

# INTERMOUNTAIN SPECIALTY PHARMACY

**Welcome! We are excited to serve you.**



Improving the quality of life for our patients through the appropriate management of specialty medications.



Dear Patient,

Welcome to Intermountain Specialty Pharmacy! We are excited for the chance to serve you. We will help you understand your treatment plan, so you can focus on what truly matters: healing and your health.

Intermountain Specialty Pharmacy has a trained, friendly staff. We are available 24 hours a day, 7 days a week.

We offer the following services:

**Co-pay assistance** programs whenever possible;

**Prior authorizations** when necessary;

**Shipment of medications** at no additional cost to you;

**Free supplies** needed for your medications;

**Training** on how to use your medications; and

**Refill reminders** so you never miss a dose.

Thank you for the opportunity to meet your pharmacy needs. For additional information please contact us.

Sincerely,

Intermountain Specialty Pharmacy Staff

**(801) 284-1114**

**(877) 284-1114 Toll Free**

**(801) 442-0661 Fax**

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## **INTERMOUNTAIN MISSION**

Helping people live the healthiest lives possible.

## **INTERMOUNTAIN VISION**

Be a model health system by providing extraordinary care and superior service at an affordable cost.

## **SPECIALTY PHARMACY PURPOSE**

Improving the quality of life for our patients through the appropriate management of specialty medications.





# SPECIALTY PHARMACY AND INFUSION THERAPY PHARMACY SERVICES

## SPECIALTY PHARMACY SERVICES

- Allergic Asthma
- Chemotherapy and Oncology
- Crohn's Disease
- Cystic Fibrosis
- Growth Hormone
- Hepatitis B
- Hepatitis C
- Multiple Sclerosis
- Plaque Psoriasis
- Psoriatic Arthritis
- Rheumatoid Arthritis
- Synagis and RSV
- Ulcerative Colitis

## INFUSION THERAPY PHARMACY SERVICES

In addition to our Specialty Pharmacy services, our Homecare facility specializes in a wide range of infused medications. We help our patients coordinate care if they require these pharmacy services:

- Bone Marrow Transplant Care
- Colony Stimulating Factors
- Enteral Nutrition (Tube Feeding)
- Hemophilia Therapies
- Hydration
- Infused Chemotherapy
- IV Antibiotics and Anti-Infectives
- Nausea Management (Antiemetics)
- Nebulized Medication
- Nutritional Therapies
- Pain Management
- Total Parenteral Nutrition (TPN)





## HOURS OF OPERATION

Specialty Pharmacy is open **Monday through Friday, 9:00 A.M. to 5:30 P.M.** Mountain Standard Time.

Closed on major state and federal holidays including: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, 4th of July, 24th of July, Labor Day, Thanksgiving Day, Christmas Eve, and Christmas Day.

### After Hours

We have a technician and pharmacist on call and available 24 hours a day, 7 days per week.

### Contact Us

Intermountain Specialty Pharmacy

**Phone: (801) 284-1114**

**(877) 284-1114 Toll Free**

**Fax: (801) 442-0661**

**Email: [SpecialtyRx@imail.org](mailto:SpecialtyRx@imail.org)**

### Medical Emergencies

Intermountain Specialty Pharmacy does not take the place of your local emergency services. If you experience a medical emergency, please use the following numbers:

**911** (unless otherwise directed)

Poison Control (24 Hrs)

**Utah: 1 (800) 456-7707**

**Idaho: 1 (800) 860-0620**



## SERVICE EXCELLENCE

We are committed to providing you with an exceptional pharmacy experience. Every conversation we have with you, whether it is about your medications or your treatment plan, is an attempt to include you in your plan of care and to achieve a successful outcome. To ensure our services meet or exceed your satisfaction, we use a number of methods including surveys to gather feedback.\*

We are hopeful that each of your interactions with us reflects the exceptional service we seek to provide. Should we ever fall short, we ask that you contact us at **(801) 284-1114** and share the details of your concern so we can not only address your issue, but improve our future processes.

Once again, we value your feedback and thank you for choosing Intermountain Specialty Pharmacy.

