



Dear Patient,

Welcome to Blue Sky Specialty Pharmacy!  
We are excited about the opportunity to serve you for all of your pharmacy needs.



The team members at Blue Sky Specialty Pharmacy understand that your medical condition is complex and requires special knowledge when collaborating with your medical provider and insurance company. We are dedicated to providing you with the personal service necessary to ensure that you achieve the most benefit from your therapy including:

- Access to clinically-trained personnel 24 hours a day, 7 days a week
- Coordination of prior authorizations with your insurance company
- Compliance monitoring
- Free mailing of medication
- Training, Education, and Counseling
- Refill Reminders
- Enrollment in the Patient Management Program which provides such as managing side effects, increasing compliance to drug therapies, and overall improvement of health when the patient is willing to follow directions and is compliant to therapy. This service is provided to you at no cost, and your participation is voluntary. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.

**OUR BUSINESS HOURS ARE**

MONDAY - FRIDAY 8AM - 6PM

Tel: 843-352-7662

1501 Belle Isle Ave #150 Mount Pleasant SC 29464

We look forward to providing you with the best service possible. We know you have many options, and we thank you for choosing Blue Sky Specialty Pharmacy.

Sincerely,

The Blue Sky Specialty Pharmacy Team





## WHAT TO EXPECT

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We recognize that managing a chronic disease or serious illness can feel overwhelming at times and we are here for you. At Blue Sky Specialty Pharmacy, our team members are dedicated to working with you, your doctors and nurses, and family and friends to achieve a fully integrated health care team. You are our primary focus.

### Personalized Patient Care

Our specialty trained team members will work with you to discuss your treatment plan and will address any questions or concerns you may have. We are available for you 24/7

### Collaboration with your Doctor

We will always keep the lines of communication open between you and your doctors and caregivers. We are here to make sure any difficulties you may be having with your treatment are addressed immediately with your physicians.

### Regular Follow Up

Receiving your medications and medical supplies quickly and efficiently is paramount. We will be in close contact with you during your treatment, and will be your healthcare advocate.

### Benefits

Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationship with insurers will help provide you with information and explanations of your drug and medical benefits. Your quality of care is our highest mission.

### Delivery

We offer fast and convenient delivery to your home, workplace, or the location you prefer. A Blue Sky team member will contact you 5-7 days prior to our refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address.

### 24/7 Support

Our Blue Sky team members are available 24 hours a day, 7 days a week. We are always here to answer any questions or address any concerns you may have.

## FINANCIAL OBLIGATION AND FINANCIAL ASSISTANCE

Before your care begins, a Blue Sky team member will inform you of the financial obligations you incur that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, copays, co-insurance, annual and lifetime co-insurance limits and changes that occur during your enrollment period.

## INSURANCE CLAIMS

The Blue Sky team will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a Blue Sky team member will notify you so that we can work together to resolve the issue.

## CO-PAYMENTS

We are required to collect all co-payments prior to shipment of your medication. Co-payments can be paid by debit / credit card, electronic checking account debit, over the phone, and by check or money order through the mail.

## COPAY ASSISTANCE REFERRAL PROGRAM

We have access to financial assistance programs to help with co-payments and to ensure no interruptions in your therapy. These programs include discount coupons from drug manufacturers, co-payment vouchers, and assistance from various disease management foundations and pharmaceutical companies.



## INFORMATION

Blue Sky Specialty Pharmacy | 1501 Belle Isle Ave #150 Mount Pleasant SC 29464 | Tel (843) 352-7662

### NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time the new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the Pharmacy and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next visit.

### USES & DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and Disclosures of Protected Health Information based upon your written consent will be asked by your pharmacist to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your pharmacist will use or disclose your protected health information as described in Section 1. Your pharmacist, our pharmacy staff and others outside of our pharmacy that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the pharmacy.

The following are examples of the types of uses and disclosures of your protected health care information that the pharmacy is permitted to make one you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our pharmacy once you have provided consent.

De-identified patient information may be supplied to Pharmacy Hubs to assist in efficiency and cost reduction efforts to patients surrounding prescription fulfillment.

