

WELCOME

WE'RE RIGHT BESIDE YOU EACH STEP OF THE WAY.



Trinity Health  
PHARMACY SERVICES



# WELCOME VALUED PATIENT

**THANK YOU** for allowing us to be an important partner in your healthcare journey. Since we are a part of Trinity Health, we are able to work with your provider to deliver a level of service not possible from other pharmacies.

**OUR GOAL** is to help you better understand your medication and condition for the best possible outcomes from your treatment – leading to better health.

**TO ACHIEVE OUR GOAL,** we provide the following key benefits:

- Integrated care with your medical provider
- Prior authorization management
- Financial assistance options
- Training, education, and counseling related to your medication and condition
- Proactive refill reminders by phone or text message
- FREE auxiliary supplies to help you be successful with your specialty medication
- FREE overnight delivery in confidential packaging

**PLEASE REVIEW THIS BROCHURE** for important instructions and information. If you have questions at any time, please **CALL US TOLL FREE at 833-675-0790.**

Sincerely,

Your Dedicated Trinity Health  
Pharmacy Services Team



ACCREDITED



ACCREDITED



DISTINCTION IN  
ONCOLOGY

# OUR PHARMACY INFORMATION



**PHONE:** 734-343-7600  
**TOLL FREE:** 833-675-0790



**FAX:** 312-598-9839



**EMAIL:** [pharmacyservices@trinity-health.org](mailto:pharmacyservices@trinity-health.org)



**WEBSITE:** [www.trinity-health.org/specialtypharmacy](http://www.trinity-health.org/specialtypharmacy)



**REGULAR HOURS:** Monday – Friday 9am – 5pm ET  
These hours may vary for recognized holidays.  
We are available 24/7/365 for questions or concerns.



**AFTER HOURS:** For after-hour emergencies such as running out of medication, questions on missed doses, or potential side effects, please call us and leave a voicemail. Our on-call pharmacist will return your call within 30 minutes.



## **TRINITY HEALTH PHARMACY SERVICES, LLC**

12279 Bluffton Road  
Fort Wayne, IN 46809



## **SERVICE AREA**

We service every state in the United States with the exception of Arkansas and California.

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# WHAT IS A SPECIALTY PHARMACY?



**Trinity Health Pharmacy Services** focuses specifically on treating patients with complex, chronic conditions. This separates us from a traditional retail pharmacy.

**The conditions and treatments** that specialty pharmacies deal with often require additional management and education beyond what can be reasonably provided in the retail setting.

**Specialty medications** may have special handling instructions and are used to treat complex health conditions. Specialty pharmacies provide resources and personalized support to help you manage your condition and treatment.



## SPECIALTY PHARMACY

- Treats complex, chronic, and rare conditions
- Completes benefit investigation with your insurance provider
- Provides payment assistance options to defer out-of-pocket costs
- Completes comprehensive medication education & counseling
- Dispenses medication in temperature controlled packaging



## RETAIL PHARMACY

- Treats common conditions



# SERVICES PROVIDED



## **PRIOR AUTHORIZATION**

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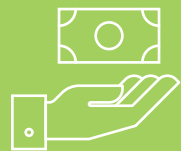
Most specialty medications require pre-approval, or what is called a “prior authorization” by your insurance company. We complete this prior authorization on your behalf. If your medication is not on your insurance provider’s preferred list, then we will work with your prescriber to find an equally effective alternative medication. If we are out-of-network, or you would like to use a different pharmacy provider, we will transfer your medication to the pharmacy of your choice.



## **MEDICATION SUBSTITUTION**

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We work to find the most cost-effective option for you. This may include substituting the brand name medication for the generic equivalent. This could be due to your insurance provider’s preference or to lower your copay. If a substitution is made, we will notify you of the substitution. When available, we will default to a generic equivalent to save you money.



## **FINANCIAL ASSISTANCE**

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We have a team dedicated to making sure that you pay the lowest out-of-pocket price available for your prescription. Our team finds available copay or patient assistance and charity programs to ease the financial burden of your specialty medication.

# SERVICES PROVIDED



## **MEDICATION EDUCATION & COUNSELING**

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As a part of our patient management program, our pharmacists will work with you on any problems, concerns, or questions you may have regarding your medication therapy. Issues discussed include disease state overview, medication, administration, interactions, side effects, and coordination of care with your prescriber when appropriate.

You are automatically enrolled into our patient management program at no cost to you. However, if you wish to not participate, you are able to opt out of the patient management program at any time.