*\*Intermountain Specialty Pharmacy has contracted with a third party to gather this important feedback. A random group of patients are periodically contacted by email or text and surveyed regarding the service they received with Intermountain Specialty Pharmacy to help us monitor, meet, and maintain our service standards.*





# PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

## Patients have the right to:

- 1. Be fully informed** about the services and care to be rendered, in advance of receiving care.
- 2. Participate in decisions about healthcare**, give or withhold informed consent, and be involved in plan of care development.
- 3. Be treated with dignity, courtesy, and respect as a unique individual.**
- 4. Be able to identify company representatives** through name and title and may speak to a pharmacist if requested.
- 5. Choose a healthcare provider.**
- 6. Receive information about the scope of care and services provided** by Intermountain Specialty Pharmacy including limitations to the pharmacy's capabilities.
- 7. Know about the philosophy and characteristics of Intermountain Specialty Pharmacy's Patient Management Program.**
- 8. Request documentation supporting evidence-based practice for clinical decisions** including: manufacturer package insert, published practice guidelines, peer-reviewed journal articles, etc. The documentation should include level of evidence or consensus when no, or conflicting, evidence-based research is available.
- 9. Receive coordination of care and continuity of services** from Intermountain Specialty Pharmacy including timely response when care, treatment, services, or equipment is needed or requested.
- 10. Be notified of impending discharge**, in a timely manner.

**11. Receive, in advance of care, complete verbal or written explanations of expected payments** from Medicare or third party payer, patient responsibility, and an explanation of any forms the patient is requested to sign.

**12. Receive quality medications and services that meet or exceed professional and industry standards**, regardless of race, sexual orientation, religion, political beliefs, sex, social or economic status, age, disease, DNR status, or disability in accordance with physician orders.

**13. Receive medications, instructions, and services from qualified personnel** trained to educate patients on safely handling and taking medications.

**14. Receive information on order status.** Patients may call **(877) 284-1114** to speak with a pharmacy employee.

**15. Participate in the decision making process** regarding the nature and purpose of any technical procedure including who will be performing the procedure, possible risks, and potential alternatives. The patient may refuse any or all treatment and has the right to be informed of the possible consequences of refusal based on current knowledge.

**16. Receive confidentiality and privacy of all protected health information (PHI)** contained in medical records, except where permitted by law or third-party payer contracts.

**17. Receive a referral to other health care providers outside of the health system** including dietitians, pain management, behavioral health services, etc. Patients may also be referred to their current provider for follow-up.

**18. Receive notification of disclosure of PHI**, including when and to whom the information was disclosed as permitted by law and as specified in company policies and procedures.

**19. Express dissatisfaction, concerns, or complaints with regards to lack of respect**, treatment, or service and may suggest changes in policy or procedure without fear of discrimination, restraint, reprisal, coercion, or unreasonable interruption in services. Patients or caregivers can call **(877) 284-1114** and ask to speak with a pharmacist or manager.

**20. Express dissatisfaction, concerns, or complaints about services** including failure to provide services in a timely manner.

**21. Be informed of any financial relationships** of the pharmacy.

**22. Be offered assistance** with any eligible internal programs designed to provide patient management services, manufacturer co-pay assistance programs, or health plan assistance programs including tobacco cessation, disease state management, pain management, suicide prevention, and behavioral health services, etc.

**23. Be advised of Intermountain Specialty Pharmacy's phone number** for assistance both after-hours and during normal business hours. The pharmacy is open **9:00 AM to 5:30 PM Mountain Standard Time (MST) Monday through Friday** and staff can be reached at **(877) 284-1114**.

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

**25. Participate in the development and periodic revision of the plan of care or service.**

**26. Receive information in a manner, format, and/or language the patient understands.**

**27. Have a family member or surrogate decision maker involved in care,** treatment, and/or service decisions as appropriate and allowed by law.

**28. Be fully informed of patient responsibilities.**

**29. Decline participation, revoke consent, or withdraw enrollment** in any Intermountain Specialty Pharmacy service at any point in time.

**30. Be free from mistreatment, neglect, abuse of any kind** (verbal, mental, sexual, or physical), injuries of unknown source, or misappropriation of patient property.

