



# SPECIALTY DEPARTMENT

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## CMMC PHARMACY

### OUR VISION

Safe, reliable, high-quality care for every patient every day.

### OUR MISSION

To provide exceptional healthcare services in a safe and trustful environment, through the expertise, commitment and compassion of our family of caregivers.

### OUR VALUES

Compassion, Citizenship, Integrity, Service, Excellence, Commitment

📍 12 High Street | Lewiston, Maine 04240

📞 207-795-7177

[www.cmhc.org](http://www.cmhc.org)







# CMMC PHARMACY SPECIALTY DEPARTMENT PATIENT WELCOME PACKET

## CONTENTS

Welcome	4
About Us	5
Our Services	6
How to Use Our Services	9
General Information and Tips for Success	10
The Billing Process	11
Disposing of Your Medications and Supplies	12
Emergency Preparedness Information	13
What to Know to Stay Well	14
Notice of Privacy Practices—How We Use and Share Your Health Information	15
Patient Rights and Responsibilities	19
Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier Standards	21

## WELCOME

Thank you for being a patient of CMMC Pharmacy – Specialty Department.

CMMC Pharmacy – Specialty Department is designed to ensure patients and their caregivers in the Central Maine area, patients of CMMC specialty clinics, and Central Maine Medical Center receive the attention and support they need to be successful with their specialty medications and treatment. You can count on our guidance, compassion and education throughout the length of your therapy.

Working together with your healthcare providers, we will deliver the expertise and superior customer service you deserve. Our goal is to work with you and your provider to help support you through your medication journey. This welcome packet introduces you to our services, serves as a guide to assist you with understanding the services we provide, and includes our contact information for when you have questions.

### **A specialty medication is one that:**

- Requires extra attention from your health care team
- May treat a rare, serious or chronic condition
- May be expensive
- May be by mouth, injection, infusion or applied topically

### **As a CMMC Pharmacy - Specialty Department patient, you have access to our specialized pharmacy services:**

- Clinical support for specialty medications 24 hours a day, 365 days a year.
- Assisting your healthcare providers to create a medication journey tailored to your specific condition.
- One-on-one counseling with our pharmacy staff either in office, over the phone, or both. In addition, we will provide you with educational materials to ensure you understand the medications you are taking.
- Assistance with your insurance authorization process and enrollment in qualifying financial support programs.
- Refill reminders based on your preferences.
- Free home delivery services and pick-up options that are convenient for you and your schedule.

### **What to expect:**

- You will be contacted by members of the pharmacy team to ensure you have access to your medication without experiencing any gaps in therapy.
- We will partner with you and your provider to achieve therapy treatment goals.
- We will conduct a thorough review of your medications which includes an accurate listing of your current prescriptions, over the counter, herbal or homeopathic medications.
- We will conduct screenings for drug interactions and disease states.

### **Support services:**

A program representative is always available to help answer your questions and to provide support. Contact the specialty pharmacy and a program representative at 866-735-9345 if you have questions about:

- How to have a prescription filled or transferred to our pharmacy
- How to refill your medication
- How to transfer a prescription to another pharmacy
- Order status and order delays
- Insurance coverage and prescription cost
- Medication questions or concerns
- Filing a complaint

# ABOUT US

## Location

CMMC Pharmacy – Specialty Department is located at 12 High Street on the first floor in Lewiston, Maine.

## Hours of Operation and Contact Information

### Specialty Department Hours:

- Monday – Friday 8 am to 4:30 pm

### Retail Pharmacy Hours:

- Monday – Friday 7 am to 7 pm
- Saturday 8 am to 4 pm
- Sunday 8 am to 2 pm

We are closed on the following holidays, but offer on-call/after-hours services for the below dates:

- New Year's Day (January 1)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Christmas Day (December 25)

You may contact us during business hours at:

**Phone:** 207-795-7177 (local) or 866-735-9345 (toll free)

**Website:** [www.cmhc.org/cmmc/patients-and-visitors/cmmc-pharmacy](http://www.cmhc.org/cmmc/patients-and-visitors/cmmc-pharmacy)

## After-Hours Services

We offer 24-hour pharmacist support for any after-hours clinical questions. You can reach the specialty department after-hours, weekends or on holidays at 630-995-8397.

## Patient Complaints, Concerns or Issues

You have the right and responsibility to express concerns, complaints or dissatisfaction about the services you have received without fear of repercussions or an unreasonable interruption of services. We will strive to resolve any concerns or issues you experience as quickly as possible. If we cannot resolve your complaint promptly, or your complaint requires additional research, we will contact you with the results of our investigation, either via telephone or in writing of the complaint as soon as possible. If the pharmacy staff is unable to help resolve your complaint to your expectation, you may contact the pharmacy manager at 207-795-7177 or 866-735-9345. If you are still not satisfied you may contact the Board of Pharmacy at 207-624-8651 or any of the following agencies.

