

**Tufts**Medicine



NEW PATIENT WELCOME PACKET

# Home Infusion Services



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**Mission**

Why we exist

Empower people to live their best lives by reimagining healthcare, advancing knowledge and pioneering discovery

# Welcome to Tufts Medicine Home Infusion Services

Dear Home Infusion Patient,

Welcome! It is a privilege to serve you for your home infusion pharmacy needs. We want you to know your health and well-being is always our number one priority.

Our pharmacy staff understands that your medical condition is complex and requires special knowledge. We work together with your doctor, nurses, and insurance company throughout your time with us. Our goal is to provide you with the best home infusion therapy experience possible.

Here are some benefits that you will be receiving while with us:

- Access to clinical staff 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company, if applicable
- Clinical monitoring
- Dietary consultation, if applicable
- Help in locating co-pay assistance
- Delivery of medicine
- Training and education
- Equipment/pump management
- Refill reminders

You can also go to our website, [tuftsmedicine.org/homeinfusion](https://tuftsmedicine.org/homeinfusion), for more information about our services.

## **Business hours and contact information:**

- Monday – Friday: 9 am – 5:30 pm
- Saturday and Sunday: closed (on-call services only)
- On-call staff are available 24/7
- 781.306.6700 or 800.464.3908

We hope the following information helps you understand how Tufts Medicine Home Infusion Services works and our team can help you. We look forward to providing you with the best service possible. Thank you for choosing us.

Sincerely,

The Tufts Medicine Home Infusion Services Team

## **Patient feedback and satisfaction survey**



Your feedback is important to us. Please help us to better serve you by using the enclosed survey and prepaid envelope to provide your feedback on our program or send the completed survey back to Tufts Medicine Home Infusion Services, 170 Governors Ave, Medford, MA 02155.

Please contact the pharmacy at 781.306.6700 (toll free for non-Massachusetts residents at 800.464.3908), if you have any problems or concerns. Staff are available around the clock.

# Services

Tufts Medicine Home Infusion Services offers a program that provides you with services beyond filling your prescriptions. We will guide you through your treatment plan and work with you and your doctors to achieve the best possible treatment outcome.

Benefits of our home infusion pharmacy include:

- Helping you to take your medications regularly as prescribed by your doctor
- Improving your quality of life by helping you manage your medication and disease
- Reviewing and adjusting your medications based on possible interactions or side effects
- Keeping you and your doctor informed about any changes that might be needed with your medication

Our team is trained to help you with your medications and answer your questions, and you can contact us anytime regarding your treatment. We will teach you about your medications and how they are administered. Our automated telephone system includes emergency service, 24 hours a day, and seven days a week by calling 781.306.6700 or 800.464.3908.

## Patient care management program

Our team works closely with doctors and nursing staff to ensure that your medications are prescribed appropriately, administered safely and work effectively. We use the most current treatment information for common conditions, diagnoses, diagnostic procedures and medical interventions to ensure safe and effective drug therapy.

Our pharmacists and technicians help with:

- Financial assistance programs, insurance verification and prior authorization
- Proper medication storage and disposal
- Reordering your medication and supplies
- Training you to use your medications correctly
- Side effect monitoring
- Arranging in-home nursing care

## Your support team

The Tufts Medicine Home Infusion Services pharmacy team is here to serve and support you. We will provide you with the information you need to get your medication and supplies filled. Please provide us with a list of your current medications so we can best help you. We will also support you in identifying additional community resources as needed.

## Health insurance coverage and payment methods

Our team will contact your insurance company to determine whether your medication will be covered by your plan. You may be responsible for paying a portion of the costs such as a deductible, co-pay and co-insurance. Tufts Medicine accepts Visa or MasterCard, debit cards, personal checks and most flexible spending accounts (FSA). If you are unable to afford your deductible, co-pay or co-insurance, you may qualify for a payment plan. An application along with supporting documentation

may be required. If your medication requires authorization before beginning, we will work with your plan to seek coverage. We will look for financial assistance programs that might be able to help you, if needed.