## Patients have the responsibility to:

- 1. Notify Intermountain Specialty Pharmacy of changes in insurance coverage** as soon as possible.
- 2. Notify Intermountain Specialty Pharmacy of changes in telephone number or address** as soon as possible.
- 3. Adhere to the treatment plan or service** established by the prescriber.
- 4. Inform the prescriber of participation in Intermountain Specialty Pharmacy's Patient Management Program.**
- 5. Adhere to Intermountain Specialty Pharmacy's policies and procedures.**
- 6. Submit any forms** necessary to participate in the program to the extent required by law.
- 7. Participate in the development of an effective plan of care, treatment, and services.**
- 8. Provide accurate and complete medical and personal information** necessary to plan and provide care.
- 9. Ask questions** concerning care, treatment, and/or services.
- 10. Request clarification** of any instructions provided by pharmacy representatives.
- 11. Communicate information, concerns, and/or questions** related to perceived risks in therapy or changes in condition.
- 12. Be available to coordinate and receive medication deliveries** from Intermountain Specialty Pharmacy.
- 13. Treat pharmacy personnel with respect and dignity** without discrimination as to color, religion, sex, sexual orientation, or ethnic origin.
- 14. Use medications according to the provided instructions** and for the purpose they were prescribed. Do not share medications with others.
- 15. Communicate any concerns** regarding ability to follow the provided instructions.
- 16. Promptly settle unpaid balances** except where contrary to federal or state law.



## Complaint Procedure:

Patients have the right and responsibility to inform the pharmacy of concerns, complaints, or dissatisfaction with the services of Intermountain Specialty Pharmacy without fear of reprisal, discrimination, or unreasonable interruption in services.

The formal grievance procedure for Intermountain Specialty Pharmacy ensures the concerns of patients are handled in a timely manner.

Upon receipt of the complaint, the patient will be notified when required and investigation is started within 5 business days with every attempt made to resolve the complaint within 14 days.

The patient is notified verbally, and in writing when required, of the results of the investigation and final resolution.

Concerns, complaints, and dissatisfaction with a party other than Intermountain Specialty Pharmacy is directed to the Utah State Board of Pharmacy complaints department.

The Board of Pharmacy can be reached via email at **DOPL@utah.gov** or via phone at **(801) 530-6630** and is open **8:00 AM to 5:00 PM MST Monday through Friday**.

A complaint form can be filled out on-line at

**<http://www.dopl.utah.gov/investigations/complaint.html>**

A written complaint can also be mailed to DOPL at:

**Attn: Investigations**

**Division of Occupational & Professional Licensing**

**160 East 300 South**

**(PO Box 146741)**

**Salt Lake City, UT 84114-6741**



# NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## Protecting Your Privacy

Intermountain Healthcare (Intermountain) understands the importance and sensitivity of your health information. We protect the privacy of your health information because it is the right thing to do. We also follow federal and state laws that govern your health information. We use your health information (and allow others to have it) only as permitted by federal and state laws. These laws give you certain rights regarding your health information. Intermountain reports all prescriptions filled for controlled substances to a prescription drug monitoring program as required by law.

Intermountain participates in organized healthcare arrangements (OHCAs) with other entities including but not limited to, SelectHealth, Inc., the Intermountain Life and Health Benefit Plan, and the University of Utah Medical Group (with respect to certain defined pediatric specialty services). These OHCA members share information for treatment, payment and healthcare operations to improve, manage and coordinate your care.

Learn more about OHCA activities and see a current list of all OHCA members on Intermountain's public website:

**<https://intermountainhealthcare.org/website-information/privacy-notices/patients/ohca/>**

## Your Health Information Rights Allow You To:

- **Inspect and obtain a copy of your medical or billing records** (including an electronic copy if we maintain the records electronically), as allowed by law, usually within 30 days of your written request.
- **Request and receive a paper copy of our current Notice of Privacy Practices.**
- **Require us to communicate with you using an alternate address or phone number.**
- **Require that we not send information about a healthcare service or related item to your health plan** if you or someone else pays in full for that service or item and if you notify us in advance that you — and not your health plan — are going to pay for this service or item (so we don't automatically bill your health plan).
- **Request in writing that restrictions be placed on how your health information is used** or shared for treatment or other purposes.
- **Request an accounting of when your identifiable health information is shared** outside of Intermountain for a purpose other than treatment or payment.
- **Receive notice if we or our business associates have breached the confidentiality of your health information.**
- **Report a privacy concern and be assured that we will investigate your concern thoroughly**, support you appropriately, and not retaliate against you in any way (you may report any privacy concerns to the Compliance or Privacy Coordinator at one of our facilities, to our main Privacy Office at **(800) 442-4845** or **Privacy@imail.org**, or to the Office for Civil Rights, U.S. Department of Health and Human Services, Denver Office).
- **Request in writing that your health information be amended if you think there is an error.**

## How Your Health Information is Used

### Common Uses of Health Information

When we care for you, we will gather your health information. The law allows us to use or share this health information to:

- **Understand your health condition and to treat you when you are sick.**  
For example, we may look at your x-rays or share x-rays we take of you with your treating doctor, who may be outside of Intermountain, or we may receive your prescription information from other health services companies to help you avoid harmful drug interactions.
- **Bill for your healthcare services and receive payment for our services;**  
for example, we share your health insurance information with other healthcare providers who treat you — like your anesthesia doctor or a specialty laboratory — so they can bill for those services.
- **Determine if a patient is eligible for Medicaid or the Children’s Health Insurance Program** by submitting personally identifiable information to these state databases.
- **Improve our care.** For example, we may contact you to understand what you thought of our care and to learn how to enhance our services to you.
- **Contact you to invite your support of the Intermountain Foundation.**  
The Intermountain Foundation raises money to expand critically important patient programs, research, capital projects, and services for individuals living in the Intermountain area. If the Intermountain Foundation contacts you, you will have the opportunity to help meet this goal, or to opt out of receiving further fundraising communications. Opting out will have no impact on your care or payment for your care. Also, Intermountain Foundation does not sell or otherwise release donor information without the donor’s authorization.

- **Improve our services to you** by allowing companies with whom we contract, called “business associates,” to perform certain specialized work for us. The law requires these business associates to protect your health information and obey the same privacy laws that we do.
- **Perform limited health-data research**, where the researcher keeps patient-identifiable information confidential. Intermountain reviews every research request to make sure privacy is appropriately protected before sharing health information.
- **Investigate a crime** against Intermountain or any of its patients.

## Required Uses of Personal Health Information

The law sometimes requires us to share information for specific purposes, with:

- **The Department of Health**, to report communicable diseases, traumatic injuries, or birth defects, or for vital statistics, such as a baby’s birth.
- **A funeral director or an organ-donation agency**, when a patient dies, or with a medical examiner when appropriate to investigate a death.
- **The appropriate governmental agency**, if an injury or unexpected death occurs at an Intermountain facility.
- **State authorities**, to report child or elderly abuse.
- **Law enforcement**, for certain types of crime-related injuries, such as gunshot wounds.
- **Governmental inspectors**, who, for example, make sure our facilities are safe.
- **Military command authorities or the Department of Veterans Affairs**, when we treat patients who are in the military or are veterans.
- **A correctional institution**, if a patient is an inmate.
- **The Secret Service or NSA**, to protect the country or the President.
- **A medical device’s manufacturer**, as required by the FDA.

- **Court officers**, as required by law, in response to a court order or a valid subpoena.
- **Governmental authorities**, to prevent serious threats to the public's health or safety.
- **Governmental agencies and other affected parties**, to report a breach of health- information privacy.
- **An employer**, but only if the employer contracts with us to help the employer meet OSHA requirements about workplace and employee safety.
- **A worker's compensation program**, if a person is injured at work and claims benefits under that program.
- **Law enforcement**, but only as authorized by law.

## Uses According to Your Requests

Your preferences matter. If you let us know how you want us to disclose your information in the following situations, we will follow your directions. You decide:

- **If you want callers or visitors to know how to reach you while you are in the hospital.** When you're admitted, you will be asked if you want to be in the "hospital directory." If you say "yes," the hospital can tell visitors who ask for you by name how to find you or talk to you. The hospital may also tell the visitor — only in general terms — how you are doing. If you say "no," the hospital won't let any visitor know you are in the hospital and won't direct phone calls or visitors to you.
- **If you want us to share any health or payment information related to your care with your family members or friends.** Please let our employees know what you want us to share. If you can't tell us what health or payment information you want us to share, we may use our professional judgment to decide what to share with your family or friends for them to be able to help you.

- **Who we should contact in an emergency.** If you aren't able to tell us who to contact, we may ask the public authorities to help. For example, we may ask the police to help find your family, or in a disaster, we may help the Red Cross reconnect you with your family.
- **If you want to indicate your religious preference when you are admitted to one of our facilities.** If you indicate your religious preference, we may provide your name to a visiting representative of your religion. If you don't want us to do so, tell our staff at any time that you do not want us to share your name with a religious representative.
- **If you want us to provide immunization information about you or your child to a school.**

## Uses of Health Information with Your Authorization

Any sharing of your health information, other than as explained above, requires your written authorization. For example, we will not use your health information unless you authorize us in writing to:

- **Send copies of your health information to a life insurance company.**
- **Share any of your psychotherapy notes**, if they exist, with a third party who is not part of your care.
- **Send information to encourage you to buy a non-Intermountain product** if we are paid to send that information or make the communication.
- **Sell your identifiable health information.**

If you authorize us to share your health information but then change your mind, please notify the appropriate Intermountain facility in writing that you revoke the authorization. We will honor your revocation, but we will not be able to get back the health information that you authorized us to send before your revocation.



