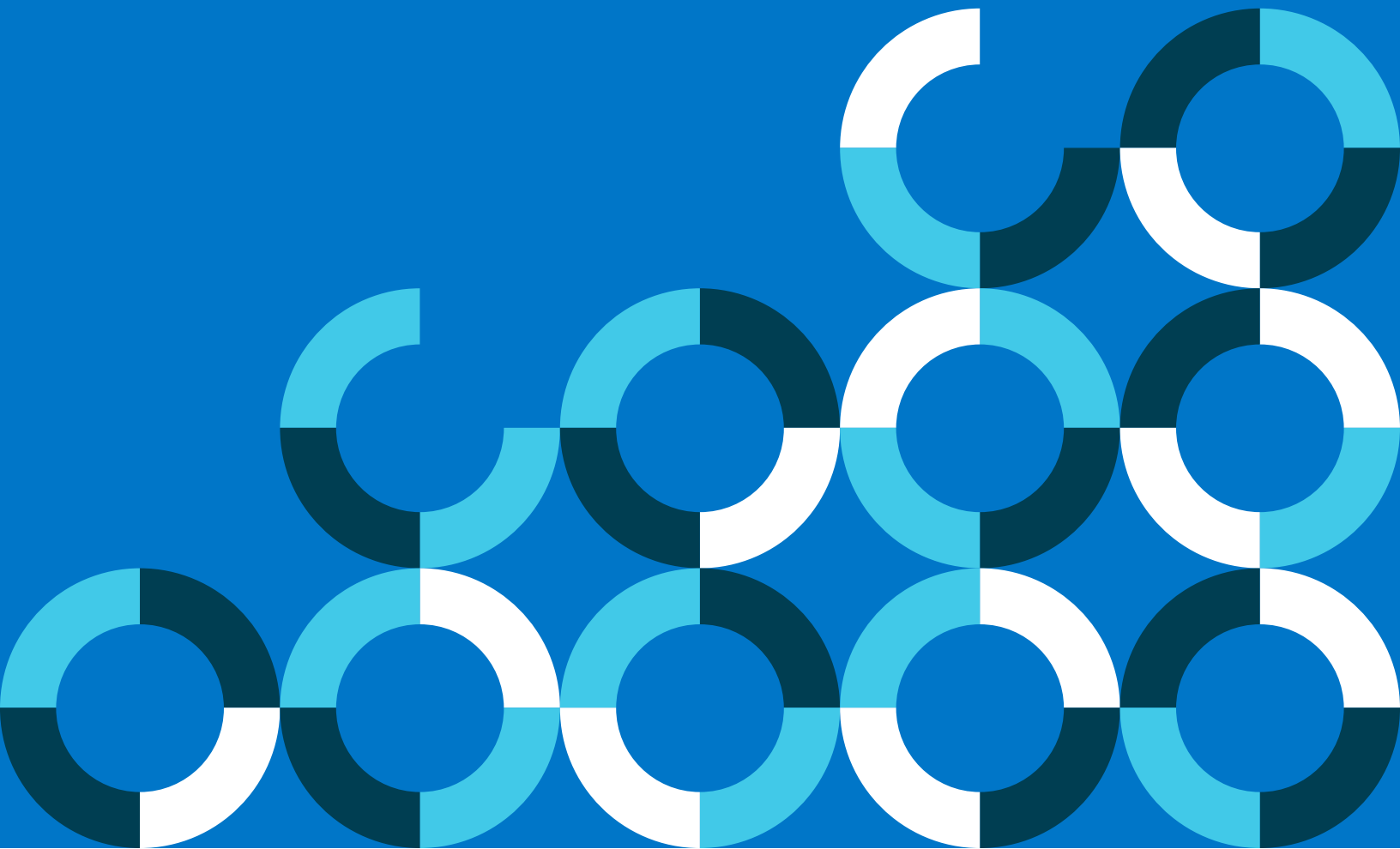


Welcome to better health

**Harness Health
Home Infusion**



Harness Health
Pharmacy

Table of Contents

Introduction and Summary of Services	3
Hours of Operation	4
Contact Information	4
Important Information	4
Getting Your Medication Service	5
Delivery and storage of medicine	5
Ordering refills	5
Help from a pharmacist	5
Billing Process	6
Payment policy	6
Insurance claims	6
Co-payment/Co-insurance	6
Financial help	6
Drug substitution protocols	6
Patient Safety	7
Hand washing	7
Adverse drug reaction	7
Drug recalls	7
Environmental safety	7
Disposing of unused sharps container and medication	7
Emergency and Disaster Preparedness Plan	8
Patient Satisfaction/Complaints/Concerns	8
Patient Bill of Rights and Responsibilities	9
Notice of Privacy Practice	10
Medicare DMEPOS Supplier Standards	13
Medicare Prescription Drug Coverage and Your Rights	14