## Assistance with coverage

Your plan benefits may limit the services we can provide. Some drugs may not be covered by your insurance plan. You have the right to file an appeal with your health plan if your plan denies coverage for your medications or if you disagree with the coverage of your medications. The Tufts Medicine Home Infusion Services team can help with the appeal process, and we will coordinate sending your prescription to an outside pharmacy, if necessary. Our team can be contacted at 781.306.6700 or 800.464.3908.

### Pharmacy location and hours



#### Our pharmacy is located at:

170 Governors Avenue,  
Medford, MA 02155

#### Hours of operation:

Monday – Friday: 9 am – 5:30 pm  
Closed weekends and holidays

#### Emergency services/on-call:

781.306.6700 (or 800.464.3908)  
Available 24 hours a day, 7 days a week, including all weekends and holidays

## Providing feedback

We welcome and appreciate your feedback and are always looking for ways to improve our services. If you are not satisfied with any aspect of the service provided by our pharmacy, please call 781.306.6700 (or 800.464.3908) and ask to speak with a supervisor.

Tufts Medicine Home Infusion Services has a formal complaint procedure that makes sure your concerns are reviewed and an investigation is started within 48 hours. You will be contacted within five business days with an update. Every effort will be made to resolve all complaints within 14 days. You will be informed in writing of the resolution of the complaint. All copies of complaints and related materials will be kept on file. You may also contact the state board of pharmacy and/or accreditation bodies if needed.

- To report a complaint, contact Tufts Medicine Home Infusion Services at: 170 Governors Ave., Medford, MA 02155, or call: 781.306.6700. For additional information about your rights or how to file a complaint online, please visit: **[tuftsmedicalcenter.org/patient-care-services/Patient-Rights](https://tuftsmedicalcenter.org/patient-care-services/Patient-Rights)**.
- To file a formal complaint with the Accreditation Commission for Health Care (ACHC), visit: **[achc.org/contact](https://achc.org/contact)**. For further information, you may contact ACHC toll-free at: 855.937.2242 or 919.785.1214 and request the Complaints Department.
- To file a complaint with the Massachusetts Board of Pharmacy, visit: **[mass.gov/orgs/board-of-registration-in-pharmacy](https://mass.gov/orgs/board-of-registration-in-pharmacy)** or call: 800.414.0168; or send an email to: [pharmacy.admin@massmail.state.ma.us](mailto:pharmacy.admin@massmail.state.ma.us).

# Getting started

## Understanding home infusion

Home infusion therapy is the administration of medication through a needle or catheter in a vein and is given in the home setting. Home infusion has been proven to be a safe and effective alternative to inpatient care for many medical conditions and therapy types.

## Getting started on home infusion

Your doctor will send an order to the Tufts Medicine Home Infusion Services pharmacy. Then, our pharmacy team will verify your insurance coverage and estimated costs. We will review your therapy with you prior to starting your infusions and coordinate a home health nurse to assist you with your infusions. We will coordinate a delivery date/time and send your medication and infusion supplies to your house.

For more information and step-by-step videos on different infusion types, please visit: [carepathrxllc.com/nurselink-patient](http://carepathrxllc.com/nurselink-patient)



## Medication delivery and prescription status

Our team will contact you to discuss the best method of delivery for your medication and supplies. Your medication and supplies will be delivered to you at no additional charge. If your medications require special handling or refrigeration, the drugs will be packaged and shipped accordingly. You can call us during regular business hours (Monday–Friday, 9 am–5:30 pm) at 781.306.6700 or 800.464.3908, to ask about the delivery or status of your order. Our pharmacy team will call you if there will be a delay in the preparation or shipment of your medication. You or a caregiver may need to sign for delivery packages unless you authorize us to leave your order at a specified location.

In the event of an emergency or disaster in the Tufts Medicine community, the pharmacy has a comprehensive emergency preparedness plan in place. Disasters may include fire in our facility or region, chemical spills in the community, hurricanes, snow storms, tornadoes, community evacuations or other similar situations. Our primary goal is to continue to service your care needs. When there is a threat of disaster, we will attempt to ensure you have enough medication to sustain you.

### When it is time to flush your line:

1. Clean work area and placemat with a disinfectant wipe.
2. Gather equipment on placemat.
3. Wash hands for 20 seconds with soap and water.
4. Prepare flushes, syringes, and have several alcohol wipes nearby per your teaching sheet.
5. Follow the patient teaching sheet and plan of treatment, located in your patient handbook, to flush your IV catheter.