## **FREE ANCILLARY SUPPLIES**

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We provide free ancillary supplies to help you safely follow your treatment plan at home. Supplies for self-injectable medications include sharps containers, alcohol swabs, bandages, and educational materials. Supplies for oral medications vary by medication.



## **FREE OVERNIGHT SHIPPING**

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We ship all medications using trusted commercial shippers. We use temperature-controlled packaging when appropriate, so your prescription always stays at a safe temperature.

Most shipments are scheduled to be delivered Tuesday – Friday. Saturday delivery may be an option, where available.



# DISEASE STATES & RESOURCES

## **ALLERGY, ASTHMA, AND IMMUNOLOGY**

- Asthma and Allergy Foundation of America
- American Academy of Allergy, Asthma, & Immunology

## **CANCER**

- American Cancer Society
- National Cancer Institute
- National Comprehensive Cancer Network

## **CROHN'S DISEASE AND ULCERATIVE COLITIS**

- Crohn's & Colitis Foundation

## **CYSTIC FIBROSIS**

- Cystic Fibrosis Foundation

## **DERMATOLOGY**

- American Academy of Dermatology
- National Psoriasis Foundation

## **HEMOPHILIA**

- Hemophilia Federation of America
- National Hemophilia Foundation

## **HEPATITIS**

- American Liver Foundation
- Centers for Disease Control & Prevention
- Hepatitis Foundation International



# DISEASE STATES & RESOURCES



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## **HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

- Centers for Disease Control and Prevention
- HIV.gov

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## **MULTIPLE SCLEROSIS**

- Multiple Sclerosis Foundation
- Multiple Sclerosis Association of America
- National Multiple Sclerosis Society

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## **PULMONARY ARTERIAL HYPERTENSION**

- National Heart, Lung, and Blood Institution
- Pulmonary Hypertension Association

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## **RHEUMATOLOGY**

- American College of Rheumatology
- Arthritis Foundation
- National Institute of Arthritis

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## **SOLID ORGAN TRANSPLANT**

- American Society of Transplantation
- National Foundation for Transplants
- United Network for Organ Sharing (UNOS)

We manage many other conditions - these two pages represent the most common.

# ● HOW TO ORDER A REFILL

## WE WILL NOT AUTOMATICALLY REFILL ANY PRESCRIPTION WITHOUT YOUR PERMISSION.

A pharmacy staff member will call or text you 7 to 10 days before your refill is due to coordinate the refill and shipment of your medication. We will confirm and update your medical and insurance information and set the delivery date and details. Call for a refill if you are ever down to a 5-day supply.

**REFILL BY PHONE** Add our phone number to your contacts so that you'll know that it is us when we call.

**REFILL BY TEXT** We will call you if you don't respond to the text message, or if we need to clarify one of your text message responses.

### **TO CHECK YOUR ORDER STATUS**

Call us any time TOLL FREE at 833-675-0790 to confirm the status of your prescription.





## NOTIFY US IMMEDIATELY ABOUT YOUR DELIVERY IF...

- YOU DO NOT RECEIVE YOUR SHIPMENT ON THE EXPECTED DELIVERY DATE
- YOUR PACKAGE IS DAMAGED
- YOU SUSPECT A MEDICATION ERROR
- YOU HAVE A CONCERN ABOUT THE MEDICATION QUALITY



**QUESTION:** WHAT IF THERE IS A RECALL ON MY MEDICATION?

**ANSWER:** You will be notified by a pharmacy team member if there is a recall on your medication and given instructions on what to do.

**QUESTION:** CAN YOU PROVIDE REFILLS ON MY OTHER MEDICATIONS TOO?

**ANSWER:** Trinity Health Pharmacy Services only fills specialty medications and their related supportive care medications. We do not dispense medications you would obtain at your local pharmacy.



# HOW TO DISPOSE OF MEDICATION

**IT IS IMPORTANT TO REMOVE ALL UNUSED OR EXPIRED MEDICATIONS FROM YOUR HOME.** THIS HELPS PREVENT MEDICATION MISUSE OR ACCIDENTAL INGESTION BY CHILDREN OR PETS. PROPER DISPOSAL ALSO HELPS PREVENT CONTAMINATION OF THE SOIL AND GROUNDWATER.

## 1ST CHOICE: DRUG TAKE BACK PROGRAMS

If there is a medication take-back program available, bring any unused or expired medication there. To find a program near you, contact your local law enforcement agency or waste management authority. If there is not a take back program available, the Food and Drug Administration (FDA) provides the following guidelines for household disposal of medications.

