Aspire Indiana Health

Specialty Pharmacy Services

WELCOME PACKET

aspireindiana.org/medical-care/pharmacy

Welcome to Aspire Indiana Pharmacy!

Thank you for choosing Aspire Indiana Pharmacy to be your specialty pharmacy provider. Our dedicated pharmacy team is excited to work with you, your physician/healthcare team and your insurance company to ensure that all your needs are met.

As a specialty pharmacy patient, you will have one-on-one direct contact with our pharmacists who will develop a program tailored to you, so you can understand and follow your prescription guidelines.

Our services are designed to help you achieve the most benefit from your therapy including:

- Training, Education and Counseling
- Comprehensive Medication Review
- Plan of Care
- Copay, Patient Assistance, and other Financial Assistance Programs
- Free Medication Delivery
- Refill Reminders
- 24/7 Access to Clinically Trained Personnel

We look forward to providing you with the best service possible. We thank you for choosing Aspire Indiana Pharmacy.

Sincerely,

The Aspire Indiana Pharmacy Team

CONTACT INFORMATION

Hours of Operation:

- Monday – Friday: 8:00 AM – 5:00 PM
- Saturday and Sunday: Closed
- Aspire Indiana Pharmacy will be closed on the following holidays:
    - New Years Day
    - Martin Luther King Jr. Day
    - Memorial Day
    - Independence Day
    - Labor Day
    - Thanksgiving Day
    - Day After Thanksgiving
    - Christmas Eve
    - Christmas Day

Contact Information:

- Local: (317) 268-5319
- Toll Free: (877) 430-0707
- Fax: (800) 650-2055
- Email: aspirepharmacy@andhealth.com
- In Person: 17840 Cumberland Rd Room 300 Noblesville, IN 46060

24/7 Support

- Clinically trained personnel are available 24 hours a day, 7 days a week including holidays and weekends.
- Our after-hours clinicians are available to assist you with urgent clinical questions.

When to Contact Us:

- When you need to place an order
- When you need to fill a prescription, including refills
- You have questions or concerns about your medication and/or status of medication
- When you have any questions or concerns regarding equipment provided
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- To check the status of your order, discuss an order delay or reschedule your delivery
- To receive claims related information

IMPORTANT INFORMATION

- **Patient Management Program**
  - Specialty pharmacy patients are automatically enrolled in our therapy-specific Patient Management Program. Our team of trained clinicians will provide you with continuous clinical evaluation, ongoing health monitoring, assessment of educational needs and management of your medication use. This program is provided to you at no additional cost, and your participation is completely voluntary. If you wish to opt out of the program, please call and speak to a specialty pharmacy team member.
  - The Patient Management Program provides benefits such as managing side effects, increasing compliance with drug therapies, and overall improvement of health when you are willing to follow your treatment plan. Not following your treatment plan or the directions provided by your prescriber or pharmacist may limit these benefits.

- **Financial Information**
  - Before your care begins, a staff member will inform you of your out-of-pocket costs such as deductibles, copays and coinsurance.
  - We will submit claims to your health insurance carrier and, if your claim is denied, a staff member will notify you so that we can work together to resolve the issue.
  - We will notify you if we are an out of network pharmacy and will provide you with the cash price of the medication upon request.
  - Our team has access to financial assistance programs to address financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs, when available.

- **Filling a Prescription, including Refills**
  - Your physician can send us your prescription, or you can provide it to us in person or through the mail.
  - You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a pharmacy team member to process your refill request.

- **Prescription Transfers**
  - 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.
  - Please call us if you would like to receive your medications from another pharmacy. We will assist you in transferring your prescription to the appropriate pharmacy of your choice.

- **Drug Substitution**
  - Our pharmacy strives to find the most cost-efficient option for you. From time to time, it may be necessary to substitute brand name drugs with a generic drug option. This could occur due to insurance carrier preference or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to

generic to save you money. We will use brand name medication at you or your prescriber's request.

- **Proper Disposal of Sharps**
  - Place all needles, syringes, and other sharp objects into a sharp's container. This will be provided by the Pharmacy if you are prescribed an injectable medication.

- **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:
    http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm
    http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm
    RXdrugdropbox.org

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

- **Accessing Medications During an Emergency or Disaster**
  - In the event of an emergency and/or disaster in your area, please contact our pharmacy to assess potential medication delivery options.
  - If the pharmacy may be impacted by an emergency or disaster, you will be contacted to discuss possible transfer of your medications to ensure your therapy is not interrupted.

- **Medication**
  - If children are in the home, store medications and poisons in childproof containers and out of reach.
  - Keep all hazardous materials and liquids out of the reach of children
  - Contact a Pharmacist directly if you would like instructions how to properly dispose of a hazardous material/medication
  - Know your local poison control number or dial 1-800-222-1222
  - 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 medication you are taking.
  - Throw away outdated medication by mixing medications with dirt, cat litter, or used coffee grounds. Place mixture in a container such as a sealed plastic bag and place in trash.