**Before you flush your line,** be sure to scrub the hub (tip) of the IV catheter for 30 seconds and do not touch IV catheter hub (tip) while allowing it to air dry for 60 seconds.

## Line Flushing Instructions

**Important** Not all patients will complete every step when flushing the catheter. Your nurse will let you know which steps to complete based on your specific therapy orders.

**Never touch the tip of any syringe.** If touched, discard syringe.



<b>S</b> Saline	<b>A</b> Administer medication	<b>S</b> Saline	<b>H</b> Heparin
<b>ALCOHOL PREP PAD</b>	<b>ALCOHOL PREP PAD</b>	<b>ALCOHOL PREP PAD</b>	<b>ALCOHOL PREP PAD</b>
	Administer medication (if prescribed)		



- The pharmacy will attempt to call you 3–5 days before an anticipated local weather disaster emergency utilizing the weather updates as point of reference.
- If you are not in the pharmacy local area (Eastern Massachusetts) but reside in a location that will experience a weather disaster, you are responsible for calling the pharmacy 3–5 days before the occurrence.
- If the pharmacy cannot get your order to you before an emergency occurrence, the pharmacy will work to transfer your medication to another pharmacy if possible, so you do not go without medication.
- If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
- The pharmacy recommends all patients provide a secondary emergency contact number.
- If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will assist you.

## Reordering your medication and supplies

We will call you in advance of when you will need a new supply of medication to place your order. You also may call us any time to request a refill. Our team will monitor your medication therapy and will work with you to get the medication you need.

## Returned goods and supplies

The Massachusetts State Board of Pharmacy regulations forbid the resale of a prescription drug. As a result, we cannot issue a credit for any unused products. If there is a problem with the shipment of your prescription, our team will arrange a reshipment. If you have a question about your supplies, please contact us.

## Generic substitution/ biosimilar policy

In keeping with Massachusetts law, Tufts Medicine Home Infusion Services may substitute a lower-cost generic or a biosimilar drug for a brand name medication, unless your prescriber has asked for a specific brand name drug.

## Drug recalls and regulatory changes

Tufts Medicine Home Infusion Services follows the drug recall guidelines created by the United States Food and Drug Administration (FDA), drug manufacturers, drug distributors and state and federal government regulatory agencies. We will contact you and your doctor if the FDA issues a drug recall and will explain what action you need to take, if any. We also will notify you of any changes to state or federal regulations that affect your plan of care.

### Staying informed and informing the care team



It is important for you to understand your medication, side effects and treatment plan. If you have any concerns about your medications, services received or other issues, please contact us.

It is also important that you provide us with accurate clinical and contact information (your address, phone number, etc.) so that we can best serve you. It is your responsibility to let us know about any changes to your health history, contact information, therapy, medication list and/or other health information. Make sure we have your most up-to-date information and carefully follow your program guidelines to help you get the most benefit from our program.

# Patient safety and patient rights

## Adverse drug reaction and side effects

You should contact your prescribing physician or call 911 immediately if you experience an adverse reaction or acute medical symptoms. An adverse drug reaction is any unexpected unintended, undesired or excessive response to a drug. Your physician will help to determine the proper response to the symptoms you are experiencing.

## Environmental safety

To ensure your safety during your therapy:

- Torn, worn or frayed carpeting should be repaired or removed.
- Rugs, runners and mats should be secured to the floor with double-sided tape, rubber matting or be rubber-backed.
- Handrails and hand grips should be secure.
- A sturdy step stool should be used to reach items on high shelves.
- Always store heavy items on lower levels.

## Sharps safety

To ensure your safety during your therapy:

- After using your injectable medication, place all needles, syringes, lancets and/or other sharp objects into a sharps container. A sharps container is a container that is filled with single-use used medical needles and then disposed of safely.
- We will provide you with a sharps container and an option to safely mail it back for disposal once full. Please see the attached guides for reference.
- Check with the local waste collection services in your area to understand the disposal procedure for sharps containers. Containers should never be more than  $\frac{3}{4}$  of the way full.