## 2ND CHOICE: HOUSEHOLD MEDICATION DISPOSAL - FLUSHING

First, check to see if the medication is on the FDA “flush list.” Flushing medications on the flush list helps keep everyone in your home safe by making sure these powerful and potentially dangerous medications are not accidentally or intentionally ingested, touched, misused, or abused. If the medication is on the “flush list” and a take-back program is not available, then:

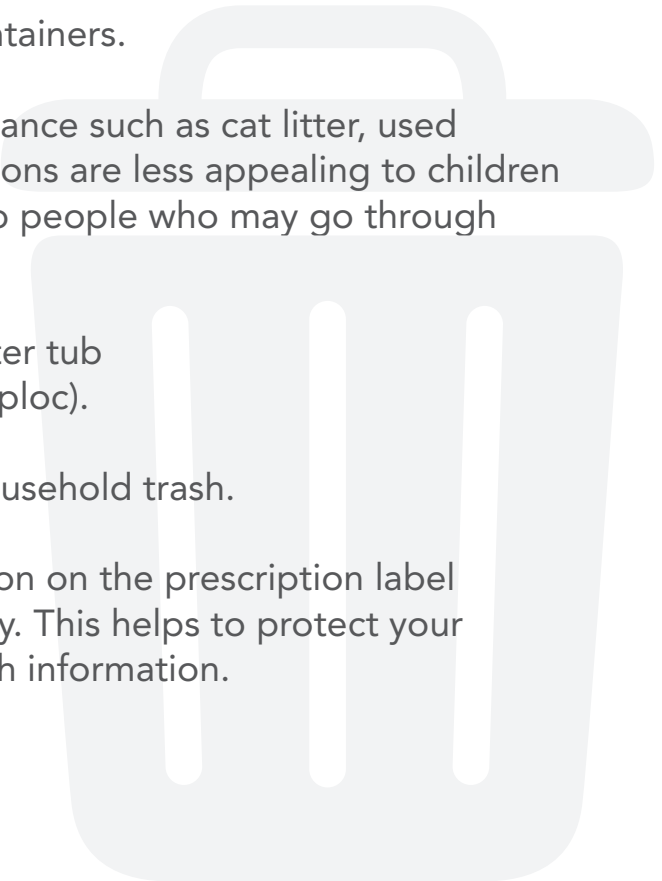
- Empty the entire contents of the container into the toilet bowl and flush.
- Scratch out or remove all identifying information on the prescription label so that it is unreadable before throwing it in your household garbage. This helps to protect your identity and the privacy of your personal health information.

### 3RD CHOICE: TRASH

If your medication is **not** on the FDA's "flush list" and a medication take-back program is **not** available, you may throw the medication away in the trash.

Always check with your local trash services to make sure medications can legally be thrown away in your area.

- Remove all medications from their original containers.
- Mix the medications with an undesirable substance such as cat litter, used coffee grounds, or dirt. When mixed, medications are less appealing to children and pets. They also become unrecognizable to people who may go through your trash.
- Place the mixture in a container, such as a butter tub or coffee can; or a sealable plastic bag (e.g. Ziploc).
- Discard the container or sealed bag in your household trash.
- Scratch out or remove all identifying information on the prescription label so that it is unreadable before throwing it away. This helps to protect your identity and the privacy of your personal health information.





# HOW TO DISPOSE OF SYRINGES, NEEDLES, & OTHER SHARPS

**Sharps have different disposal requirements than medications.** It is recommended that you use an FDA approved sharps container. If an FDA approved sharps container is not available, you can use a heavy-duty plastic household container (e.g., laundry detergent bottle) instead.

**We provide free sharps containers to dispose of syringes, needles, and used injection devices in a safe and proper manner.** If you need a new sharps container, you can contact our team for one when you schedule your refill.