Harness Health Home Infusion Introduction to Service

Dear patient,

Welcome to Harness Health Home Infusion!

We offer compassionate care and support to people discharging from our hospital as well as those with certain high-cost, chronic health conditions, and we are here to help you get the most from your medications. We also look for ways to help lower your costs. Our staff is here for you every step of the way.

This booklet was created to help you understand our policies and procedures. It's also a handy source for contact information and a copy of patient rights and responsibilities. We look forward to the opportunity to be your pharmacy partner. Thank you for trusting Harness Health Home Infusion.

What we offer:

- Refill reminder follow ups, so you never run out of your medication.
- Free and safe home delivery via temperature-controlled package when appropriate.
- Coordination of coverage with your insurance company.
- Personalized clinical monitoring.

Our clinical staff will work with you to discuss your treatment plan and answer your questions. We will be in close contact with you during your treatment.

There may be times when you are prescribed a medication that your insurance plan may not cover. We will work to lower your drug costs by getting the medication covered or switching to a medication that is covered.

Our pharmacists are here to provide consultation on your medication therapy questions, including evidence-based health information related to your diagnosis and treatment.



Hours of Operation and Contact Information

Our pharmacy is located at 7160 Industrial Row Drive Suite 331, Mason, OH 45040.

Hours of Operation:

- Mon.–Fri., 8 a.m.–4:30 p.m. eastern time
- Closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.
- On-call staff are available 24 hours a day for emergency needs

Important Contacts

Harness Health Home Infusion:
866-775-5767 Option 3 during regular business hours.

Harness Health Home Infusion After Hours (24/7):
866-775-5767 - Calls with urgent issues or questions are provided a phone number to reach an on-call pharmacist.

Harness Health Home Infusion Email:
HomeInfusion_331@harnesshp.com

Poison Control Center:
800-222-1222

988 Suicide and Crisis Lifeline:
988

Medicare Complaints:
<https://www.medicare.gov/my/medicare-complaint>

ACHC Complaints Department:
855-937-2242

Important Information

We want to make sure that you have everything you need to get the most out of your medication therapy. **Please look over everything we've given you.**

Please call us when or if:

- You have any questions about your medication or delivery service
- You are having an allergy or reaction to your medication
- There's been a change in your medication use
- You would like to start taking vitamins, supplements or over the counter medications
- Your contact information or address has changed
- Your insurance information or payment method has changed
- You need to check the status of your order or You need to change your delivery

Getting Your Medication and Services

Getting started with home infusion

- Your doctor will send an order to our pharmacy. Then, our pharmacy team will verify your insurance coverage and estimated costs. We will review your therapy with you prior to starting infusions and coordinate a home health nurse to assist you with your infusions, if needed. We will send your medication and infusion supplies to your house.

Delivery and storage of your medications

- We will deliver your medications to your home or an approved location. We will also include any needed supplies, such as needles, syringes and alcohol swabs when necessary. If your medications need special handling or refrigeration, we will package and ship them safely. If you can't be there to get the package, we can leave it at your home or an approved location.
- In the event of a delay in delivery of your medication due to issues related to insurance, payment or medication availability, a member of our Harness Health Pharmacy team will contact you to discuss alternatives to obtain your medication.
- We will try to deliver your supplies early if a weather warning is in place. We will attempt to call our patients, in order of disaster priority, with any special instructions. Please make sure to give us the best phone number to call as well as a backup contact to make sure you have your medication.

Ordering refills

Our pharmacy team will call you before your next scheduled delivery. You can always call us if you run out of medication, lose it or will be traveling and need to take more than your usual supply with you. If you have questions about your medication, or would like to request a refill, call 866-775-5767 Option 3 to speak to a team member.