- **Medication Issues and Concerns**
  - Information shared with our pharmacy will always remain private and confidential
  - Please contact the pharmacy as soon as possible to report suspected medication issues including (but not limited to): counterfeit medication, errors, adverse drug events, etc.

- We want you to be completely satisfied with the care we provide. If you or your caregiver have concerns, please contact us by phone, email or in writing to discuss your concerns. If you wish to seek further review of concern, you may contact:
  - URAC
    - Website: https://www.urac.org/complaint/
    - Email Address: grievances@urac.org
  - ACHC
    - Website: http://achc.org/contact/complaint-policy-process
    - Telephone: (855) 937-2242 or 919-785-1214 (request Complaints Dept.)
  - Indiana Board of Pharmacy: (317) 234-2067

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of Aspire Indiana Pharmacy, you have the RIGHT to:

- 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, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible
- Receive information about the scope of services that the program 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
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
- Be able to 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 patient property
- Voice grievances/complaints regarding treatment or care or 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 patient record and of Protected Health Information (PHI)
- Be advised on the program's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities
- Have personal health information shared with the Patient Management Program only in accordance with state and federal law

- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Speak to a health professional
- Receive information about the Patient Management Program
- Decline participation, or disenroll, at any point in time

As a patient of Aspire Indiana Pharmacy you have the RESPONSIBILITY to:

- Give accurate clinical/medical and contact information and to notify the Patient Management Program of changes in this information
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the Patient Management Program
- Submit forms that are necessary to receive services
- Maintain any equipment provided
- Notify the program of any concerns about the care or services provided

ADDITIONAL INFORMATION REGARDING YOUR MEDICATION, CONDITION/DIAGNOSIS AND COMMUNITY AND FINANCIAL RESOURCES CAN BE FOUND ON THE FOLLOWING WEBSITES:
****edit table below based on specialty disease states serviced****

Allergy and Immunology	https://www.aaaaifoundation.org
Crohn's Disease	http://www.ccfa.org/science-and- professionals/programs-materials/patient-brochures http://www.crohnsonline.com http://www.crohnsforum.com
Cystic Fibrosis	https://www.cff.org/
Growth Hormone Deficiency	http://www.hgfound.org
Hepatitis	http://www.liverfoundation.org http://www.hepatitis-central.com http://www.hepb.org/resources/printable_information.htm
HIV	https://www.hiv.gov https://www.cdc.gov/hiv/basics/livingwithhiv/resources
IBD	https://www.crohnscolitisfoundation.org
Infertility	https://resolve.org
Lipid Disorders	https://www.lipid.org/foundations
Multiple Myeloma	https://themmrf.org/multiple-myeloma/what-is-multiple-myeloma
Multiple Sclerosis	http://www.mymsaa.org http://www.msfocus.org http://www.nationalmssociety.org

Neuro Oncology	https://www.soc-neuro-onc.org/SNO/Resources/Patient_Resources/SNO/Resources/Patient_Resources.aspx
Oncology/Hematology	https://www.cancer.org https://www.livestrong.org/we-can-help
Psoriasis	http://www.psoriasis.org
Pulmonary Hypertension	https://phassociation.org/patients/aboutph
Rheumatoid Arthritis	https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis http://www.rheumatoidarthritis.com http://www.arthritis.org
Solid Organ Transplant	https://transplantliving.org
Stem Cell Transplant	https://www.asbmt.org/patient-education/external-resources

Emergency/Disaster Preparedness Plan

Aspire Indiana Pharmacy has a comprehensive emergency preparedness plan to help ensure continued treatment during an emergency or disaster such as severe storms, hurricanes, tornadoes, earthquakes, fire and flooding. Our primary goal is to continue to service your prescription needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you 3-5 days before an anticipated local weather emergency utilizing the weather updates as point of reference.
    a. If you are not in the pharmacy's local area but reside in a location that will experience a weather disaster, you are responsible for calling the pharmacy 3-5 days before the occurrence to discuss your medication needs.
2. The pharmacy will send your medication via courier or UPS next day delivery during any suspected weather emergencies.
3. If the pharmacy cannot get your medication to you before a weather emergency occurrence the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication or visit your local hospital immediately.

If you are in danger of running out of your medication, please contact us immediately. We will assess and coordinate potential delivery options with you. If you are unable to reach the pharmacy or your provider and may run out of your medication, please go to the nearest emergency room.

If your medication is potentially damaged or in an unsafe location, please contact us immediately. We will coordinate replacement medication for you.