### TREATMENT

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, your protected health information may be provided to a physician to whom you have been transferred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another pharmacy or health care provider (e.g., specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

### PAYMENT

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services, such as; making a determination or eligibility of coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a prescription may require that your relevant protected health information be disclosed to the health plan to obtain approval for the prescription.

### HEALTH CARE OPERATIONS

We may use or disclose, as-needed, your protected health information in order to support the business activity of your pharmacy. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing and conducting or arranging for other business activities. For example, we may ask your name and your physician's name when you deliver a prescription to be filled. We may also call you by name when your prescription is ready. We may use or disclose your protected health information, as necessary, to contact you to remind you of a prescription that has not been picked up. We will share your protected health information with third party "business associates" that perform various activities (e.g., billing services) for the pharmacy. Whenever an arrangement between our pharmacy and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternative or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our pharmacy and the services we offer. We may also send you information about products or services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request these materials not be sent to you.

### USES & DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your pharmacist or the pharmacy has taken an action in reliance on the use or disclosure indicated in the authorization.

### OTHER PERMITTED & REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may use and disclose your protected information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your pharmacist may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others involved in Your Health Care:** unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

### EMERGENCIES

We may use or disclose your protected health information in an emergency treatment situation. If this happens, your pharmacist shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your pharmacist is required by law to treat you and has attempted to obtain your consent, he or she may still use or disclose your protected health information to treat you.



## COMMUNICATION BARRIER

We may use and disclose your protected health information if your pharmacist attempts to obtain consent from you but is unable to do so due to substantial communications barriers and the pharmacist determines, using professional judgement, that your intent to consent to use or disclose under the circumstances.

Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object.

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

### REQUIRED BY LAW

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

### PUBLIC HEALTH

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

### ABUSE OR NEGLECT

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

### FOOD & DRUG ADMINISTRATION

We may disclose protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

## YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

### YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains prescription and billing records and any other records that your pharmacy uses for making decisions about you. Under Federal Law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceedings, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

### YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION

This means you may ask us not to use or disclose any part of your protected information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction.

### YOU HAVE THE RIGHT TO PERMIT INDIVIDUALS TO REQUEST CONFIDENTIAL COMMUNICATIONS OF PHI BY ALTERNATIVE MEANS OR AT ALTERNATIVE LOCATIONS

### YOU HAVE THE RIGHT TO AMEND PROTECTED HEALTH INFORMATION

### LEGAL PROCEEDINGS

We may disclose protected health information in the course of any judicial or administrative proceeding; in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful proceeds.

### LAW ENFORCEMENT

We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) Legal processes and otherwise required by law, (2) Limited information request for identification and location purposes, (3) Pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) In the event that a crime occurs on the premises of the pharmacy and (6) medical emergency (not on the pharmacy's premises) and it is likely that a crime has occurred.

### CRIMINAL ACTIVITY

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

### WORKER'S COMPENSATION

Your protected health information may be disclosed by us as authorized to comply with worker's compensation law and other similar legally established programs.

### INMATES

We may use or disclose your protected health information if you are an inmate of a correctional facility and your pharmacy created or received your protected health information in the course of providing care to you.

## REQUIRED USES AND DISCLOSURES

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.



## LANGUAGE TRANSLATION

We have free interpreter services to answer any questions you may have about your medication. To get an interpreter, please call us at 843-352-7662

### SPANISH

Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre su plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos al 1-843-352-7662. Alguien que hable español te puede ayudar. Este es un servicio gratuito

### CHINESE

我們提供免費的口譯服務來回答您可能對您的健康或藥物計劃提出的任何問題。要獲得口譯員，只需致電 1-843-352-7662 聯繫我們。會說中文的人可以幫助您。這是一項免費服務  
Wōmen tígōng miǎnfèi de kǒuyì fúwù lái huídá nín kěnéng duì nín de jiànkāng huò yàowù jìhuà tíchū de rènhé wèntí. Yào huòdé kǒuyì yuán, zhǐ xūzhìdiàn 1- 843-352-7662 liánxi wōmen. Huì shuō zhōngwén de rén kěyǐ bāngzhù nín. Zhè shì yī xiàng miǎnfèi fúwù

### TAGALOG

Mayroon kaming mga libreng serbisyo ng interpreter upang sagutin ang anumang mga katanungan na maaaring mayroon ka tungkol sa iyong plano sa kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa 1-843-352-7662. Maaaring makatulong sa iyo ang isang taong nagsasalita ng Tagalog. Ito ay isang libreng serbisyo.