Help from a pharmacist

Our licensed pharmacists are trained on the medication you take, and they are here to answer your questions about your care plan.

They are available 24 hours a day, seven days a week for any urgent needs or questions about your medication. After normal business hours, please call us and follow the prompts to reach the after hours call team.

In case of a medical emergency, please call 911.



Billing Process

Payment policy

Before your care starts, we will let you know of your financial responsibility and what isn't covered by your insurance and other third-party sources. This could be out-of-pocket costs such as deductibles, copays, coinsurance and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan. Additionally, you are able to get the cash price of your medication, upon request.

Insurance claims

We will submit claims to your insurance on the date your prescription is filled. If the claim is rejected, we will let you know and work with you to fix the issue. If our pharmacy is not a part of your insurance network and we dispense your medication per your request, cost charged by our pharmacy for your medication will be provided to you in writing.

Copayments

You may have to pay a part of your medication cost, called a copayment. If you have a copayment, we will bill you after we have received payment from your insurance company.

Financial help

We can help you find ways to pay for your medication, like discount coupons from drug makers and help from various disease management foundations. We will help you to enroll in these programs if you need them.

Drug substitution

We will use generic drugs instead of brand name drugs when we can. This may happen if your insurance prefers the generic or biosimilar to be used or to lower your copay when a generic medication is available. We will let you know about changes before your shipment and get your approval, as well as answer any financial or clinical questions you may have.

Patient Safety

Hand washing

Washing your hands is the most important step that you can take to stay safe. Follow the CDC's 5 Steps to Wash Your Hands the Right Way. Don't forget to remove all jewelry before washing.

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

Adverse drug reactions

If you have adverse effects to your medication, please contact us or your your doctor as soon as possible. **If you are having a medical emergency, or life threatening symptoms such as shortness of breath or chest pain, please call 911.**

Drug recalls

We follow the drug recall guidelines of the FDA and drug makers. We will contact you if you are affected by a drug recall.

Equipment

Manufacturers' instructions for specialized equipment should be kept with or near the equipment. If an equipment error alarm sounds, notify the pharmacy: Harness Health Home Infusion, 866-775-5767, Option 3

Environmental safety

Torn, worn or frayed carpeting should be repaired or removed to prevent falls. 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.

Disposing of sharps

If you use needles, you may be prescribed a sharps container. You will use this to dispose of all needles, syringes and any other sharp objects. These simple rules will help you and your loved ones stay safe:

- Never put the cap back on a used needle - put it in the sharps container.
- Always keep the sharps container out of reach of children and pets.
- Never overfill. Notify Home Infusion to replace at your next scheduled delivery, or call for replacement when full.
- You may be able to dispose your sharps container at your local fire department, your doctor's office or your local health department. Please call to speak with one of our pharmacists for available options in your area.
- Ohio law allows individuals that generate infectious sharps while providing their own care or treatment at home to dispose of sharps with their regular household trash.

Disposing of medication and supplies

- **Needles and Sharps:** Discard all used needles and syringes with needles in a sharps container.
- **Supplies:** Discard all used supplies, syringes without needles, empty medication devices, tubing, soiled dressings, andages, and gloves that were not used for chemotherapy in a double-bagged household trash bag.
- **Medications:** Throw away outdated medication by mixing medications with dirt, cat litter, or used coffee grounds. Place mixture in a container such as a sealed plastic bag and place in the trash.
- **If you are on chemotherapy medication:** Dispose of all gloves, gowns, and used medication containers in a special provided yellow container. At the end of therapy, the yellow sharps container will be picked up by home infusion and disposed of properly.





Emergency and Disaster Preparedness Plan

We have a thorough emergency plan in case of a disaster. Our goal is to make sure you have your medicine when you need it and avoid any delays.

If a disaster strikes, our teams will reach out to you for other ways to get your prescriptions to you. We will be available 24 hours a day, seven days a week to provide support for your medication needs. 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 if you will miss a dose.

Refrigerated medication storage – keep your refrigerator closed during a power outage, or fill an ice chest with ice to store all refrigerated medication.