## Special Legal Protections for Certain Health Information

Intermountain complies with federal and state laws that require extra protection of special records. These records may include records of treatment in an addiction-treatment program, genetic information, or psychotherapy notes from a treating psychotherapist.

### If You Still Have Questions

Our staff is trained to help you with any questions you may have about the privacy of your health information. They can also address any privacy concerns you may have about your health information and help you fill out any forms that are needed to exercise your privacy rights. If you are at one of our Intermountain facilities, please ask one of our staff members to help you contact a local Compliance or Privacy Coordinator, or call **(800) 442-4845** to reach our main Privacy Office.

This privacy notice became effective January, 2017. We may change this privacy notice at any time. You can see our current privacy notice that affects all PHI maintained by Intermountain on our website, at **IntermountainHealthcare.org**, or posted in our hospitals, clinics, and offices. You can also obtain a copy of this notice from any of our staff by asking for a copy, by visiting our website, or by calling our Privacy Office at **(800) 442-4845**.

This notice describes the privacy practices of Intermountain employees and volunteers working in our hospitals, clinics, doctors' offices, and service departments and all are required to abide by the terms of this notice. This notice also describes the privacy practices of associated healthcare providers — who are not Intermountain employees — while treating you in our facilities, unless they provide you with a notice of their own privacy practices. For more information about the specific privacy practices of associated providers, please contact them directly.



# SAFETY AND INFECTION CONTROL

## Medication Safety and Disposal

You can help us by keeping a detailed, up-to-date record of all your medicines. Reading the labels carefully and listing the drug names, how much you take, and when you take them. You should include medications that your doctor has prescribed as well as over-the-counter drugs, vitamins, herbal and dietary supplements. Be sure to take the list with you when you visit your doctor or when you go to the hospital. Please share your list with us every time you update it so that we can be sure that none of your medication would be dangerous when taken together.

Both prescription and over-the-counter medications should be disposed of with care. With a few exceptions, disposal of medications into the sewer system, such as flushing down the toilet or pouring down the drain, is no longer considered environmentally safe. Intermountain Healthcare participates in a medication take back program. To dispose of your medications please bring them to an Intermountain Community Pharmacy or to find another location please visit the *Use Only as Directed* website at <http://useonlyasdirected.org/>.



The Utah Department of Environmental Quality has issued a guideline for proper medication disposal.

- **First: Check with your police department or Intermountain Community Pharmacy** to see if they have a drug collection program.
- **Second: Check with your community household hazardous waste program** to see if they have a drug collection program.
- **Third: If no community collection options exist, follow these steps:**
  1. Remove all personal identification from prescription bottles and discard them.
  2. Mix all unused medications with an undesirable substance, such as coffee grounds or kitty litter, and place the mixture in a sealed container before disposing in the trash.
  3. For a list of medications the FDA recommends for disposal by flushing, please visit the FDA website for *Disposal of Unused Medications: What You Should Know*.

## Disposal of Other Hazardous Items

Contaminated disposable items (soiled gloves, bandages, diapers, etc.) should be double-bagged in heavy-duty plastic bags before they are discarded.

## Safety Tips

Never share toothbrushes, razors, syringes, needles, or other personal items that may be contaminated.

Syringes, needles and other sharp objects (sharps) need to be handled as follows:

- **Never re-cap used needles**
- **Never put sharps in a container that will be sent to a recycling center.**
- **Do not dispose of loose sharps in your regular household trash.** Always make sure that they are sealed in a puncture-resistant container before throwing them away.
- **Never use glass, clear plastic containers, or recycled plastic containers to store sharp objects.** For example: milk containers, soda bottles, and glass jars. Contact Intermountain Specialty Pharmacy if you need an appropriate container.
- **Many IV supplies are needle-less and do not require a sharps container.** These supplies may be disposed of in the regular household trash.

## Disinfecting Surfaces

Using a 10% bleach solution is very effective in killing germs on most surfaces. Mix one part bleach with nine parts water. Use caution, bleach can remove the color from some surfaces.

## Hand Washing

Hand washing is the best way to prevent the transfer of germs. When washing your hands, always use soap and warm water and wash for at least 15 to 20 seconds.