### FRENCH

Nous avons des services d'interprètes gratuits pour répondre à toutes vos questions concernant votre régime d'assurance-maladie ou d'assurance-médicaments. Pour obtenir un interprète, appelez-nous au 1-843-352-7662. Quelqu'un qui parle français peut vous aider. C'est un service gratuit

### VIETNAMESE

Chúng tôi có các dịch vụ thông dịch viên miễn phí để trả lời bất kỳ câu hỏi nào mà quý vị có thể có về chương trình sức khỏe hoặc thuốc của mình. Để có thông dịch viên, chỉ cần gọi cho chúng tôi theo số 1-843-352-7662. Ai đó nói tiếng Việt có thể giúp bạn. Đây là một dịch vụ miễn phí.

### GERMAN

Wir haben kostenlose Dolmetscherdienste, um alle Ihre Fragen zu Ihrer Gesundheit oder Ihrem Medikamentenplan zu beantworten. Um einen Dolmetscher zu bekommen, rufen Sie uns einfach unter 1-843-352-7662 an. Jemand, der Deutsch spricht, kann Ihnen helfen. Dies ist ein kostenloser Service.

### KOREAN

저희는 귀하의 건강 또는 의약품 플랜에 관한 질문에 답변해 드리는 무료 통역 서비스를 제공합니다. 통역사를 찾으려면 1-843-352-7662로 전화하십시오. 한국어를 할 줄 아는 사람이 도와줄 수 있습니다. 이것은 무료 서비스입니다.

jeohuineun gwihaui geongang ttoneun uiyagpum peullaen-e gwanhan jilmun-e dabbyeonhae deulineun mulyo tong-yeog seobiseuleul jegonghabnida. tong-yeogsaleul chaj-eulyeomyeon 1-843-352-7662lo jeonhwahasibisio. hangug-eoleul hal jul aneun salam-i dowajul su isseubnida. igeos-eun mulyo seobiseu-ibnida.

### RUSSIAN

У нас есть бесплатные услуги устного переводчика, чтобы ответить на любые ваши вопросы о вашем здоровье или плане лекарств. Чтобы получить переводчика, просто позвоните нам по телефону 1-843-352-7662. Вам поможет тот, кто говорит по-русски. Это бесплатный сервис.

U nas yest' besplatnyye uslugi ustnogo perevodchika, chtoby otvetit' na lyubyye vashy voprosy o vashem zdorov'ye ili plane lekarstv. Chtoby poluchit' perevodchika, prosto pozvonite nam po telefonu 1-843-352-7662. Vam pomozhet tot, kto govorit po-russki. Eto besplatnyy servis.

### ARABIC

لدينا خدمات مترجم فوري للإجابة على أي أسئلة قد تكون لديك حول صحتك أو خطة الأدوية الخاصة بك. للحصول على مترجم ، فقط اتصل بنا على 1-843-352-7662. يمكن للشخص الذي يتحدث اللغة العربية مساعدتك. هذه هي خدمة مجانية

ladayna khidamat mutarjim fawriun lil'ijabat ealaa 'ayi 'asyilat qad takun ladayk hawl sihatik 'aw khutat al'adwiat alkhastat bika. lilhusul ealaa mutarjim , faqat atasal bina ealaa 7662-352-843-1. yumkin lilshakhs aladhi yatahadath allughat alearabiat musaeadatuka. hadhihi hi khidmat majaaniatun.