Infusion pumps – if your equipment is run with a plug that goes into an outlet, call your electric company to let them know of your need for priority restoration of power. If your equipment is ran by batteries, always keep extra batteries for your pump. If your power outage lasts longer than 6 hours, contact us and we may be able to deliver batteries or a charged pump.

Patient Satisfaction, Concerns and Complaints

You are very important to us. Please ask questions if something is unclear regarding our services. At intervals our company sends out a patient satisfaction survey and we ask that, if you receive one, please complete it and return the survey to us with your comments and recommendations.

Our goal is to provide the best service possible. If you have feedback, concerns or complaints about our pharmacy services, please contact us:

- Call our toll-free number **866-775-5767 Option 3**.
- Send an email to **HomeInfusion_331@harnesshp.com**.
- If you choose to email us, we will get back to you in two business days.
- If you think your medication looks different or you think there is an error on your prescription, you may report it by calling our pharmacy at our toll-free number **866-775-5767 Option 3** and asking to speak with one of our pharmacists.

If you have any concerns about the product or service that you receive you may also contact ACHC directly at (855) 937-2242.

Patient Rights and Responsibilities

As a Harness Health Home Infusion patient, you have the right to:

- Be treated with respect, dignity, courtesy and fairness and given appropriate and professional quality of pharmacy services without discrimination by all our pharmacy staff.
- Speak with a pharmacist about any questions or concerns about your medication.
- You have the right to obtain identification of staff members, including their job title, and to speak with a staff member's manager.
- Participate in the development of your plan of care and be advised of any change in the plan of care provided prior to the change being made. You have the right to speak to a member of your care team during our normal hours, and in emergencies after hours, with an on-call pharmacist.
- Discuss your specific drug treatment, possible side effects and interactions with other drugs, supplements or foods and to get complete counseling and education from your Harness Health Specialty Pharmacist.
- Refuse treatment within the confines of the law, and to be informed of the consequences of refusing treatment.
- Voice grievances or file a complaint to pharmacy management without fear of discrimination or reprisal.
- Be informed of your rights under state law to formulate advanced directives.
- Be informed of what to do and resources available in the event of an emergency or a natural disaster that prevents us from filing your prescription(s) in a timely manner.
- Be helped and get special consideration for language barriers in order to achieve proper understanding of services provided (e.g., non-English speaking clients have the right to an interpreter, and deaf, blind, or clients who can't read have the right to other materials and interpretation for effective communication).
- Be informed within a reasonable amount of time if we cannot fill your prescription. We will provide you with instructions on your options to get the prescription filled from another source.
- Be informed of any financial benefits and responsibilities, including deductibles, copayments and coinsurance when referred to an organization or another pharmacy provider.
- Get a timely response from pharmacy staff upon your prescriber's request for service.

- Be informed of limitations of services and care provided by the pharmacy. We will obtain your insurance information so that we can properly bill your prescriptions. If this information changes, let us know as soon as possible. If your insurance plan requires prior authorization, we will contact your prescriber or insurance plan to resolve this issue. If you are unable to pay the copayment or you do not have insurance, please call us to discuss options, as there are numerous patient assistance programs and manufacturer coupons available for which you may be eligible.
- Contact Harness Health Specialty Pharmacy with any complaints and/or grievances about medication or privacy matters at 866-775-5767 Option 3 and ask for Pharmacy Manager or send an email to HomeInfusion_331@harnesshp.com.
- Receive FDA-approved generic medications when available.
- Be informed of any product recalls. We follow FDA regulations regarding drug recalls. In the event of a recall, all affected products are removed from inventory. If a product was sent to patients, those patients will be notified, and your health care provider may be notified as well.

As a Harness Health Home Infusion patient, you have the responsibility to:

- Provide correct clinical and contact information. Let us know of any changes in your condition such as a hospital stay or stopping your medication or treatment.
- Follow instructions about storing your medications.
- Follow the plan of care, which includes following pharmacist directions to stay compliant to therapy, and to accept responsibility for the neglect or refusal of any services.
- Notify us of any address or schedule changes that may need to be made prior to a scheduled delivery.
- Let us know of any problems or concerns, or issues with services rendered.
- Notify the treating provider of your participation in our patient management program, if applicable.
- Participate in mutually agreed responsibilities, and to submit any forms needed to be in the program, to the extent required by law.
- Though not common, let us know as soon as possible and within three business days of receipt, if you notice your medication is damaged or altered during shipment.