- If you do not have a sharps container available or if you do not have access to a sharps container, place sharps in a puncture resistant container such as a rigid plastic bottle or coffee can with a secure cap. These items must be disposed of at a drop off site or through a medical mail back service.
- For more information on safe disposal and disposal locations:
  - Visit the Massachusetts Department of Public Health website: <https://www.mass.gov/lists/medical-waste-community-sanitation>
  - If you would like any of this information printed for you, please ask the Home Infusion Services team.

## Needle stick safety

- After using needles, never bend, clip or replace the cap.
- Never flush sharps down the toilet.
- Throw away used needles into a sharps container immediately.
- Keep needles and sharps containers away from pets and children.
- In the case of a needle stick, report the injury to your physician promptly.

## Medication safety

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take medication that was prescribed for another person.
- When taking or giving medication, carefully read the label and any other information you have been given. Know the side effects of the medication you are taking.
- Throw away outdated medication by mixing medications with dirt, cat litter, or used coffee ground. Place mixture in a container such as a sealed plastic bag and place in the trash.



- Make sure that the medication you have is the one that your doctor ordered.
  - If any of the information you have does not reflect what your doctor has told you, call us.
  - For example: Your doctor told you to take your medication 1 time daily, but the label says to take it 2 times daily; call us to confirm dosing instructions.
- Check the product for any leakage, change in color or change in appearance.
  - All infused medications should be free of floating particles.

## Hand washing



- Wet your hands with clean, running water (warm or cold), turn off the tap, apply soap.
- Lather your hands by rubbing them together with 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. Twenty seconds is about the time it takes you to hum the song “Happy Birthday” from beginning to end, twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

## Medication storage

- Check the label on all medicine and solutions for storage instructions.
- Be sure to store all medications as directed on the label and packaging. If your medication has been stored improperly for any length of time, call us for further instructions.
- Store all supplies away from children and pets.
- Do not store supplies on the floor.
- If your medicine needs to be refrigerated, please clear and clean a dedicated area in your refrigerator to store your medication. Please keep your refrigerated medication away from food and spills during storage.
- Refrigerated medicine should be placed in the refrigerator as soon as possible after it arrives.
- Place the new medicine behind previously delivered medicine if applicable.
- Non-refrigerated items should be kept in a cool, dry place away from direct sunlight and above freezing temperatures.
- During extreme winter weather, your delivery may contain room temperature ice packs (not frozen) to prevent your medication from freezing.

## Disposal of medication and supplies

- Do not throw away your infusion pump or accessories. Contact us to arrange for a pump return.
- Discard all used needles and syringes with needles in a sharps container.
- If you are on a chemotherapy medication, dispose of all gloves, gowns and used medication containers in a sharps container.
- Discard all drugs, used medication bags/ cassettes, syringes without needles, tubing, soiled dressings, bandages and gloves that were not used for chemotherapy in double-bagged household trash.

# Patient rights and responsibilities

## **You have the right to:**

- Select those who provide you with pharmacy services.
- Receive instructions on handling drug recall.
- Speak with a healthcare provider anytime during your treatment and care.
- Receive instructions on the safe disposal of drugs in compliance with state and federal laws and regulations.
- Receive information about the Home Infusion Pharmacy.
- Know about philosophy and characteristics of the Home Infusion Program.
- Have personal health information shared with the Home Infusion Program only in accordance with state and federal law.
- Identify Home Infusion Pharmacy's staff members and their job title, and to speak with a supervisor of the staff member if requested.
- Receive information about changes in or termination of the Home Infusion Program.
- Decline participation, revoke consent or disenroll in the Home Infusion Program at any point in time.
- To express concerns, grievances or recommend modifications to your pharmacy in regard to services or care, without fear of discrimination or reprisal.
- To be certain of the confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI).
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, both verbally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed of patient rights under state law to formulate an Advanced Directive, if applicable.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Be given proper identification by name and title of persons providing health care and/or service to you.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
- Be advised on agency's policies and procedures regarding the disclosure of clinical records.
- Choose a health care provider, including choosing an attending physician, if applicable.
- Receive appropriate care without discrimination in accordance with physician orders, if applicable.
- Be informed of any financial benefits when referred to an organization.