### ITALIAN

Disponiamo di servizi di interpretariato gratuiti per rispondere a qualsiasi domanda tu possa avere sul tuo piano sanitario o farmacologico. Per ottenere un interprete, chiamaci al numero 1-843-352-7662. Qualcuno che parla italiano può aiutarti. Questo è un servizio gratuito.

### PORTUGUESE

Temos serviços de intérprete gratuitos para responder a quaisquer perguntas que você possa ter sobre seu plano de saúde ou medicamentos. Para obter um intérprete, ligue para 1-843-352-7662. Alguém que fale português pode te ajudar. Este é um serviço gratuito.

### CREOLE

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante w oswa sou plan medikaman w. Pou jwenn yon entèprèt, jis rele nou nan 1-843-352-7662. Yon moun ki pale kreyòl ka ede w. Sa a se yon sèvis gratis

### POLISH

Oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania dotyczące Twojego planu zdrowotnego lub narkotykowego. Aby uzyskać tłumacza, zadzwoń do nas pod numer 1-843-352-7662. Ktoś, kto mówi po polsku, może ci pomóc. To jest bezpłatna usługa.

### HINDI

आपके स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं हैं। दुभाषिया प्राप्त करने के लिए, बस हमें 1-843-352-7662 पर कॉल करें। कोई हिन्दी बोलने वाला आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

aapake svaasthy ya dawa yojana ke baare mein aapake kisee bhee prashn ka uttar dene ke lie hamaare paas mupht dubhaashiya sevaen hain. dubhaashiya praapt karane ke lie, bas hamen 1-843-352-7662 par kol karen. koee hinidee bolane vaala aapakee madad kar sakata hai. yah ek nihshulk seva hai.

### JAPANESE

健康や薬の計画についての質問に答える無料の通訳サービスがあります。通訳をご希望の場合は、1-843-352-7662 までお電話ください。日本語を話せる人があなたを助けてくれます。これは無料のサービスです。

Kenkō ya kusuri no keikaku ni tsuite no shitsumon'nikotaeru muryō no tsūyaku sābisu ga arimasu. Tsūyaku o go kibō no baai wa, 1 - 843 - 352 - 7662 made o denwa kudasai. Nihongo o hanaseru hito ga anata o tasukete kuremasu. Kore wa muryō no sābisudesu.



## PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Blue Sky Specialty Pharmacy recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, should speak to the Director of Pharmacy. Patients and their families also have responsibilities while under the care of Blue Sky Specialty Pharmacy in order to facilitate the provision of safe, high-quality health care for themselves and others.

The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

### PATIENTS RIGHTS & RESPONSIBILITIES

To ensure the finest care possible, as a patient receiving our Pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

#### PATIENT RIGHTS

- To select those who provide you with Pharmacy services
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and to be free from neglect or abuse, be it physical or mental
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services
- To express concerns, grievances, or recommend modifications to your pharmacy services, without fear of discrimination or reprisal
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To receive treatment and services within the scope of your plan of care, promptly and professional, while being fully informed as to your pharmacy's policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan or care
- To have your plan of care remain private and confidential, except as required and permitted by law
- To receive instructions on handling drug recall
- To confidentiality and privacy of all information contained in the client / patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with State and Federal law
- To receive information on how to access support from consumer advocates groups
- To receive pharmacy health and safety information to include consumers' rights and responsibilities
- To know about the philosophy and characteristics of the Patient Management Program
- To have personal health information shared with the Patient Management Program only in accordance with State and Federal law
- To identify the program's staff members, including the program and their job title, and to speak with a supervisor of the staff member's if requested
- To speak to a health care professional
- To receive information about the Patient Management Program
- To receive administrative information regarding changes in or termination of the Patient Management Program
- To decline participation, revoke consent or dis-enroll at any point in time
- 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
- To be informed, both orally and in writing, in advance of care being provided, of the charges for which the client / patient will be responsible
- To receive information about the scope of services that the organization will provide and specific limitations on those services
- To participate in the development and periodic revision of the plan of care
- To refuse care or treatment after the consequences of refusing care or treatment are fully presented