Notice of Privacy Practices

Notice of Privacy Practices (effective 4/21/2023)

Si necesita la versión en español de esta notificación, favor de dejarle saber a la persona en recepción.

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.

I. Our Pledge Regarding Your Medical Information and your Right to Receive and Discuss this Notice with Us

Harness Health Pharmacy is committed to protecting medical information about you. We create a record of the medical care and services you receive at Harness Health Pharmacy for use in your care and treatment. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all the records of your care relating to services provided by Harness Health Pharmacy. Harness Health Pharmacy is a subsidiary of Bon Secours Mercy Health. Your doctor may have different policies or Notices regarding how information is used or disclosed about you.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to:

- make sure that your medical information is protected;
- give you this Notice describing our legal duties to protect your privacy;
- follow the terms of the Notice that is currently in effect.

You have the right to receive a copy of and discuss this Notice with our Privacy Office at the number or address listed at the end of this Notice.

II. Who Will Follow This Notice?

This Notice describes the practices of Harness Health Pharmacy and those of the following individuals and organizations (collectively, “we”):

- All divisions, subsidiaries, joint ventures, affiliates, facilities, departments, clinics, and physician practices, and any other entities of Harness Health Pharmacy, which are considered Covered Entities under HIPAA
- All employees, staff, and other Harness Health Pharmacy personnel
- Harness Health Pharmacy staff with regard to services provided and medical records kept by Harness Health Pharmacy

III. How We May Use and Disclose Medical Information About You

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will describe them and give some examples. Some information, such as certain genetic information, certain drug and alcohol information, HIV information and mental health information may be entitled to special restrictions by state and federal laws. We abide by all applicable state and federal laws related to the protection of this

information. Not every use or disclosure will be listed, however all of the ways we are permitted to use and disclose information will fall within one of the following categories.

- A. Treatment:** We may use or disclose medical information about you to provide you with medical treatment or health care services. We may disclose information about you to health care providers involved in your care. For example, a doctor may need to review your medical history before treating you. We may share medical information about you with other health care providers, agencies, or facilities not affiliated with Harness Health Pharmacy in order to provide or coordinate the different things you need, such as prescriptions. We may contact you to provide appointment reminders, patient registration information, information about treatment alternatives or other health related benefits and services that may be of interest to you or to follow up on your care.
- B. Payment:** We may use and disclose medical information about you for billing and payment activities of Harness Health Pharmacy and others involved in your care. For example, we may use and disclose information so that Harness Health Pharmacy or others involved in your care can obtain payment from you, an insurance company or another third party. We may also tell your health insurance company about a treatment that you need to obtain prior approval or check if your insurance will pay for the treatment.
- C. Health Care Operations:** We may use and disclose medical information about you for our health care operations which are various activities necessary to run our business, provide quality health care services and contact you when necessary. For example, we may share your medical information to coordinate your care, and evaluate our doctors’ and nurses’ performance in caring for you, and for quality improvement activities. We may disclose your medical information to medical or nursing students and other trainees for review and learning purposes.
- D. Health Information Exchange (HIE):** We may participate in an electronic Health Information Exchange (“HIE”) to facilitate the sharing of your medical information for treatment purposes. The HIE is a network in which providers, such as doctors and other health care providers, participate to exchange patient information in order to facilitate health care. There are many circumstances when it is beneficial for a health care provider to have timely access to patient medical records to coordinate care. For example, if you arrive unconscious in the Emergency Room (ER), then it would be ideal for the treatment team to know medications you are currently taking, so they can avoid any harmful drug interactions. Your doctors and nurses may be able to have direct access to your medical information through the HIE so they can better coordinate your care. Please contact your Privacy Office representative for state-specific information regarding your rights to opt in or opt out of sharing your medical information via an HIE.
- E. Sharing Information within an OHCA.** We maintain our Designated Record Set through the use of an electronic health record (“EHR”). Through this EHR, your medical information is combined with that of other health care providers or “Covered Entities” that participate in the EHR (each, a “Participating Covered Entity” and collectively, the “Participating Covered Entities”), such that each of our patients,

including you, have a single, longitudinal health record with respect to all services provided by the Participating Covered Entities.