DHHS Division of Licensing & Certification  
State House Station, Augusta, Maine  
Tel: 1-800-383-2441

Livanta - Medicare Quality Improvement Organization  
Tel: 1-866-815-5440

Accreditation Commission for Healthcare  
Tel: 1-855-937-2242

## **We Value Your Feedback**

Patient satisfaction is important to us and your opinion matters! We want to know what we can do to better serve you! A member of our pharmacy team may contact you to ask for your feedback about the quality of care you have received from CMMC Pharmacy – Specialty Department. Feedback is important for us to improve, so please call anytime!

## **OUR SERVICES**

### **Patient Management Program**

Upon filling your prescription, CMMC Pharmacy – Specialty Department will automatically enroll you into our disease-specific specialty medication services known as the Patient Management Program (PMP). The program is designed to maximize your opportunity for a positive outcome and minimize any negative effects associated with your specialty therapy. Specialty medications are often considered high-risk medications because of their high cost, high frequency for side effects and in some cases difficult administration processes. By participating in the PMP our clinicians will be able to more closely monitor your response to therapy, more quickly identify any side effects or other areas of concern and work with your prescriber to address these areas of concern. By participating in the PMP our reimbursement team will also be better able to ensure you are provided access to all patient assistance programs that are available to you. The PMP is one of the many services we offer and is free of charge to you.

Ongoing participation in the program is highly encouraged. However, you may choose to opt-out of the PMP at any point in your therapy. You may also choose to opt back into the program at any point if you have opted-out. To opt-out or opt back into the PMP, simply tell any staff member and they will connect you with the pharmacist to make the appropriate notifications in your electronic patient record.

### **Patient Management Program Rights and Responsibilities**

As a participant of the Patient Management Program you have the following rights and responsibilities. Some of these will overlap with your general patient rights and responsibilities reported elsewhere in this packet.

1. The right to have personal health information shared with the patient management program only in accordance with state and federal law
2. The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
3. The right to speak to a health professional
4. The right to receive information about the patient management program
5. The right to decline participation, revoke consent, or disenroll at any point in time
6. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law
7. The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information
8. The responsibility to notify their treating provider of their participation in the patient management program, if applicable.

### **Clinical Support**

A trained specialty pharmacist will explain your medication, either during your clinic visit or over the phone. We are also available to answer questions, provide education on self-administration, and communication with your provider as needed. Our pharmacists are available 24 hours a day to address any medication issues after hours.

## Refill Reminders

We will call you with refill reminders 5-7 days before you are scheduled to run out of medication. You can also contact the specialty department at any time to request a refill.

## Convenient Pickup and Delivery Options

Once your prescription is ready, we offer several delivery options for your convenience:

- Pick-up in person at CMMC Pharmacy
- Overnight delivery (requires signature)
- Same-day delivery in the case of emergencies

All specialty medications will be delivered free of charge. We will coordinate delivery of your specialty medications to your home or an approved alternate location. If your medication requires special handling or refrigeration, we will package and ship it accordingly. If you cannot be there to accept the package, we can arrange for it to be left either at your home or at an approved alternate location. If you miss your delivery, please let us know and we will work with you to reschedule your delivery.

CMMC Pharmacy – Specialty Department will make every effort to deliver your medications early if a weather warning is in place. A member of our pharmacy team will attempt to contact you, in order of disaster priority, with any special instructions. Please make sure you have a secondary contact on file to ensure there is no gap in therapy.

## Support Tools and Products

Our team will provide the tools and products you need to succeed in your treatment. These may include patient education sheets, teaching materials provided by manufacturers, disposal containers and other supplies associated with the administration of your medication.

## What to do in the event of a medication recall

If there is a recall on one of your medications, we will follow these steps:

- Review our inventory and records to see if we have the medication in stock
- Remove and quarantine any stock of the medication in the dispensary
- Follow the steps recommended by the manufacture and document the steps with the date completed and the signature of the person completing the form.
- Contact any patient that may have potentially received the recalled medication and their prescriber if necessary.

## What to do if you feel you may be having an adverse reaction to your medication

If you feel you are experiencing an adverse drug reaction with medical symptoms such as shortness of breath, skin rash, hives, fever, swelling, wheezing that require urgent attention, you should be seen in a local emergency room, or call 911. Please contact the pharmacy the next business day and inform our staff of the reaction and any actions that may have been taken.