- To be informed of client / patient rights under state law to formulate an Advanced Directive, if applicable
- To have one's property and person treated with respect, consideration, and recognition of client / patient dignity and individuality
- To be able to identify visiting personnel members through proper identification
- To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client / patient property
- To voice grievances / complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care / service without restraint, interference, coercion, discrimination, or reprisal
- To have grievances / complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- To have confidentiality and privacy of all information contained in the client / patient record and of protected health information
- To be advised on agency's policies and procedures regarding the disclosure of clinical records
- To choose a health care provider, including choosing an attending physician, if applicable
- To receive appropriate care without discrimination in accordance with physician orders, if applicable
- To be informed of any financial benefits when referred to an organization
- To be fully informed of one's responsibilities

#### PATIENT RESPONSIBILITIES

- To provide accurate and complete information regarding your past and present medical history
- To agree to a schedule of services and report any cancellation or scheduled appointments and / or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- To respect the rights of pharmacy personnel
- To notify your physician and the pharmacy with any potential side effects and / or complications
- To notify Blue Sky Specialty Pharmacy via telephone when medication supply is running low so refill may be shipped to you promptly
- To submit any forms that are necessary to participate in the program to the extent required by law
- To give accurate clinical and contact information and to notify the Patient Management Program of changes in this information
- To notify their treating health care provider of their participation in the Patient Management Program, if applicable



## MEDICARE DMEPOS SUPPLIER STANDARDS

Please Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare Program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c)(11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, and Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quantity for a 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 CFR § 424.516 (f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

Medicare DMEPOS Supplier have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary. The products and / or services provided to you by (supplier legal business name or DBA) 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://ecfr.gov>. Upon request we will furnish you a written copy of the standards.*



## ADDITIONAL INFORMATION

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### ADVERSE EFFECTS TO MEDICATION

If you are experiencing adverse effects to the medication, please contact your physician or one of the Blue Sky Specialty Pharmacy Team Members

### DRUG SUBSTITUTION PROTOCOLS

From time-to-time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made, a Blue Sky Team Member will contact you prior to shipping the medication to inform you of the substitution.

### COMPLAINTS

Patients and caregivers have the right to voice complaints and / or recommendations on services to Blue Sky Specialty Pharmacy. Patients and caregivers can do so by phone, fax, writing, or email.

#### [South Carolina Board of Pharmacy](#)

Website: <https://llr.sc.gov/fileacomplaint.aspx>

Tel: 803-896-4300

Email: [Contactllr@llr.sc.gov](mailto:Contactllr@llr.sc.gov)

#### [URAC Complaint Info](#)

Website: <https://www.urac.org/complaint/>

Tel: 202-216-9010

Email: [Grievances@URAC.org](mailto:Grievances@URAC.org)

#### [ACHC Complaint Info](#)

Website: <https://achc.org/contact/complaint-policy-process>

Tel: 919-785-1214, Toll Free: 855-937-2242 (Request the Complaints Department)

#### [HHS Complaint Info](#)

Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Email: [OCRCompliant@hss.gov](mailto:OCRCompliant@hss.gov)

#### [Georgia Board of Pharmacy](#)

Address: 2 Peachtree Street, Atlanta GA 30303

Tel: 404-651-8000

#### [Texas Board of Pharmacy](#)

Address: 333 Guadalupe Street #3, Austin TX 78701

Tel: 512-305-8000

### PROPER DISPOSAL OF UNUSED MEDICATIONS

For instructions on how to properly dispose of unused medications, please contact Blue Sky Specialty Pharmacy for instructions or go to the below websites for information and instructions.

**\*PLEASE DO NOT FLUSH MEDICATIONS DOWN THE TOILET\***

<http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

### PATIENT SUPPORT GROUPS, EDUCATION, AND TRAINING

#### Support

- Visit <https://www.mayoclinic.org>
- Type in your disease state / condition into the search bar and select the disease state
- On the left hand side, click "Coping and Support"

#### Education and Injection Training

- Refer to the manufacturer's website for proper use of injections and education

### REFILLS

To place a refill for a medication or to fill a new medication, please call Blue Sky at 843-352-7662





## EMERGENCY & DISASTER PREPAREDNESS PLAN

Blue Sky Specialty Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, snow storms, tornadoes, and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement weather in the local area, Blue Sky Specialty Pharmacy will contact you prior to any atrocities the city may encounter. However, if there will be a threat of disaster or inclement weather in an area you reside which is outside of the tristate area, it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

Blue Sky Specialty Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where Blue Sky Specialty Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aide you in the case of an emergency or disaster.