- **When hands are visibly dirty**
- **Before eating**
- **After using the restroom**
- **Before and after procedures** (dressing changes, injections, etc.)
- **After handling any soiled items**

## Wound Care

A wound is defined as “a break in the skin.” Wounds can range from a simple scrape to large cuts, pressure sores or surgical sites. Wounds all heal in the same way, but there are several things that you can do to help your wounds heal quickly and properly.

## Danger Signs of Infection

The following symptoms could mean that your wound is infected. If you have any of these symptoms, please contact us.

- **Increased pain at the wound site.**
- **Redness or swelling** around or spreading out from the wound site.
- **The wound or surrounding area feels warm to the touch.**
- **Foul odor** coming from the wound after the wound has been cleaned.
- **Any change in color or amount of drainage from the wound.**
- **Fever or chills.**
- **Nausea or vomiting.**

## Disaster Preparedness

Certain types of disasters may cause delays in your Intermountain Specialty Pharmacy services. In the event of a widespread community disaster, our staff may not be able to maintain our regularly scheduled visits and deliveries. It is important to plan ahead to minimize your discomfort if such an event occurs.

If you find yourself in need of immediate help in an extreme situation (earthquake, flooding, etc.), do not wait for Intermountain Specialty Pharmacy to contact you. Your family or a neighborhood response group will often be the quickest way to obtain immediate help until Intermountain Specialty Pharmacy is able to assist you.

We encourage you to have your own personal disaster plan. A disaster plan should include arrangements to ensure your safety during a fire, flood, earthquake, utility failure, or even a bad fall.

You should include any other emergency situations that you feel might be applicable to your circumstances. You should also arrange for a neighbor or family member to check on you during a prolonged power failure or other community-wide event. Always keep emergency telephone numbers handy.







# FREQUENTLY ASKED QUESTIONS

## 1. How do I contact the pharmacy if I have questions or need a refill?

Intermountain Specialty Pharmacy can be reached by phone at **(801) 284-1114** or toll free at **(877) 284-1114** or by email at **SpecialtyRx@imail.org**.

## 2. What are the pharmacy's hours of operation?

We are open **Monday through Friday from 9:00 AM to 5:30 PM MST, closed Saturday and Sunday** and most State and Federal holidays including New Year's Day, Martin Luther King Day, President's Day, Memorial Day, 4th of July, 24th of July, Labor Day, Thanksgiving Day, Christmas Eve and Christmas Day.

## 3. Is someone available to answer questions after hours?

Yes. On call services are available for emergency needs, **24 hours a day, 7 days a week**. Pharmacists and technicians are available for emergency and clinical questions such as side effects, adverse reactions, medication assistance, as well as complaint resolution. The on call staff has access to all pharmacy systems and can also answer questions regarding copays, order status, claim submissions, and benefits or coverage.

## 4. How do I order a new prescription?

The fastest way to order a new prescription is by having your physician's office send the prescription directly to the pharmacy via fax at **(801) 442-0661**, by e-prescribe, or by calling the pharmacy. You can also mail a handwritten prescription to **Intermountain Specialty Pharmacy at 7268 S. Bingham Junction Blvd. #B1 Midvale, UT 84047**. Please include your first and last name, address, date of birth, and phone number.

### 5. How do I refill my medication?

A pharmacy staff member should contact you to schedule your refill 7 to 10 days before you run out of medication. Please inform us if you have had any changes to your insurance coverage, address, phone number, or changes to your medication regimen. Additionally, refills can be initiated by scanning the QR code on the back on this pamphlet. Please don't hesitate to call us if you have any questions or are in need of a refill before you hear from us.

### 6. How long does it take to receive my prescription?

Our standard processing time is typically between 24 to 48 hours. We will contact you to arrange a delivery date to your home, work, doctor's office, or preferred address. A staff member will let you know as early as possible if there are any issues that may delay fulfillment, such as a prior authorization required from your insurance company. We will work with you and your physician's office to complete the prior authorization process as quickly as possible.

### 7. How will my package arrive?

Prescriptions are shipped Monday through Thursday for next day delivery via contracted courier. Medication delivery is a complimentary service provided at no additional charge. For medications that require a signature for delivery, our staff will work with you to arrange a time to ensure your availability. In addition, if the medication requires refrigeration, it will be packaged in a cooler with ice packs and arrive in an unmarked box. Please contact the pharmacy as soon as possible if your delivery does not arrive on its scheduled day.

### 8. What should I do if my package is stolen, lost, or arrives damaged?

Please contact the pharmacy at **(801) 284-1114** or toll free at **(877) 284-1114** to speak to a pharmacy representative as soon as possible.