Through the EHR, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint utilization review and/or quality assurance activities, and as such qualify to participate in Organized Health Care Arrangement(s) (“OHCA(s)”). As OHCA participants, all Participating Covered Entities, including us, may use and disclose the PHI contained within the EHR for the Treatment, Payment and Health Care Operations purposes of each of the OHCA participants.

- F. Business Associates:** We may share your medical information with third parties referred to as “Business Associates.” Business Associates provide various services to or for Harness Health Pharmacy. Examples include billing services, transcription services and legal services. We require our Business Associates to sign an agreement requiring them to protect your information and to use it only for the purposes for which we have contracted for their services in an effort to make sure your medical information is appropriately safeguarded.
- G. Individuals Involved in Your Care or Payment for Your Care:** Unless you tell us not to, we may release medical information to anyone involved in your medical care, such as a friend, family member, or any individual you identify. We also may give your information to someone who helps pay for your care. If you are unable to tell us your preference, for example, if you are not present or are unconscious, we may share your medical information that is directly relevant to the person’s involvement with your care if we believe it is in your best interest. Additionally, we may disclose information about you to your legal representative.
- H. Research:** We may use and disclose medical information about you for certain research purposes in compliance with the requirements of applicable federal and state laws. All research projects, however, are subject to a special approval process, which establishes protocols to ensure that your medical information will continue to be protected. When required, we will obtain a written authorization from you prior to using your medical information for research.
- I. As Required or Authorized by Law:** We will disclose medical information about you when required to do so by federal and/or state law. This includes, however is not limited to, disclosures to mandated patient registries, including reporting adverse events with medical devices, food, or prescription drugs to the Food and Drug Administration. We also may disclose medical information to health oversight agencies for activities authorized by law. These oversight activities may include licensure activities and other activities by governmental, licensing, auditing, and accrediting agencies as authorized or required by law. We may disclose your medical information for public health activities including disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect or domestic violence; or notify a person who may have been exposed to a disease or condition. We may disclose information for law enforcement purposes as required by law or in response to a valid subpoena, summons, court order, or similar process.
- J. Legal Proceedings, Lawsuits and Other Legal Actions:** We may disclose medical information about you to courts, attorneys, court employees and others when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions. We also may disclose information about you to Harness Health Pharmacy’s attorneys and/or attorneys working on Harness Health Pharmacy behalf to defend ourselves against a lawsuit or action brought against us. We may disclose your medical information to the

police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.

K. We may use and disclose your medical information in the following special situations:

- **Disaster-Relief Efforts:** We may disclose medical information about you to an organization assisting in a disaster-relief effort so that your family can be notified about your condition, status, and location.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you to help prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **Organ, Eye and Tissue Donation:** We may release information to organizations that handle organ procurement, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military:** If you are a member of the armed forces, domestic (United States) or foreign we may release medical information about you to the military authorities as authorized or required by law.
- **Workers’ Compensation:** We may disclose medical information about you for workers’ compensation or similar programs as authorized or required by law.
- **Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.
- **National Security and Intelligence Activities:** We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as required by law.
- **Protective Services for the President of the United States and Others:** We may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States, other authorized persons, or foreign heads of state as authorized by law.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution or law enforcement officials as authorized or required by law.

IV. Uses of Medical Information Requiring Authorization

- A. Marketing:** We must obtain your written permission to use or disclose your medical information for marketing purposes except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value, or a communication about our own services or products).
- B. Sale of Medical Information:** We must obtain your written permission to disclose your medical information in exchange for remuneration.
- C. Other Uses and Disclosures:** Other Uses and Disclosures of your medical information not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization. If you provide us with such written permission, then you may revoke it at any time. We are not able to take back any Uses or Disclosures that we already made with your authorization. We are required to retain your medical information regarding the care and treatment that we provided to you.

V. You have the Right to Access your Medical Information by contacting the location where you received care or by calling the number at the end of this Notice.

At many locations, staff may not be available onsite, however you may be directed to them by contacting the telephone number and/or email address listed at the end of this Notice.