## What to do if you suspect a medication error

Medication errors are serious matters that need to be addressed as soon as they are discovered. If you suspect there has an error with your medication, please contact the Specialty Pharmacy immediately and ask to speak with the pharmacist or Pharmacy Manager.

## Language and Cultural Services

We are committed to welcoming diversity and complying with standards for Language & Cultural Services. CMMC Pharmacy - Specialty Department can provide trained, qualified medical interpreters at no cost to our patients/families in order to ensure effective communication for those who are:

- Limited-English Proficient (LEP)
- Deaf/Hard of Hearing (HOH)
- Other communication challenges

We are also focused on providing resources and education that support the practice of culturally competent care within our organization to diverse patient populations. Please notify a pharmacy staff member if you have a preferred language or mode of communication other than English, or for any additional communication or cultural needs.

# HOW TO USE OUR SERVICES

## Filling a New Prescription

In most instances, your provider will electronically send a prescription to our pharmacy when your treatment is prescribed in the office or clinic. We can also fill prescription written on a paper prescription or verbally when called to the pharmacy by the office of your provider. We can also contact your provider to obtain a new prescription at your request or when you are out of refills. Once the prescription is received, reviewed and reimbursement is arranged, we will fill your prescription. Please contact the Specialty Pharmacy if you have a question about the status of your order.

## Ordering Refills

A specialty pharmacy technician will contact you before your medication is scheduled to run out. We will check on your progress, ask about any side effects, verify dosage and determine the shipment of your next refill. Payment is required before your medication can be shipped. You can also pickup your prescription at the pharmacy at your convenience. Please call 207-795-7177 or 866-735-9345 during our normal business hours if you have questions or need assistance.

## Medications Not Available at CMMC Pharmacy – Specialty Department

CMMC Pharmacy – Specialty Department has access to and stocks a wide range of specialty medications. If we are not able to obtain your medications due to manufacturer restrictions, back order, or other limitation, we will work with you and another pharmacy to ensure you receive your prescription medication.

## Prescriptions that must be transferred to another Specialty Pharmacy

If we cannot fill your prescription for any reason, we will transfer it to a pharmacy of your choice that can provide the medication.

## Medication Substitution

The pharmacist will substitute a generic and therapeutically equivalent drug for the drug specified on the prescription as long as the price of the substituted drug does not exceed the price of the drug specified by the practitioner, unless a practitioner has handwritten on the prescription form, along with the practitioner's signature, "dispense as written", "DAW", "brand", "brand necessary" or "brand medically necessary"; except that, when the cost of a prescription is to be reimbursed under the MaineCare program, the pharmacist must substitute a generic and therapeutically equivalent drug only when the Department of Health and Human Services has determined that the substitute drug would be a more cost-effective alternative than the drug prescribed by the practitioner.

# GENERAL INFORMATION AND TIPS FOR SUCCESS

Before taking your medication, let us know if you:

- Have any drug allergies, unusual reactions to medication, food or other substances such as latex
- Are taking any over-the-counter or herbal products such as vitamins, supplements or dietary aids
- Are taking any prescription medications
- Are, may be, or are trying to become pregnant
- Are breastfeeding
- Have any diagnosed medical problems
- Are on a special diet

What you should know about your medication:

- The name of your medication and what it is used for
- How to take it, what time of day and for how long
- How long it will take your medication to start working
- What kind of side effects to look for and what to do if you experience them
- What to do if you miss a dose
- How to store your medications and if there are any specific storage requirements
- How to dispose of your medication and supplies
- Whether the medication can be taken with or without food

## THE BILLING PROCESS

## Insurance

CMMC Pharmacy – Specialty Department can accept and bill most insurance companies. If your insurance requires you to use another pharmacy, we will work with you to ensure your prescription is transferred and you have access to your medication.

## Copays and Financial Assistance

CMMC Pharmacy – Specialty Department will bill your insurance company for you. However, you may still owe a portion of the cost, which is called a copayment or coinsurance. You will be responsible for paying your copayment when you order your medication or refills. We will inform you of the exact amount you need to pay. If you are out of network with our pharmacy, we will provide you with the out of network cost or cash price of the medication.

If your copayment is not affordable, we will work with you and search for available financial support resources in attempt to lower your out-of-pocket expense. You will always be informed of the exact amount that you are responsible to pay for your prescription.

Specialty medications are often expensive and require additional steps to be approved by insurance. These additional steps are call a “prior authorization” and may require supporting documentation from your prescriber to be approved. Our pharmacy team will work with your insurance company and your provider to get the prescription authorized. If your insurance copay is unaffordable, we will work with the financial support resources to possibly lower your out-of-pocket expense.