### 9. Will Intermountain Specialty Pharmacy substitute my brand name medication if a generic equivalent is available?

Brand-name medications are generally more expensive than generic medications and, in most cases, not more effective. Your prescription will be automatically filled with the generic equivalent when available. If your doctor notifies us

that the brand name medication is medically necessary for treatment, we will not substitute to the generic medication. You may also request no generic substitution; however, insurances generally require a higher copay for these requests.

### **10. What if Intermountain Specialty Pharmacy is unable to fill my medication?**

A pharmacy employee will let you know if we are unable to fill your medication request. We will work to determine who can fulfill the order and help direct the prescription to the appropriate pharmacy. If you have any questions regarding transferring a prescription to or from the pharmacy, please contact us for assistance.

### **11. How much will my prescription cost?**

Prescription cost varies depending on the medication you are receiving and your insurance. We understand Specialty medications are very expensive and are committed to identifying available copay assistance programs and other support/charitable organizations to help make these medications more affordable. We have patient financial advocates who will work with you to bring down your cost as much as possible. Please contact the pharmacy if you have questions.

### **12. How can I pay for my prescription order?**

We prefer payment by credit card, but can work with you to make other arrangements if needed.

### **13. How can I safely dispose of my medications?**

Please visit the FDA's website on "*How to Dispose of Unused Medications*" for guidelines and recommendations. In addition, Intermountain Healthcare participates in a medication take back program. To dispose of your medications, please bring them to an Intermountain Community Pharmacy or to find another location please visit the *Use Only as Directed* website.

The Pharmacy will monitor medications we provide for any recalls and will contact you should your care be impacted.

#### 14. What is Intermountain Specialty Pharmacy's Patient Management Program?

The Patient Management Program is designed to help our patients live the healthiest lives possible. A clinical pharmacist or nurse from the Intermountain Specialty Pharmacy will call you to discuss your medication, disease overview, dose, dose frequency, interactions, side effects, physical assessments, and coordination of care with your physician where appropriate, etc.

The potential health benefits of this program include side effect management, improved overall health, increased awareness of your medication and disease, and increased medication compliance. In addition, your pharmacist is aware of your medical history and can make informed decisions and appropriate recommendations to the physician. The potential limitations of this program are dependent on you as the patient. Your willingness to follow instructions, to take your medication as prescribed, and to discuss the details of your disease, medical history, and current practices with the pharmacist, plays an integral role in the success of your therapy. All patients on specialty medications are offered enrollment and encouraged to participate in the program. Patients who receive their specialty medication at the prescriber's office may not be offered enrollment based on clinical judgment and patient desire. Patients may opt out at any time by calling the pharmacy or sending in a written request. Please contact the pharmacy for additional information.

#### 15. How do I report an error or a complaint?

Please contact the pharmacy at **(801) 284-1114** or **(877) 284-1114** to speak to a pharmacy representative.

If we have not adequately solved your concern, you may fill out a complaint form on the Utah Division of Professional Licensing website or contact them at **(801) 530-6628**.

## WE VALUE YOUR FEEDBACK

There are several methods that you may use to provide us with feedback:

- **Speak directly to the person involved.**
- **Call Intermountain Specialty Pharmacy** and ask to speak with a supervisor or manager.
- **You may also write to the following address:**

**Intermountain Specialty Pharmacy Address  
7268 S. Bingham Junction Blvd. #B1  
Midvale, UT 84047**

If you are not satisfied with the response that you received by contacting us directly, you may also call the Utah State Division of Occupational and Professional Licensing (DOPL). This division prefers to have a form completed. This form can be completed on-line at:

**<http://dopl.utah.gov/investigations/complaint.html>**

If you wish to contact DOPL by phone, call **(801) 530-6630**.

If you are still unsatisfied with your response, you may also contact URAC or ACHC, which are pharmacy accreditation organizations. URAC can be reached by visiting their website at **<https://www.urac.org/file-a-grievance>** or calling **(202) 216-9010**. ACHC can be reached by calling **(855) 937-2242** or by visiting their website at:

**<https://www.achc.org/complaint-policy-process.html>**

## Financial Assistance

Financial Assistance is available for qualifying patients. Some services are offered at a discount for the uninsured. Financial help is also available to some patients who experience catastrophic health care events. Intermountain determines your level of financial assistance based on your personal income and circumstances. If you qualify for partial assistance, the remaining balance of the bill is your responsibility to pay. Intermountain has various payment plans available including a 90-day interest-free payment plan. For more information, please contact your Patient Service Representative at:

**(801) 442-1128**

**1 (800) 442-1128 Toll Free**

**Monday through Friday**

**9:00 A.M. to 5:00 P.M. MST**

Patients are strongly urged to apply for financial assistance before they receive care. A Patient Service Representative is available to help you with your bill and help you understand your financial assistance eligibility options.