### You have a responsibility to:

- Respect the rights of pharmacy personnel.
- Notify your Physician and the Pharmacy with any potential side effects and/or complications from your disease or drug therapy.
- Notify Tufts Medicine Home Infusion Services via telephone when medication supply is running low so refills can be shipped to you promptly.
- Submit any forms that are necessary to participate in the Home Infusion Program to the extent required by law.
- Give accurate clinical and contact information and to notify the Pharmacy of changes in this information.
- Notify your treating provider of your participation in the Home Infusion Program, if applicable.
- To maintain any equipment provided
- To submit forms that are necessary to receive services
- To notify the treating provider of participation in the services provided by the pharmacy.
- To notify the pharmacy of any concerns about the care or services provided.
- To participate in the development and updating of a plan of care.

## Grievance and complaint reporting

- To report a complaint, contact Tufts Medicine Home Infusion Services at: 170 Governors Ave., Medford, MA 02155, or call: 781-306-6700. For additional information about your rights or how to file a complaint online, please visit: **[tuftsmedicalcenter.org/patient-care-services/Patient-Rights](https://tuftsmedicalcenter.org/patient-care-services/Patient-Rights)**.
- To file a formal complaint with the Accreditation Commission for Health Care (ACHC), visit: **[achc.org/contact](https://achc.org/contact)**. For further information, you may contact ACHC toll-free at: 855-937-2242 or 919-785-1214 and request the Complaints Department.

- To file a complaint with the Massachusetts Board of Pharmacy, visit: **[mass.gov/orgs/board-of-registration-in-pharmacy](https://mass.gov/orgs/board-of-registration-in-pharmacy)** or call: (800) 414-0168; or send an email to: [pharmacy.admin@massmail.state.ma.us](mailto:pharmacy.admin@massmail.state.ma.us).
- To report abuse, neglect, or exploitation, please call toll-free 1-800-922-2275.
- To report suspected Medicaid fraud, please call toll-free 617-963-2360.

## Notice of privacy practices

The Tufts Medicine Notice of Privacy Practices can be found at the following website: **[tuftsmedicalcenter.org/patient-care-services/patient-rights/hipaa](https://tuftsmedicalcenter.org/patient-care-services/patient-rights/hipaa)**.

If you would like to receive a written copy of the Notice of Privacy Practices, please contact your pharmacy team and we will provide you with a written copy.

## Advanced directives/ health care proxy



Tufts Medicine information regarding Advanced Directives/ Health Care Proxy can be found at the following website:

**[tuftsmedicalcenter.org/patient-care-services/patient-rights/health-care-proxy-medical-decision-making](https://tuftsmedicalcenter.org/patient-care-services/patient-rights/health-care-proxy-medical-decision-making)**

If you would like to receive a written copy of the Advanced Directives/ Health Care Proxy information, please contact your pharmacy team and we will provide you with a written copy.

# Medicare DMEPOS supplier standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet 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 sub-standard (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 (as defined in section 1848(j) (3) of the Act).

The products and/or services provided to you by us are subject to the supplier standards, contained in the Federal regulations shown

at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at [ecfr.gov](http://ecfr.gov). Upon request we will furnish you a written copy of the standards.

## Medicare prescription drug coverage and your rights

### Your Medicare rights:

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

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

### What you need to do

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

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



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

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

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

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

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

Form CMS -10147 OMB Approval No. 0938-0975 (Expires: 02/28/2021)

## Proper use and disposal of needles and syringes in the community

If you're one of the many people in Massachusetts who uses syringes to manage your health care at home, Here's what you need to know about the safe use and disposal of needles, syringes and lancets (sharps).

### **Sale and Possession of Hypodermic Syringes and Needles in the Commonwealth of**

**Massachusetts:** M.G.L. c. 94C, § 27 authorizes pharmacies to sell hypodermic syringes and needles to any person, of any age, without a prescription, and without identification.

**State Sanitary Code: (M.G.L. chapter 111, section 127A)** Improper disposal of infectious or physically dangerous medical or biological waste may result in penalties of up to \$25,000 or two years in a corrections facility.