Right to Inspect and Copy your Medical Information: With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make decisions about your care. You may request that we send a copy of your medical information to a third party. To inspect and/or receive a copy of your medical records we require that you submit your request in writing to RetailRx@HarnessHP.com or calling your pharmacy. If you request a copy of your medical records, we may charge you a reasonable cost-based fee for the cost of providing you with copies. In some cases, medical records may be provided free of charge. Under certain circumstances, we may deny your request to inspect or copy your records. If we deny your request, we will explain the reasons to you and in most cases, you may have the denial reviewed.

VI. Your Rights Regarding Medical Information About You

You have the following rights regarding your medical information:

A. Right to Request an Amendment: If you feel that the medical information, we have about you is incorrect or incomplete, you may ask us to correct the information for as long as the information is kept by or for Harness Health Pharmacy in your medical and billing records. To request an amendment, your request must be submitted in writing to the Privacy Office and provide the reason for the request. If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove what was in the record(s), however we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

B. Right to an Accounting of Disclosures: You have a right to receive a list of certain disclosures we have made of your medical information in the six years prior to the date of your request. To request an accounting of disclosures you must submit your request in writing to the Privacy Office. You must state the time period for which you want to receive the accounting, which may not be longer than six years and which may not date back more than six years from the date of your request. The first accounting you receive in a 12-month period will be free. We may charge you for responding to additional requests in that same period. We will inform you of the costs involved before any costs are incurred. You may choose to withdraw or modify your request at that time.

C. Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not disclose information to a family member about a surgery you had. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment, or we are required by law to disclose it. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations of the health plan, and the information pertains solely to a health care

item or service for which we have been paid out of pocket in full. For example, when a patient wants cosmetic surgery and pays for it out of pocket, upon request we will not send any claim to the insurance carrier. To request a restriction, you must make your request in writing to the Privacy Office and tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply, i.e., disclosures to your spouse. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect the medical information that was created or received after we notify you.

D. Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or by mail. If you want us to communicate with you in a certain way, you will need to give us specific details about how you want to be contacted including a valid alternative address. We will not ask you the reason for the request, and we will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

E. Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically. Copies of this Notice are available at Harness Health Pharmacies and, our Harness Health Pharmacy website at www.harnessrx.com; or by contacting the Privacy Office as shown below.

F. Right to Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your medical information. We will verify that the person has this authority and can act for you before we take any action.

VII. Change to This Notice

We reserve the right to change this Notice and Harness Health Pharmacy privacy practices. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our Harness Health Pharmacy website at www.harnessrx.com.

The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect.

VIII. Questions/ Complaints

If you have questions or believe that your privacy rights have been violated, you may file a complaint with Harness Health Pharmacy or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Contact Information/How to file a Complaint

Privacy Office
Privacy@BSMHealth.org
1-888-302-9224
1701 Mercy Health Place
Cincinnati, OH 45237

The U.S. Department of Health and Human Services
1-877-696-6775
200 Independence Avenue
S.W. Washington, D.C. 20201

This Notice is effective 4/21/2023 and replaces all earlier versions.

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 substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number, i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week (as defined in section 1848(j) (3) of the Act)
31. 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 <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Medicare Prescription Drug Coverage and Your Rights

You have the right to get a written explanation from your Medicare drug plan if:

- Your doctor or pharmacist tells you that your Medicare drug plan will not cover a prescription drug in the amount or form prescribed by your doctor.
- You are asked to pay a different cost-sharing amount than you think you are required to pay for a prescription drug.

The Medicare drug plan's written explanation will give you the specific reasons why the prescription drug is not covered and will explain how to request an appeal if you disagree with the drug plan's decision.

You also have the right to ask your Medicare drug plan for 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," or
- You believe you should get a drug you need at a lower cost-sharing amount.