## COBRA Coverage

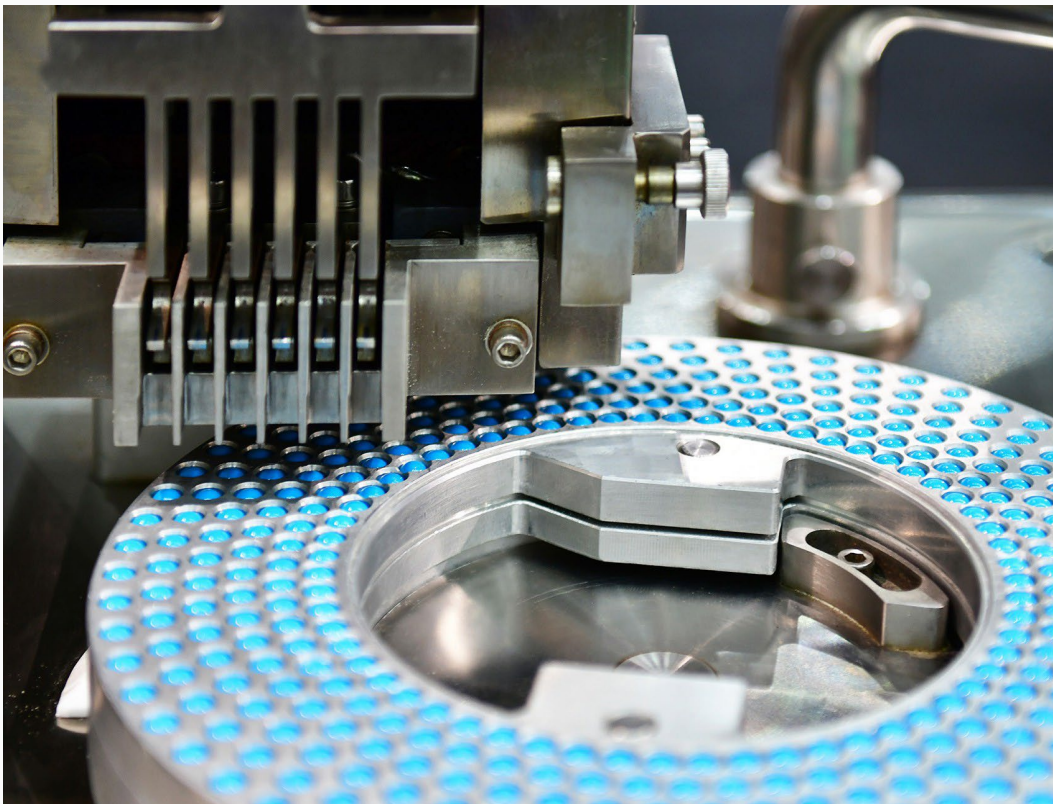
If you are uninsured but have had health insurance coverage from a previous employer, you may still be able to obtain coverage for yourself and your family for a limited period of time. This coverage is called the Consolidated Omnibus Budget Reconciliation Act (COBRA). Contact your current or former employer to find out if you are eligible for COBRA coverage. For additional information about COBRA, please contact your Patient Service Representative.

## Preferred Provider Status

Intermountain Specialty Pharmacy is able to bill many insurance carriers. However, not all insurance companies include Intermountain Specialty Pharmacy on their list of preferred providers. If your insurance does not list Intermountain Specialty Pharmacy as a preferred provider, the pharmacy staff will move the prescription to the appropriate pharmacy.

## Other Resources

Intermountain Healthcare has more information on billing and financial assistance on their website: **[IntermountainHealthcare.org](http://IntermountainHealthcare.org)**.







# MEDICARE DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (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.





For medication refills, please feel free to call the pharmacy or start the refill process by scanning the QR code above.

7268 S. Bingham Junction Blvd. # B 1

Midvale, Utah 84047

(801) 284-1114 or toll-free (877) 284-1114

[IntermountainRx.org](http://IntermountainRx.org) Specialty Pharmacy section