1. The Pharmacy will call you 3-5 days before an inclement weather emergency such as a snowstorm utilizing the weather updates as a point of reference  
If you are not in the tristate area and are aware you will be experiencing inclement weather, you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. The Pharmacy will send your medication via courier or UPS Next Day delivery during any suspected inclement weather emergency
3. If the Pharmacy cannot get your medication to you before an inclement weather emergency occurrence, the pharmacy will transfer your medication to a local specialty pharmacy so you do not go without medication
4. 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
5. The Pharmacy recommends all patients leave a secondary emergency phone 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.

## CLEANING YOUR HANDS

The most important step to prevent the spread of germs and infections is hand washing. Wash your hands often. Be sure to wash your hands each time you touch any blood or body fluids, touch bedpans, dressings, or other soiled items, use the bathroom or bedpan.

If you are coughing, sneezing, or blowing your nose, clean your hands often. Before you eat, always clean your hands.

### How You Should Clean Your Hands with SOAP AND WATER

- Wet your hands and wrists with warm water
- Use soap. Work up a good lather, and rub hard for 15 seconds or longer
- Rinse your hands well
- Dry your hands well
- Use a clean paper towel to turn off the water and throw the paper towel away

### How You Should Clean Your Hands with HAND SANITIZER

- For gel product, use one application
- For foam product, use a golf ball size amount
- Apply product to the palm of your hand
- Rub your hands together. Cover all surfaces of your hands and fingers until they are dry



## HOME SAFETY INFORMATION

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Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the right way to do things – shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

### MEDICATION

- 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 were prescribed for other people
- When taking or giving medication, read the label and measure doses carefully. Know the side effects of the medication you are taking

### MOBILITY ITEMS

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When using mobility items to get you around such as; canes, walkers, wheelchairs, or crutches you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down
- Wear shoes when using these items and be try to avoid obstacles in your path and soft and uneven surfaces

### SLIPS AND FALLS

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Slip and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home

- Arrange furniture to avoid an obstacle course
- Install handrails on all stairs, showers, bathtubs, and toilets
- Keep stairs clear and well lit
- Place rubber mats or grids in showers and bath tubs
- Use bath benches or shower chairs if you have muscle weakness, shortness or breath, or dizziness
- Wipe up all spilled water, oil or grease immediately
- Pick up and keep surprises out from under foot including electrical cords and rugs
- Keep drawers and cabinets closed
- Install good lighting to avoid groping in the dark

### LIFTING

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If it is too big, too heavy, or too awkward to move alone, GET HELP. Here are some things you can do to prevent low back pain or injury

- Stand close to the load with your feet apart for good balance
- Bend your knees and straddle the load
- Keep your back as straight as possible while you lift and carry the load
- Avoid twisting your body when carrying a load
- Plan ahead – clear your way



## SMELL GAS?

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- Open windows and doors
- Shut off appliance involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home
- Don't use matches or turn on electrical switches
- Don't use the telephone - dialing may create electrical sparks
- Don't light candles
- Call Gas Company from a neighbor's home
- If your Gas Company offers free annual inspections, take advantage of them

## FIRE

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Pre-plan and practice your fire escape. Look for a plan at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home
- Throw away old newspapers, magazines, and boxes
- Empty wastebaskets and trash cans regularly
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first or dump into toilet
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood and rugs away from area where sparks could hit them
- Be careful when using space heaters
- Follow instructions when using heating pad to avoid serious burns
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation
- Keep a fire extinguisher in your home and know how to use it

### If you have a fire or suspect fire

- Take immediate action per plan - Escape is your top priority
- Get help on the way - with no delay, CALL 911
- If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window