### **Be Smart. Use a Sharps Container.**

A sharps container is a single-use container that is filled with used medical needles and then disposed of safely. These can be purchased at pharmacies, medical supply stores or ordered through the mail. If you do not have access to a sharps container, place sharps in a puncture resistant container such as a rigid plastic bottle or coffee can with a secure cap. These items must be disposed of at a drop off site or through a medical mail back service.

**DO** Visit a medical supply store to purchase sharps containers.

**DO** Check out these sharps mail back services. They provide a variety of container sizes and prepaid mailing cartons:

- Medasend: 800-200-3581
- Stericycle: 800-355-8773
- Sharps Compliance, Inc: 800-772-5657

**DO NOT** Put sharps in the household trash. As of July 1, 2012, medical waste regulations do not allow the disposal of sharps in household garbage. Take your filled sharps container to



the sharps disposal (drop-off) site in your community. Sharps disposal programs may be ongoing or provided on specific dates, as determined by your city or town.

### **Be Careful.**

Protect yourself, your community, your environment, and family and friends. The proper disposal of needles and syringes is important!

- **DO** Put used syringes in sharps container immediately.
- **DO** Keep needles away from children and pets.
- **DO** Bring a sharps container when traveling.
- **DO NOT** Throw sharps in the garbage or recycling bins.
- **DO NOT** Flush sharps down the toilet or drop into storm drains.
- **DO NOT** Clip, bend or recap needles.

### **Be Aware.**

Needles, syringes and sharps containers may not be thrown in the garbage or in recycling bins. See the attached list to find a disposal site for your community. If your community is not listed, please contact your local board of health for information.

### **Be Safe.**

Reduce your risk of blood-borne diseases like hepatitis and HIV/AIDS.

- **DO** Use a new needle every time you inject.
- **DO** Clean the injection site with soapy water, alcohol swabs or rubbing alcohol.
- **DO** Find out your HIV/viral hepatitis status. Get tested. If you are not infected you can stay that way. If you are, find out how to take care of yourself and avoid passing HIV/viral hepatitis to others.
- **DO** Clean your sharps with bleach IF you must reuse them.
- **DO NOT** Inject in the same spot over and over again.
- **DO NOT** Share needles, syringes, cookers, cotton or water.

### **Be Informed.**

Resources are just a phone call or click away. All calls are confidential.

**Substance Abuse Education and Information Helpline 800-327-5050, TTY: 617-536-587**  
**helpline-online.com**

### **State Agencies:**

- **Massachusetts Department of Environmental Protection (DEP)** 617-292-5500, TTY: 617- 574-6868 **mass.gov/dep**
- **Massachusetts Department of Public Health (DPH)** 617-624-6000, TTY: 617-624-6001 **mass.gov/dph** or DPH Bureau of Environmental Health 617-624-5757, TTY: 617-624-5286 **mass.gov/orgs/bureau-of-environmental-health**
- **DPH Bureau of Substance Addiction Services** 617-624-5111, TTY: 617-536-5387 **mass.gov/orgs/bureau-of-substance-addiction-services**
- **DPH Diabetes Prevention and Control Program** 617-624-5485, TTY: 617-624-5992 **mass.gov/diabetes-prevention**
- **DPH Office of HIV/AIDS** 617-624-5300, TTY: 617-624-5387 **mass.gov/human-immunodeficiency-virus-hiv**

## Syringe and needle disposal sites in MA

### **Syringe Services Programs (SSPs):**

You can dispose of used syringes or exchange them for new, sterile ones at any of these sites. You can also be referred to medical help, to substance use disorder treatment, HIV and hepatitis C (HCV) education, risk reduction counseling, HIV, HCV, and sexually transmitted infection (STI) testing, overdose prevention and access to naloxone (Narcan®), and linkage to primary care and case management services. SSPs are free.

As of July 1, 2016, the local board of health in a Massachusetts city or town may approve the establishment of an SSP (SSP Approval MGL C111 S215) in that city or town.

To locate an SSP in Massachusetts, use the link below: **mass.gov/info-details/syringe-service-program-locator.**

Be sure to call ahead for hours and restrictions.

## Questions?

If you have any questions, please contact our business office at 800.464.3908.

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