## Payment Options

If you are responsible for a copayment, or any balance after financial assistance, we accept all major credit cards. We also accept cash, personal checks and flexible spending or health savings accounts.

## DISPOSING OF YOUR MEDICATIONS AND SUPPLIES

## How to Dispose of your unused medications

Should you need to dispose of unused medications, our staff will assist you in finding out dates and locations of prescription medication “Take-Back Programs” or sites. Additionally, unused medications can be mixed into cat litter or used coffee grounds and then placed in a sealed container. The sealed container can then be disposed of in your household trash. Additional information can be found on the Maine.gov website: [www.maine.gov/dps/mdea](http://www.maine.gov/dps/mdea)

## How to Dispose of Chemotherapy or Hazardous Drugs

- DO NOT throw chemotherapy or hazardous drugs in the trash or flush it down the toilet
- You can also contact your local health department or waste collection service for disposal instructions: [www.maine.gov/dep/waste/hazardouswaste](http://www.maine.gov/dep/waste/hazardouswaste)

## How to Dispose of Home-Generated Biomedical Waste

Home-generated biomedical waste is defined as any type of syringe, lancet or needle used in the home to inject medication or draw blood. Special care needs to be taken with the disposal of these items to protect you and others from injury, and to keep the environment safe and clean. If your therapy involves the use of needles, an appropriately sized sharps container will be provided.

### Needle-Stick Safety

- Do not use a needle more than once
- Never put the cap back on a needle once removed
- Throw away used needles immediately after use in a sharps disposal container
- Plan for safe handling and disposal before use
- Keep out of the reach of children and pets
- Report any needle sticks or sharps-related injuries to your physician

### Sharps Containers

After using your injectable medication, place all needles, syringes, lancets and other sharp objects into a Sharps container. Do not place sharp objects such as needles or syringes into the trash unless they are contained within a Sharps container. Do not flush them down the toilet. If a sharps container is not available, a hard plastic or metal container with a screw-on top or other tightly securable lid (for example, an empty hard can or liquid detergent container) could be used.

### Disposal

Check with your local waste management collection service or public health department to verify disposal procedures for sharps containers in your area. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at [maine.gov/dep/waste/biomedical.sharps.html](http://maine.gov/dep/waste/biomedical.sharps.html).

## EMERGENCY PREPAREDNESS INFORMATION

## Know What to Expect and What to Do

Know what the most common emergencies are in your area and what you should do if one occurs. If the emergency requires you to evacuate, please remember to take your medications with you (with ice bricks and a cooler if your medication requires refrigeration) and let us know where you have evacuated to so we can ensure there are no gaps in your therapy. If you miss your medication delivery for any reason (not available, cannot get to your home or any other reason), please call the pharmacy as soon as possible and we will do our best to assist you.

## Know Where to Go

One of the most important pieces of information you should know is the location of the closest **special needs** shelter. These shelters are opened to the public during voluntary and mandatory evacuation times and specialize in caring for patients with special medical needs. They are usually the safest place to go if you cannot get to a friend or family member's home.

## Reaching Us

If the pharmacy must close due to a disaster, we will provide instructions on contacting our staff and other important information on our answering machine message.

## If the emergency was unforeseen

We will try to locate you using the numbers you provided in order to determine your safety and location. If travel is restricted due to damage from the disaster, we will attempt to alert you through the alternative phone numbers you provide.

## Community Support

Local law enforcement agencies, the Red Cross, local news and radio stations usually provide excellent information and tips for planning.

## An Ounce of Prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need. To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter? Or a relative's home? If your prescriber has instructed, you to go to a hospital. which one is it?

## ADDITIONAL HELPFUL TIPS

### Make a personal disaster kit! Include in your kit:

- A written or printed medication list
- A small supply of any over the counter medications that you frequently use
- The phone numbers of your prescriber, our pharmacy and any other emergency services or contacts written down, the internet may not be available
- Bottled water
- Hand sanitizer, soap and paper towels
- Any non-perishable snacks that you may need
- Flashlight

**For More information:** Visit the FEMA website at [www.fema.gov](http://www.fema.gov)

## WHAT TO KNOW TO STAY WELL

## Handwashing:

Keeping hands clean is one of the most important steps to staying well. Basic hand washing with soap and water will reduce the spread of germs significantly. If the water is unclean, hand sanitizer should be used.

When should you wash your hands?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- 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

How should you wash your hands?

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- **Rinse** your hands well under clean, running water.
- **Dry** your hands using a clean towel or air dry them.