Infection Control

According to the Centers for Disease Control (CDC), the most important step to prevent the spread of germs and infections is hand washing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during,** and **after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

Follow these five steps every time you 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. 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.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

DMEPOS Supplier Standards

All Medicare DMEPOS suppliers must be in compliance with these Supplier Standards in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec 424.57(c) and went into effect December 11, 2000. A supplier must disclose these standards to all customers/patients who are Medicare beneficiaries (standard 16). A shortened version has been created to help suppliers comply with this requirement.

1. Operates its business and furnishes Medicare-covered items in compliance with all applicable Federal and State licensure and regulatory requirements;
2. Has not made, or caused to be made, any false statement or misrepresentation of a material fact on its application for billing privileges. (The supplier must provide complete and accurate information in response to questions on its application for billing privileges. The supplier must report to CMS any changes in information supplied on the application within 30 days of the change.);
3. Must have the application for billing privileges signed by an individual whose signature binds a supplier;
4. Fills orders, fabricates, or fits items from its own inventory or by contracting with other companies for the purchase of items necessary to fill the order. If it does, it must provide, upon request, copies of contracts or other documentation showing compliance with this standard. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal Government Executive Branch procurement or nonprocurement program or activity;
5. Advises beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical equipment, as defined in §414.220(a) of this subchapter. (The supplier must provide, upon request, documentation that it has provided beneficiaries with this information, in the form of copies of letters, logs, or signed notices.);
6. Honors all warranties expressed and implied under applicable State law. A supplier must not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or for services covered under warranty. This standard applies to all purchased and rented items, including capped rental items, as described in §414.229 of this subchapter.

The supplier must provide, upon request, documentation that it has provided beneficiaries with information about Medicare covered items covered under warranty, in the form of copies of letters, logs, or signed notices;

7. Maintains a physical facility on an appropriate site. The physical facility must contain space for storing business records including the supplier's delivery, maintenance, and beneficiary communication records. For purposes of this standard, a post office box or commercial mailbox is not considered a physical facility. In the case of a multi-site supplier, records may be maintained at a centralized location;
8. Permits CMS, or its agents to conduct on-site inspections to ascertain supplier compliance with the requirements of this section. The supplier location must be accessible during reasonable business hours to beneficiaries and to CMS, and must maintain a visible sign and posted hours of operation;
9. Maintains a primary business telephone listed under the name of the business locally or toll-free for beneficiaries. The supplier must furnish information to beneficiaries at the time of delivery of items on how the beneficiary can contact the supplier by telephone. The exclusive use of a beeper number, answering service, pager, facsimile machine, car phone, or an answering machine may not be used as the primary business telephone for purposes of this regulation;
10. Has a comprehensive liability insurance policy 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. In the case of a supplier that manufactures its own items, this insurance must also cover product liability and completed operations. Failure to maintain required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed;
11. Must agree not to contact a beneficiary by telephone when supplying a Medicare-covered item unless one of the following applies:
    I. The individual has given written permission to the supplier to contact them by telephone concerning the furnishing of a Medicare covered item that is to be rented or purchased.
    II. The supplier has furnished a Medicare-covered item to the individual and the supplier is contacting the individual to coordinate the delivery of the item.
    III. If the contact concerns the furnishing of a Medicare-covered item other than a covered item already furnished to the individual, the supplier has furnished at least one covered item to the individual during the 15-month period preceding the date on which the supplier makes such contact.
12. Must be responsible for the delivery of Medicare covered items to beneficiaries and maintain proof of delivery. (The supplier must document that it or another qualified party has at an appropriate time, provided beneficiaries with necessary information and instructions on how to use Medicare-covered items safely and effectively);
13. Must answer questions and respond to complaints a beneficiary has about the Medicare-covered item that was sold or rented. A supplier must refer beneficiaries with Medicare questions to the appropriate carrier. A supplier must maintain documentation of contacts with beneficiaries regarding complaints or questions;
14. Must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare covered items it has rented to beneficiaries. The item must function as required and intended after being repaired or replaced;

15. Must accept returns from beneficiaries 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);
16. Must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item;
17. Must comply with the disclosure provisions in §420.206 of this subchapter;
18. Must not convey or reassign a supplier number;
19. Must have a complaint resolution protocol to address beneficiary complaints that relate to supplier standards in paragraph (c) of this section and keep written complaints, related correspondence and any notes of actions taken in response to written and oral complaints. Failure to maintain such information may be considered evidence that supplier standards have not been met. (This information must be kept at its physical facility and made available to CMS, upon request.);
20. Must maintain the following information on all written and oral beneficiary complaints, including telephone complaints, it receives:
    I. The name, address, telephone number, and health insurance claim number of the beneficiary.
    II. A summary of the complaint; the date it was received; the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.
    III. If an investigation was not conducted, the name of the person making the decision and the reason for the decision.
21. Provides to CMS, upon request, any information required by the Medicare statute and implementing regulations.
22. All suppliers of DMEPOS and other items and services 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.
23. All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the new supplier location for three months after it is operational without requiring a new site visit.
24. All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.
25. All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.