## TO SAFELY DISPOSE OF SHARPS:

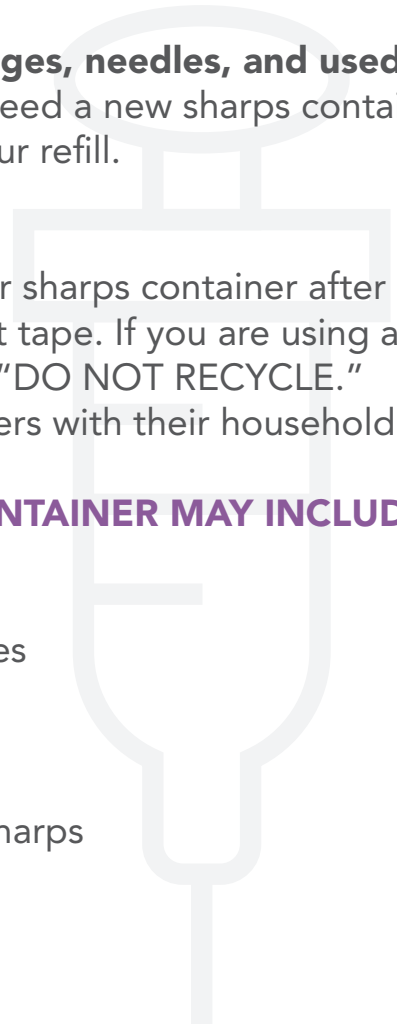
1. Immediately place used sharps and empty vials in your sharps container after use.
2. Once your sharps container is 3/4 full, seal it with duct tape. If you are using a household container, be sure to label it properly with "DO NOT RECYCLE."
3. Some states allow residents to discard sharps containers with their household trash.

## OTHER DISPOSAL OPTIONS FOR YOUR SHARPS CONTAINER MAY INCLUDE:

- Dropbox or supervised collection sites
- Household hazardous waste collection sites
- Local, public household hazardous waste collection sites
- Mail-back programs
- Residential waste pick-up services

If you are not sure about the correct way to dispose of sharps in your area, check the following resources:

- Your local municipality or waste company website
- [www.SafeNeedleDisposal.org](http://www.SafeNeedleDisposal.org)



# INFECTION PREVENTION



Some medications can increase your risk of infection.  
Ask your pharmacist or doctor if your medication raises this risk.



**WASH YOUR HANDS:** Washing your hands with soap and water is the best way to get rid of germs. If soap and water are not available, you can use alcohol-based hand sanitizer. The CDC recommends sanitizer made of at least 60% alcohol.



**COVER CUTS & WOUNDS:** If you get a cut or wound, make sure to clean the area with mild soap and water. Cover the area with an antibiotic cream or ointment and a bandage to protect from dirt and germs. Replace the bandage at least once a day until the area is completely healed.



**DON'T SPREAD GERMS WHEN YOU ARE SICK:**

Use a tissue or the inside of your elbow to cover coughs and sneezes. Throw used tissues away immediately. Always wash your hands or use hand sanitizer after you cough or sneeze.



**AVOID CLOSE CONTACT WITH OTHERS WHEN SICK:**

Stay away from others (if possible) and do not touch or shake hands with others.



**GET YOUR VACCINATIONS:** Make sure you are up to date on your vaccinations from your healthcare provider. Talk with your doctor or pharmacist if you are unsure of which vaccines are safe with your medical conditions.



# HOW TO TRANSFER PRESCRIPTIONS

**TIP!**



**SIMPLY CALL US TOLL FREE AT 833-675-0790 AND PROVIDE:**

Name, date of birth, and other information needed to identify you.

Name of the medications you would like to transfer.

Pharmacy where you are currently filling the prescription, your doctor's name, and contact information.

## HOW TO TRANSFER A PRESCRIPTION TO ANOTHER PHARMACY:

Contact the pharmacy you wish to use. The pharmacist at that location will help you transfer your prescription to their pharmacy.



# FINANCIAL RESPONSIBILITY



We can provide information to you regarding out-of-pocket costs for your medication. These costs may include any copay, deductible, or co-insurance. We can explain what portion of the prescription your insurance covered, and your remaining financial responsibility. We can also provide the cash price of any medication upon request.



## **WHAT IF I CAN'T AFFORD MY MEDICATION?**

Our financial assistance team is trained to identify available assistance programs you may be eligible for; including manufacturer assistance programs, patient assistance foundations, or other support and/or organizations to minimize your financial burden.



## **HOW CAN I PAY FOR MY PRESCRIPTION ORDER?**

We will contact you to obtain payment prior to shipping your prescription. We accept all major credit cards, copay cards, and FSA cards. We do not accept cash.



## **WHAT IF TRINITY HEALTH PHARMACY SERVICES IS NO LONGER IN-NETWORK WITH MY INSURANCE?**

If we are no longer an in-network pharmacy with your insurance, then we will assist you in forwarding your prescription(s) to an in-network pharmacy provider to ensure you are obtaining your medication at the lowest out-of-pocket cost. We will contact you to coordinate the transfer so that you understand the process, and ensure there is no disruption to your treatment.