## THE FLU

### The Facts

- Affects millions of people every year
- More than 250,000 admitted to the hospital
- More than 18,000 may die

### Prevention

- Get a Flu shot- After checking with your prescriber
- Cover your cough
- Try to stay away from others that are sick
- Stay home
- Avoid touching your eyes, nose and mouth
- Clean and disinfect areas that could be contaminated

### Resources:

- [www.cdc.gov/flu](http://www.cdc.gov/flu)
- [www.cdc.gov/handhygiene](http://www.cdc.gov/handhygiene)

## NOTICE OF PRIVACY PRACTICES—HOW WE USE AND SHARE YOUR HEALTH INFORMATION

## Your Information. Your Rights. Our Responsibilities.

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.**

**All Central Maine Healthcare Corporation (CMHC) hospitals, service delivery sites, physician practices, long term care facilities, healthcare workers and staff will use and disclose personal medical information about you in accordance with this Privacy Practices Notice (Notice).**

CMHC is committed to protecting the confidentiality of your medical information, and are required by law to do so. This Notice describes how we may use your medical information and how we may disclose it to others. The Notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions. We will ask you to sign a form acknowledging that you received this Notice.

We regard the safeguarding of your personal identifiable information as an important duty. The elements of this notice and the consents &/or authorizations you sign are required by state and federal law for your protection. We have in place safeguards to protect the privacy of your information. Our staff is regularly trained on the obligation to protect the privacy of our patients. We hold medical records in a secure area. Only staff members that have a “need to know” are permitted access to your medical records or other information. Our staff understands the legal and ethical obligation to protect your information. A violation of this Notice of Privacy Practices will result in disciplinary action.

### HOW WILL WE USE YOUR MEDICAL INFORMATION AND SHARE IT WITH OTHERS?

**Treatment:** We may use your medical information to provide you with medical services and supplies. We may also share your medical information with others who need to treat you. This includes; doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, medical imaging technologists, and others involved in your care. For example, we will allow your physician to have access to your medical record to assist in your treatment and for follow-up care. We will use and share your medical records in an emergency to ensure you receive the necessary medical services.

**HealthInfoNet (HIN):** We participate in a state-wide arrangement of healthcare organizations who have agreed to work with each other to make available electronic health information that may be relevant to your care. This is called HealthInfoNet (HIN) and allows Maine hospitals, doctors and other health care providers to quickly share certain health information about their patients. For example, if you are admitted to a hospital participating in HealthInfoNet on an emergency basis and cannot provide important information about your health condition, this arrangement will help those who need to treat you at the hospital to see your health information held by another participating provider. When it is needed, ready access to your health information means better care for you.

You may choose to not make your protected health information available to this state-wide arrangement by completing an “opt-out” election form available online, or from your provider’s office. Upon request, CMHC will submit the opt-out form to HealthInfoNet for you, at 125 Presumscot Street, Box 8, Portland, ME 04103. For further information you can visit their website at [www.hinonet.org](http://www.hinonet.org) or give them a call at (207) 541-9250 or 1-866-592-4352.

**Patient Directory:** To help family members and visitors locate you while you are in the Hospital, the Hospital has a patient directory. This directory includes your name, your general condition, where you are in the Hospital, and religion (if any) to be given to the clergy. This information is only given out to those who ask for you by name. You have the option, at registration, to limit who has access to this information.

**You, Your Family Members and Others Involved in Your Care:** We may share your medical information with you. We may also share your medical information with a family member or friend who is involved in your medical care or someone who is involved in payment for your care. For example, when a patient is not present or without capacity, we

may allow a third party to pick up prescriptions, supplies, or x-rays. We also may share your medical information with disaster relief organizations to help locate a family member or friend in a disaster. You have a right to request that we do not share your medical information with one (or more) family members or friends. Please let us know if this is your wish.

**Decedent Information:** Surviving family members or other persons involved in your care will have continued access to your personal medical information, unless you previously expressed preferences to the contrary. We may also share your personal medical information with the executor, administrator, or other person who has authority to act on behalf of your estate. Otherwise you will be protected by these privacy rules for a period of 50 years following the date of death.

**Payment:** We may use and share your medical information to get paid for the medical services and supplies we provide to you. For example, we may submit claims to your health plan or health insurance company and it may ask to see parts of your medical record (chart) before they will pay us for your treatment.

**Health Care Operations:** We may use and share your medical information if it is necessary to improve the quality of care we provide to patients or to run the facility. We may use your medical information to look for ways to improve your care. For example, we may look at your medical record (chart) to evaluate whether staff, your doctors, or other health care professionals did a good job.

