  
<https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>

## Drug Recalls

- If your medication is recalled, the specialty pharmacy will contact you with further instructions, as directed by the FDA or drug manufacturer.

## Emergency Disaster Information

- In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

## Concerns or Suspected Errors

- Patients and caregivers have the right to voice complaints and/or recommendations on services to the pharmacy. Patients and caregivers can do so by phone, fax, writing, or email. We will address your concern within 5 business days.
- The following organizations are available to contact anytime you feel your complaint was not resolved by the pharmacy:
  - Illinois Board of Pharmacy  
Website: <https://www.idfpr.com>  
Telephone: 1 (888) 473-4858
  - URAC Complaint Info  
Website: <https://www.urac.org/file-a-grievance>  
Email Address: [grievances@urac.org](mailto:grievances@urac.org)  
General Phone Number: (202) 216-9010
  - ACHC Complaint Info  
Website: <http://achc.org/contact/complaint-policy-process>  
For further information, you may contact ACHC toll-free at (855) 937-2242 or (919) 785-1214 and request the Complaints Department

## FOR ADDITIONAL INFORMATION REGARDING YOUR CONDITION OR DIAGNOSIS, YOU CAN VISIT THE FOLLOWING WEBSITES:

- **Cystic Fibrosis**
  - Cystic Fibrosis Foundation  
Website: <https://www.cff.org/>
- **Dermatology**
  - National Psoriasis Foundation  
Website: <https://www.psoriasis.org/>
- **Gastroenterology**
  - Crohn's and Colitis Foundation  
Website: <http://www.crohnscolitisfoundation.org>

■ **Growth Hormone**

- Endocrine Web  
Website: <https://www.endocrineweb.com/>

■ **Hepatitis C**

- American Association for the Study of Liver  
Website: <https://www.hcvguidelines.org/>

■ **HIV**

- National Institutes of Health  
Website: <https://aidsinfo.nih.gov/>

■ **Hyperlipidemia**

- Familial Hypercholesterolemia Foundation  
Website: <https://thefhfoundation.org/>

■ **Multiple Sclerosis**

- National Multiple Sclerosis Society  
Website: <https://www.nationalmssociety.org/>

■ **Oncology**

- American Cancer Society  
Website: <https://www.cancer.org/cancer.html>
- Chemocare  
<http://www.chemocare.com/>

■ **Pulmonology**

- American Lung Association  
Website: <http://www.lung.org/>

■ **Rheumatology**

- American College of Rheumatology  
Website: <https://www.rheumatology.org/>

■ **Transplant**

- UNOS  
Website: <https://transplantliving.org/>
- National Kidney Foundation  
Website: <https://www.kidney.org/>

## **EMERGENCY & DISASTER PREPAREDNESS PLAN**

Riverside Specialty Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, earthquakes, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement weather in the local area, Riverside Specialty Pharmacy will monitor for possible hazards. In the occasion of inclement weather or disaster in your area, it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

Riverside Specialty Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where Riverside Specialty Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aide you in the case of an emergency or disaster::

- 1.** The pharmacy will call you 3-5 days before an inclement weather emergency, such as a known blizzard, utilizing the weather updates as point of reference.  
If you do not reside in the Kankakee County area and are aware that you will be experiencing inclement weather, you are responsible for calling the pharmacy 3-5 days before the occurrence.
- 2.** The pharmacy will send your medication via courier or UPS next day delivery during any suspected inclement weather emergencies.
- 3.** If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence, the pharmacy can transfer your medication to a pharmacy of your choice so you do not go without medication.
- 4.** It is recommended to have a secondary emergency number in your file at the pharmacy.  
If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will assist you.



## WASHING YOUR HANDS

The most important step to prevent the spread of germs and infections is hand washing. Wash your hands often. Be sure to wash your hands each time you:

- Come in contact with any blood or bodily fluids
- Touch bedpans, dressings, or other soiled items
- Use the bathroom or bedpan

If you are coughing, sneezing, or blowing your nose, clean your hands often. Before you eat, always clean your hands.

### **Here's how you should clean your hands with soap and water:**

- Wet your hands and wrists with warm water.
- Use soap. Work up a good lather, and rub hard for 15 seconds or longer.
- Rinse your hands well.
- Dry your hands well.
- Use a clean paper towel to turn off the water. Throw the paper towel away.

### **Here's how you should clean your hands with hand sanitizers (waterless hand cleaners):**

- For gel products, use one application.
- For foam products, use a golf-ball size amount.
- Apply product to the palm of your hand.
- Rub your hands together. Cover all surfaces of your hands and fingers until they are dry.

## HOME SAFETY INFORMATION

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the right way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

### Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take medication that were prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully.
- Know the side effects of the medications you are taking. If there are questions about side-effects, contact the pharmacy.
- Do not throw away outdated medication by pouring down a sink or flushing down the toilet.