## 14 EMERGENCY PREPARATION

IN THE EVENT OF A LOCALIZED EMERGENCY OR MISSED MEDICATION DELIVERY, PLEASE CONTACT US IMMEDIATELY AT **833-675-0790**.

Our team will work with you to make sure you have a continuous supply of medication.

If we are not able to get your medication to you before an emergency occurs, then we will transfer your medication to a local specialty pharmacy to make sure you get your medication without a delay in therapy.

You may want to consider having a basic disaster supplies kit prepared at home, work, and in vehicles. You can store assembled items in easy to carry containers.

For more information about emergency preparedness and a basic disaster supplies kit, check the following resources:

- [www.ready.gov](http://www.ready.gov)
- [www.redcross.org/get-help/how-to-prepare-for-emergencies.html](http://www.redcross.org/get-help/how-to-prepare-for-emergencies.html)



# GRIEVANCE & COMPLAINT PROCEDURES



If you have a concern with the care or services you received through Trinity Health Pharmacy Services, notify one of our supervisors immediately. We are committed to investigating and resolving all complaints and grievances promptly.



## PLEASE MAIL OR CALL

Trinity Health Pharmacy Services  
Attention: Complaints  
12279 Bluffton Road  
Fort Wayne, IN 46809  
**833-675-0790**

If you are not satisfied with the resolution of your complaint, or if you have any other questions, you may contact the following agencies for further investigation:



Accreditation Commission for Health Care (ACHC)  
[www.achc.org](http://www.achc.org)  
**855-937-2242**



Utilization Review Accreditation Commission (URAC)  
[www.urac.org](http://www.urac.org)  
**202-216-9010**



Indiana Board of Pharmacy  
[www.in.gov/pla/pharmacy.htm](http://www.in.gov/pla/pharmacy.htm)  
**317-234-2067**



# PATIENT RIGHTS

## AS OUR PATIENT, YOU HAVE THE RIGHT TO...

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- Be able to identify visiting personnel members through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI).
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records.
- Choose a healthcare provider, including an attending physician, if applicable.
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable.
- Be informed of any financial benefits when referred to an organization.
- Have personal health information shared with the patient management program only in accordance with state and federal law.
- Identify the program's staff members, including their job title, and be able to speak with a staff member's supervisor if requested.
- Speak to a health professional.
- Receive information about the patient management program.
- Decline participation, or dis-enroll, at any point in time.

# PATIENT RESPONSIBILITIES



- Give accurate clinical/medical and contact information and to notify the patient management program of changes in this information.
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program.
- Submit forms that are necessary to receive services.
- Maintain any equipment provided.
- Notify the organization of any concerns about the care or services provided.
- Tell us if you do not understand what you are being asked to do or not to do.
- Ask questions if we have not fully explained any aspect of your care.



## Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Supplier Standards

In order to enroll or maintain Medicare billing privileges, durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) suppliers must comply with the Medicare program's supplier standards, found under 42 CFR §424.57 (c), and quality standards to become accredited. Below is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain billing privileges.

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. An authorized individual (one whose signature is binding) must sign the enrollment 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, any 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 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. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR 424.57 (c) (11).
11. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
12. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
13. A supplier must maintain and replace at no charge or repair directly or through a service contract with another company Medicare-covered items it has rented to beneficiaries.
14. 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.
15. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.

16. A supplier must disclose any person having ownership, financial or control interest in the supplier.
17. 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).
18. 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.
19. 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).
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 and 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).
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 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state-licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 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.

The full version of the Supplier Standards may be found at [www.govinfo.gov](http://www.govinfo.gov). Enter, 42 CFR 424.57 (c) into the search bar. Source of abbreviated Medicare DMEPOS supplier standards: [Palmettogba.com/nsc](http://Palmettogba.com/nsc) accessed on April 15, 2020.

# OUR MISSION



We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

# CORE VALUES

## REVERENCE

We honor the sacredness and dignity of every person.

## COMMITMENT TO THOSE WHO ARE POOR

We stand with and serve those who are poor, especially those most vulnerable.

## SAFETY

We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

## JUSTICE

We foster right relationships to promote the common good, including sustainability of Earth.

## STEWARDSHIP

We honor our heritage and hold ourselves accountable for the human, financial, and natural resources entrusted to our care.

## INTEGRITY

We are faithful to who we say we are.