**Research:** We may use or share your medical information for research projects, such as studying how well a type of treatment worked. These research projects must go through a special process that protects the confidentiality (privacy) of your medical information. We are prohibited from using or disclosing your genetic information for underwriting purposes.

**Required by Law:** Federal, state, or local laws sometimes require us to share patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the State Workers' Compensation Program for work-related injuries.

**Public Health:** We may report certain medical information for public health purposes. We may need to report patient problems with medications or medical products to the Food and Drug Administration (FDA) or notify patients of recalls of products they are using. In some circumstances we may need to notify schools of immunization records and once received by the school they are protected by another set of privacy guidelines.

**Public Safety:** We may share medical information for public safety purposes in limited circumstances. We may share medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We may share medical information to assist law enforcement officials in identifying or locating a person. To prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the facility. We may share your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

**Health Oversight Activities:** We may share medical information with a government agency that oversees the Facility or its staff, such as the State Department of Health & Human Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to watch how well we follow state and federal laws.

**Coroners, Medical Examiners and Funeral Directors:** We may share medical information concerning patients who have died to coroners, medical examiners and funeral directors.

**Organ, Eye, or Tissue Donation:** We may share medical information with groups that handle organ, eye or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may share medical information to federal officials for intelligence and national security purposes, or for presidential Protective Services.

**Judicial Proceedings:** We may share medical information if a court orders us to, if we receive a search warrant, or a subpoena.

**Information with Additional Protection:** Certain types of medical information have additional protection under state or federal law. For instance, medical information about HIV/AIDS, mental health, and alcohol and drug abuse treatment has more protection in Maine. We are required in many circumstances to get your permission before sharing this information.

**Fundraising:** We may use your personal information (or share it with a related foundation) to contact you for fundraising purposes. You have the right to opt-out of such communications. You may opt-out of any fundraising communications by contacting the appropriate Privacy Contact listed at the end of this notice.

**Other Uses and Disclosures:** If we wish to use or share your medical information for a reason that is not discussed in this Notice, we must have your written permission. You may give us written permission to use your medical information or to disclose it to anyone for any purpose. If you give us written permission, you may revoke it at any time by notifying us of your revocation in writing. Your revocation will not affect any use or disclosure permitted by your permission while it was in effect. We need your written permission to use or disclose psychotherapy notes, except in limited circumstances such as when the disclosure is required by law. We also must obtain your written permission to sell information about you to a third party or, in most circumstances, to use or disclose your medical information to send you communications about products and services. We do not need your written permission, however, to send you communications about health-related products or services that are offered by us.

## **WHAT ARE YOUR RIGHTS?**

**Right to Request Your Medical Information:** You have the right to look at your own medical information and to get a copy. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other medical records we use to make decisions about your care. To request a copy of your medical information, write to the Medical Records Department. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. When you request a copy of your information, we will tell you then how much the copy will cost. You can look at your record at no cost. You also have the right to your medical records in an electronic format that is suitable to you at cost.

You do not have the right to access (or receive a copy of) psychotherapy notes or information gathered in reasonable anticipation of a civil, criminal, or administrative proceeding. Your right of access may be limited if providing this information could endanger the health or safety of yourself or others.

**Right to Request Changes to your Medical Information:** If you look at your medical information and believe that some of the information is wrong or incomplete, you may submit a request to have it fixed. To request a change, write to the Medical Records Department. We will respond as soon as possible, but no later than 60 days from the date of your request. If we deny your request, you have the right to submit a written statement of reasonable length disagreeing with the denial. We then have the right to send a rebuttal statement.

**Right to Get a List of Certain Disclosures of Your Medical Information:** You have the right to request a list of many of the disclosures we make of your medical information. This list does not include information used for treatment, payment, health care operations or any information released with your permission. If you would like to get a copy of the list, write to the Medical Records Department. We will respond as soon as possible, but no later than 60 days from the date of request. We will provide the first list to you free, but we may charge you for any additional lists you request.

during the same year. We will tell you in advance what this list will cost.

**Right to Request Restrictions on How We Will Use or Share Your Medical Information for Treatment, Payment, or Health Care Operations:** You have the right to request us not to share your medical information for your treatment, payment for care, or to operate the facility. We are required to agree to such requests if the disclosure of information is to a health plan regarding payment or health care operations and the protected health information relates to an item or service that has been paid for out of pocket in full to the provider AND the disclosure is not required by law. We are not required to agree to your requests that do not match these criteria, but if we do agree, we will comply with that agreement. If you want to make a request that we not share your information, you must make this request in writing to the Medical Records Department and describe your request in detail.