### Mobility Items

When using mobility items to get around such as canes, walkers, wheelchairs or crutches you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down.
- Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

### Slips and/or Falls

Slip and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course and provide yourself a clear path to where you are going.
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bath tubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all spilled water, oil or grease immediately.

- Pick up and keep objects away from foot areas including electrical cords and rugs.
- Keep drawers and cabinets closed.
- Install good lighting to avoid fumbling in the dark.

## Lifting

If it is too big, too heavy or too awkward to move alone – GET HELP. Here are some things you can do to prevent low back pain or injury.

- Stand close to the load with your feet shoulder width apart for good balance.
- Bend your knees and “straddle” the load.
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead - clear your way.

## Electrical Accidents

Watch for early warning signs; overheating, a burning smell, and sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a big enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed right away.
- Use a ground on 3-wire plugs to prevent shock in case of electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

## Smell Gas?

- Open windows and doors.
- Shut off appliance involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- Don't use matches or turn on electrical switches.
- Don't use telephone – dialing may create electrical sparks.
- Don't light candles.
- Call the gas company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

## Fire

Pre-plan and practice your fire escape. Create a plan with at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a “No Smoking” sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not dump ashtrays or toss matches into wastebaskets unless you know they are out. Run under water to put out first or dump into toilet.
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.
- Purchase an escape ladder for the window if living on a second floor.

### **If you have a fire or suspect fire**

1. Take immediate action per plan – escape is your top priority.
2. CALL 9-1-1. Get help on the way – with no delay.
3. If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

# PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Riverside Specialty Pharmacy recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the pharmacist on duty.

Patients and their families also have responsibilities while under the care of Riverside Specialty Pharmacy to facilitate the provision of safe, high-quality health care for themselves and others. The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

To ensure the finest care possible, as a patient receiving our pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

## **As our patient, you have the right to:**

- Select those who provide you with Pharmacy services
- Receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- Be treated with friendliness, courtesy and respect by each and every individual representing our pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental
- Assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- Be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services
- Express concerns, grievances, or recommend modifications to your pharmacy regarding services or care, without fear of discrimination or reprisal
- Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- Receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our pharmacy's policies, procedures and charges
- Request and receive data regarding treatment, services, or costs thereof, privately and confidentially
- Be given information as it relates to the uses and disclosure of your plan of care
- Have your plan of care remain private and confidential, except as required and permitted by law

- Receive instructions on handling drug recalls
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Medication Management Program in accordance with state and federal law
- Receive information on how to access support from consumer advocates groups
- Receive pharmacy health and safety information to include consumers rights and responsibilities
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Can identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Choose a health care provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

**As a patient, you have the responsibility to:**

- Provide accurate and complete information regarding your past and present medical history and contact information and any changes
- Agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- Participate in the development and updating of a plan of care
- Communicate whether you clearly comprehend the course of treatment and plan of care
- Comply with the plan of care and clinical instructions
- Accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- Respect the rights of pharmacy personnel
- Notify your Physician and the pharmacy with any potential side effects and/or complications
- Notify your pharmacy by telephone when medication supply is running low so refills may be shipped to you promptly
- Maintain any equipment provided

**Riverside Specialty Pharmacy patients have these additional rights and responsibilities:**

- To know about philosophy and characteristics of the patient management program
- To have personal health information shared with the patient management program only in accordance with state and federal law
- To identify the program's staff members, including the supervisor of the program and their job title, and to speak with a head of the staff member's supervisor if requested
- To speak to a health care professional
- To receive information about the patient management program
- To receive administrative information regarding changes in or termination of the patient management program
- To decline participation, revoke consent or dis-enroll at any point in time
- To submit any forms that are necessary to participate in the program to the extent required by law
- To give accurate clinical and contact information and to notify the patient management program of changes in this information
- To notify their treating provider of their participation in the medication management program, if applicable

# MEDICARE DMEPOS SUPPLIER STANDARDS

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

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.



- 11.** A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR§ 424.57 (c) (11).
- 12.** A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
- 13.** A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
- 14.** A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
- 15.** A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
- 16.** A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
- 17.** A supplier must disclose any person having ownership, financial, or control interest in the supplier.
- 18.** A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
- 19.** A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
- 20.** Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
- 21.** A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
- 22.** All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must 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.

MEDICARE DMEPOS SUPPLIER STANDARDS DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary. The products and/or services provided to you by Riverside Specialty Pharmacy are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>.

Enrollee's Name: \_\_\_\_\_ (Optional)

Drug and Prescription Number: \_\_\_\_\_ Optional)

## Medicare Prescription Drug Coverage and Your Rights

### Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an "exception"** if you believe:

- You need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- A coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- You need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

### What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.

3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

#### **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 collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

Form CMS -10147      OMB Approval No. 0938-0975 (Expires: 02/28/2020)