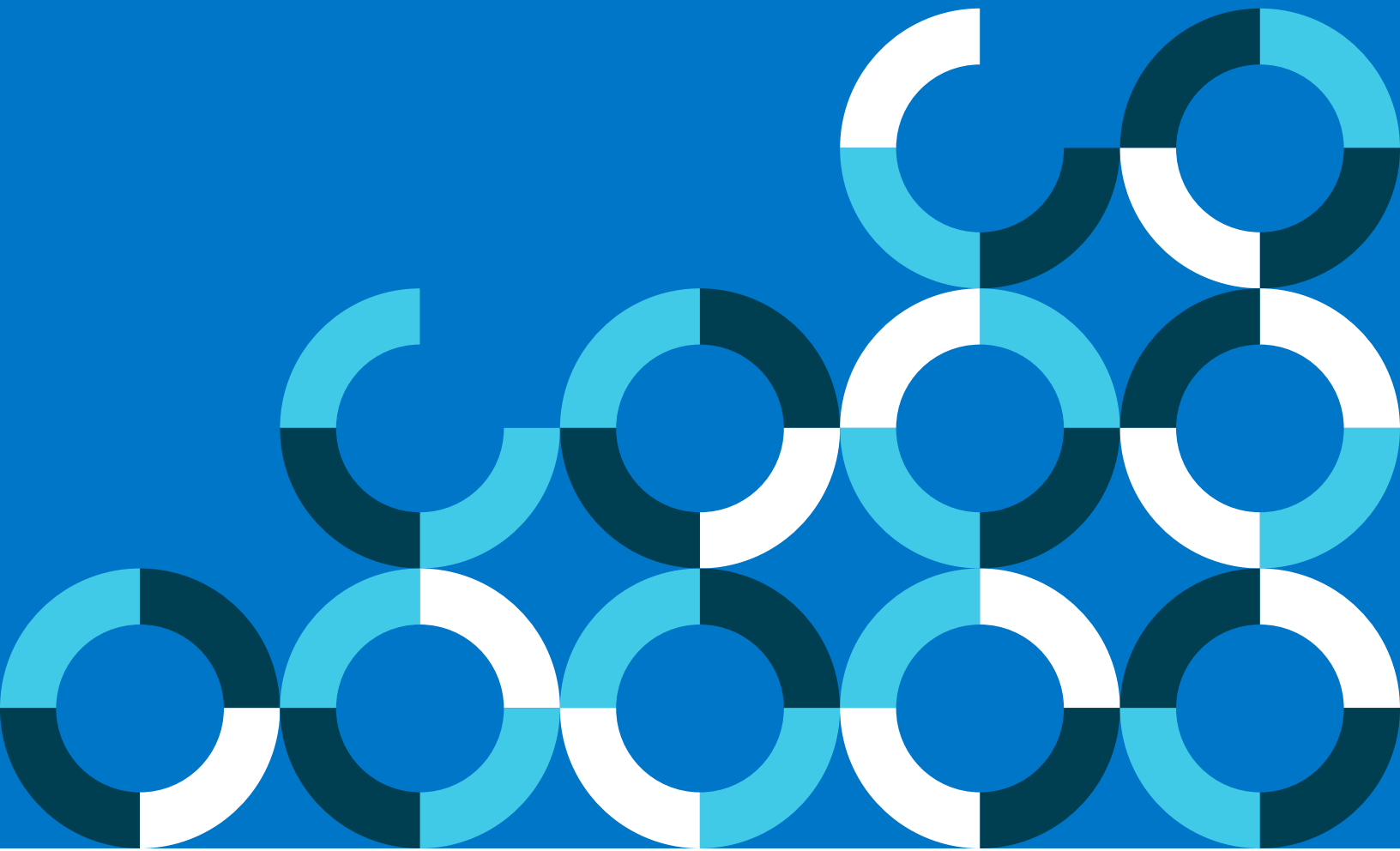
What you need to do:

- Contact your Medicare drug plan to ask for a written explanation about why a prescription is not covered or to ask for an exception if you believe you need a drug that is not on your drug plan's formulary or believe you should get a drug you need at a lower cost-sharing amount.
- Refer to the benefits booklet you received from your Medicare drug plan or call 1-800-MEDICARE to find out how to contact your drug plan.
- When you contact your Medicare drug plan, be ready to tell them:
 1. The prescription drug(s) that you believe you need.
 2. The name of the pharmacy or physician who told you that the prescription drug(s) is not covered.
 3. The date you were told that the prescription drug(s) is not covered.

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



Harness Health Home Infusion

7160 Industrial Row Dr., Suite 331
Mason, OH 45040
Mon.–Fri., 8 a.m.–4:30 p.m.

**To speak to a specialty pharmacist, call:
866-775-5767 Option 3**