**Right to Request Private Communications:** You have the right to ask us to communicate with you in a way that you feel is more private. For example, you can ask us not to call your home, but to contact you only by mail. To do this, you must make this request in writing of the office at which you receive your care.

**Right to a Paper Copy:** You have the right to a paper copy of this Notice at any time. You may download and print a copy of the notice from our Web site, at [www.cmmc.org](http://www.cmmc.org) or you may obtain a paper copy of the notice at any CMHC Office.

## **CHANGES TO THIS NOTICE**

From time to time, we may change our practices concerning how we use or share patient medical information, or how we will protect patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time by stopping in any of CMHC locations or from the website.

## **WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?**

This Notice of Privacy Practices applies to our personnel, volunteers, students, and trainees. The Notice also applies to other health care providers that come to our facility to care for patients, such as physicians, physician assistants, therapists, and other health care providers who are not employed by us, unless these other health care providers give you their own Notice that describes how they will protect your medical information. We may share your medical information with these providers for treatment purposes, payment and health care operations. This arrangement is solely for sharing information and not for any other purpose.

## **DO YOU HAVE CONCERNS OR COMPLAINTS?**

Please tell us about any problems or concerns you have with your privacy rights or how we use or share your medical information. If you have a concern, please contact the Privacy Contact at your facility as listed at the end of this Notice. If for some reason we cannot resolve your concern, you may also file a complaint with the federal government at New England Region - Office for Civil Rights, U.S. Department of Health and Human Services Government Center J.F. Kennedy Federal Building - Room 1875, Boston, MA 02203; Customer Response Center: (800) 368-1019 or TDD: (800) 537-7697, Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov). We will not penalize you or retaliate against you in any way for filing a complaint with the federal government. U.S. Department of Health and Human Services.

## **DO YOU HAVE QUESTIONS?**

We are required by law to maintain the privacy of your medical information, to give you this Notice, and to notify you if your unsecured personal health information is breached. It is also our responsibility to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how we may use and share your medical information, please contact the Privacy Officer for Central Maine Healthcare at the number listed, or your local practice or department

## **CMHC HOSPITAL LOCATIONS AND SERVICE DELIVERY SITES, ALONG WITH PRIVACY CONTACT AND PHONE NUMBER**

**Office 207-786-1826 or Privacy Hotline 207-795-2906**

## **CMHC PRIVACY CONTACT AND PHONE NUMBERS**

**Central Maine Medical Center**  
300 Main Street, Lewiston, Maine 04240  
**Privacy Officer**  
**(207) 786-1826**

**Central Maine Healthcare**  
**Confidential Compliance & Privacy Hotline**  
**(207) 795-2906**

Or email at: [Compliance\\_and\\_Privacy\\_Hotline@cmhc.org](mailto:Compliance_and_Privacy_Hotline@cmhc.org)

## **PATIENT RIGHTS AND RESPONSIBILITIES**

Healthcare is shared experience involving patients and those who give care. Because we recognize, value and respect the personal worth and dignity of each patient served by Central Maine Health Care, this statement of patient's rights is offered as an expression of our philosophy and commitment to our patients.

1. The right to be treated without regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, and gender identity or expression.
2. The right to considerate, safe, respectful care by skilled and competent staff.
3. The right to express their spiritual beliefs and cultural practices to the extent they do not harm others or interfere with treatment.
4. The right to expect that within our capacity, reasonable requests for services if medically appropriate and legally permissible will be honored. If transfer to another institution is necessary the receiving institution and provider must first accept the transfer. The patient must be provided with explanation of why transfer is necessary and alternative to that transfer.
5. The right to expect reasonable continuity of care and to be informed by care givers of available and realistic patient care options Also the right to receive appropriate instructions and education from caregivers to achieve an optimum level of wellness and safety.
6. The right to have a family member, representative, support person and personal physician notified of admission and have support person present for emotional support .
7. The right to effective communication and accommodation for, language, vision, speech, hearing, and cognitive impairments. The right to have interpreter and translation services available.
8. The right to obtain complete and current information concerning diagnosis, treatment and prognosis except in emergencies when patient lacks capacity and need for treatment urgent.
9. The right to know the name of provider who has primary responsibility for your care as well as those practitioners who will provide treatment and services.
10. The right to participate in decisions about his or her care, treatment, and services.
11. The right to accept or refuse medical or surgical care once risks and benefits are explained and in accordance with law and regulation. If patient is a minor legal guardian are included in decision making.
12. The right to include or exclude any family members from participating in care decisions.
13. The right to expect privacy and discretion regarding medical discussion, consultation, examination and treatment.
14. The right to have medical records and information handled in a confidential manor among those directly involved in your care, and those entitled to review information in the records in accordance with law and regulation.
15. The right to have caregivers strive to manage and control pain for all patients.
16. The right to make an informed decision whether or not to participate in research, investigation or clinical trials. The Institutional Review Board, Ethics Committee and Clinical Research Department are available to assist as needed.
17. The right to be informed about Advance Directives ( Living Will, POLST, Medical Power of Attorney) as well as how

decisions regarding your care would be made if you were unable to speak for yourself.

18. The right to access protective and advocacy services.
19. Patients have the right to be informed of the hospital charges, billing practices, and available payment plans.
20. The right to be informed about the hospital administrative mechanisms for resolving disputes, grievances, and conflicts. Central Maine Healthcare has a Patient Relations Program to assist as needed.

## **PATIENT RESPONSIBILITIES**

1. Patients have the responsibility to provide – to the best of their knowledge – accurate and complete information about all matters relating to their health status.
2. Patients have the responsibility to report any changes in their condition to their physician and/or other caregivers.
3. Patients have the responsibility to follow treatment plans and instructions as agreed upon by patient and caregivers.
4. Patients have the responsibility to cooperate with staff caring for them and to ask questions when they do not understand instructions.
5. Patients have the responsibility to participate in the educational opportunities provided and in the development of a post-hospital care plan.
6. Patients have the responsibility to inform the health care providers about any Advance Directives they might have and to inform them of changes they have made to these documents.
7. Patients have the responsibility to follow hospital rules and regulations, including respect for property of other patients, offices and the hospital.
8. Patients have the responsibility to question billing discrepancies in a timely fashion and to provide the necessary information and forms to facilitate the prompt payment of their bills.
9. Patients have the responsibility to be considerate and respectful of other patients, especially regarding noise, TV, and visitors.
10. Patients have the responsibility to contact their provider, nurse, other members of the health care team, or to call the Patient Relations Specialist to get answers to questions about their care in the hospital.
11. Patients have the responsibility to help us improve our process and services by letting us know their concerns. At Bridgton Hospital, please contact Administration at 647-6099. At CMMC, please call the Patient Relations Office at 795-2398. At Rumford Hospital, please contact Administration at 369-1488.

We also want you to be aware you have the right to file a grievance with the following agencies;

DHHS Division of Licensing & Certification  
State House Station, Augusta, Maine Tel: 1-800-383-2441

Joint Commission-Quality Monitoring Tel: 1-800-994-6610  
Email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Kepro  
5700 Lombardo Center Dr., Suite 100  
Seven Hills, OH 44131

## **PATIENT RIGHTS AND RESPONSIBILITIES - CMMC PHARMACY**

1. 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
2. Patients shall submit all forms that are necessary to receive services
3. Patient shall notify the treating provider of participation in the services provided by the organization
4. Patient shall notify the pharmacy of any concerns about the care or services provided
5. Have personal health information shared with the patient management program only in accordance with state and federal law

6. Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
7. Speak to a health professional
8. Receive information about the patient management program
9. Decline participation, or disenroll, at any point in time
10. Patient has the responsibility to provide accurate clinical and contact information and to notify the pharmacy of changes in this information
11. Notify the treating prescriber of their participation in the patient management program

We also want you to be aware you have the right to file a grievance with the following agencies;

URAC:  
 1220 L Street NW, Suite 400  
 Washington, DC 20005  
 Main Phone: 202-216-9010

ACHC:  
 139 Weston Oaks Court  
 Cary, NC 27513  
 Phone: (919) 785-1214

Maine Board of Pharmacy  
 35 State House Station  
 Augusta, ME 04333-0035  
 Phone: (207) 624-8620

Florida Board of Pharmacy  
 Department of Health  
 Florida Board of Pharmacy  
 4052 Bald Cypress Way Bin C-04  
 Tallahassee, FL 32399-3258  
 Phone: (850) 488-0595

## 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 C.F.R. 424.57 (c).*

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
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. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, and State health care programs, or from 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. This standard requires that the location is accessible to the public and staffed during posted hours of business, with visible signage. 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 must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery.
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 directly, or through a service contracted with another company, 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 supplier standards to each beneficiary to whom it supplies a Medicare- covered item.
17. A supplier must disclose to the government 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 supplies 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 implementing 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 or services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation date: October 1, 2009.
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontract, 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. Must meet the surety bond requirements specified in 42 C.F.R. 424.57 (c). Implementation date: May 4, 2009
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 C.F.R. 424.516 (f)
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.





12 High Street  
Lewiston, Maine 04240  
**207-795-7177**  
[www.cmhc.org](http://www.cmhc.org)