



Specialty Pharmacy

WELCOME PACKET

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WELCOME

Thank you for being a patient of Marshall Specialty Pharmacy.

Our goal is to ensure patients and their caregivers receive the attention and support they need to be successful with their treatment. You can count on our guidance, compassion, and education throughout your therapy.

LOCATION

3581 Palmer Drive, Suite 601, Cameron Park CA 95682

HOURS

Specialty Pharmacy: Monday through Friday 8 a.m. – 5 p.m.

After-Hours Clinical Support: 24 hours per day, 365 days per year

We are closed but offer on-call services on the following holidays:

- New Year's Day (January 1)
- President's Day (third Monday in February)
- Memorial Day (last Monday in May)
- Independence Day (July 4 or federally recognized holiday date)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Friday after Thanksgiving
- Christmas Day (December 25)

CONTACT US

Phone: **530-344-5423**

Toll-Free: **833-413-9499**

Email: **specialtypharmacy@marshallmedical.org**

Website: **Marshallmedical.org/SpecialtyPharmacy**



PHARMACY OVERVIEW

Marshall offers complete specialty pharmacy services to El Dorado County western slope communities, including Placerville, Cameron Park, El Dorado Hills, Georgetown, and beyond. Our services are designed to meet the needs of each of our patients. Our team of clinical pharmacists and technicians are specially trained in your condition.

We provide:

- One-on-one counseling about your medication
- Refill reminders
- Free delivery of your specialty medications to the location of your choice
- Assistance with your benefits and financial assistance programs
- Information about your disease

PATIENT SERVICES

We work with you and your provider throughout your therapy. Our role is to provide you prescribed specialty medications with the highest level of care.

Contact the specialty pharmacy if you have questions about:

- Filling or refilling your medication
- Transferring a prescription to our pharmacy or another pharmacy
- Order statuses or order delays
- Insurance coverage and prescription costs
- Medications or concerns
- Filing a complaint
- Our patient management program

Contact our after-hours clinical support at **530-344-5423** if you have clinical questions or concerns about your medication that cannot wait until the next business day.



PATIENT MANAGEMENT PROGRAM

Our specialty pharmacy patients are automatically enrolled into our disease-specific specialty medication service, which is called the patient management program (PMP). This free program is designed to maximize your opportunity for a positive outcome and minimize any negative effects of your specialty therapy.

Specialty medications are often considered high risk due to their high cost, high frequency for side effects, and, in some cases, difficult administration processes.

By participating in the PMP, our clinicians can:

- Monitor your response to therapy more closely
- Identify and respond to any side effects or other areas of concern more quickly
- Work with your provider to address these areas of concern
- Assist with access to Patient Assistance Programs and other financial assistance programs to ensure your access to the medications you need

For you to achieve maximum benefit from our PMP, please keep us informed of any concerns, problems, or changes in your response to therapy or ability to obtain therapy. For more information about the PMP, ask any member of the specialty pharmacy team by calling **530-344-5423** or emailing specialtypharmacy@marshallmedical.org.

OPTING OUT

Ongoing participation in the PMP is highly encouraged. However, you may choose to opt out of the PMP at any point in your therapy. You will still receive your refill reminder calls even if you opt out of the PMP. You may also choose to opt back into the program at any point. To opt out or back into the PMP, simply tell any pharmacy team member. They will connect you with the pharmacist to make the note in your electronic patient record.

PATIENT MANAGEMENT PROGRAM continued

RIGHTS AND RESPONSIBILITIES

As a participant in the PMP, you have the following rights and responsibilities. Some of these will overlap with your general patient rights and responsibilities found later in this packet.

- The right to know about philosophy and characteristics of the PMP
- The right to have personal health information shared with the PMP only in accordance with state and federal law
- The right to identify the PMP team members, including their job title, and to speak with a team member's supervisor upon request
- The right to speak to a health professional
- The right to receive information about the PMP
- The right to receive administrative information regarding changes in, or termination of, the PMP
- The right to decline participation, revoke consent, or disenroll at any point in time
- The responsibility to submit any necessary forms to participate in the program to the extent required by law
- The responsibility to give accurate clinical and contact information and notify the PMP of changes in this information
- The responsibility to notify your treating provider of your participation in the PMP, if applicable



LANGUAGE AND CULTURAL SERVICES

We welcome diversity and comply with standards for language and cultural services. We can provide trained, qualified medical interpreters for our patients and their families at no cost to them. Interpreters can help ensure effective communication for those who are:

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

We also have resources to support culturally competent care for diverse patient populations. Please let a pharmacy team member know if:

- You need help from an interpreter service
- You have a preferred language or mode of communication other than English
- You have any other communication or cultural needs

FREQUENTLY ASKED QUESTIONS

How is a specialty pharmacy different from a retail pharmacy?

Specialty pharmacies are dedicated to ensuring your therapy provides the best possible outcome. Here are some of the things we do:

- Enroll you in a patient management program
- Ensure you have access to your medication without any gaps in therapy, which includes:
 - » Scheduling prompt delivery of the medication
 - » Assisting with prior authorizations
 - » Helping with financial assistance
- Partner with you and your provider to achieve therapy treatment goals through our patient management program
- Provide you with a thorough review of your medication, which includes:
 - » Getting an accurate list of your current prescriptions
 - » Screening for disease-specific drug interactions

How does my new prescription get to the pharmacy?

How do I know when I will receive it?

There are a few ways we may receive your new prescription:

- Your provider will send the prescription electronically when treatment is prescribed, this is the most common method
- Your provider will write a paper prescription and send it to the pharmacy via mail or fax
- Your provider will call in the prescription

When we receive the prescription from your provider, we will review it, arrange reimbursement, and fill your medication.

Once it is ready, we will contact you to schedule the delivery.

When will the specialty pharmacy contact me or my provider?

The specialty pharmacy will call you to:

- Discuss your prescription and copay amount, if any
- Schedule your medication delivery
- Advise you of any delays in your order
- Review how to store your medication
- Verify your prescription insurance information
- Get documentation of your income to enroll you in financial assistance
- Provide counseling on your medicine
- Tell you if we must transfer your prescription to another specialty pharmacy
- Notify you of any FDA recalls of your medicine

FREQUENTLY ASKED QUESTIONS continued

We will contact your provider:

- At your request
- When you are out of refills

How do I pay for my medication?

Marshall Specialty Pharmacy can accept and bill most insurance companies. Our team will work with your insurance company and provider to cover your prescription. We will assist you with getting financial help if needed. You will be responsible for paying your copayment or coinsurance when you order your medication. We will let you know the exact amount you need to pay. We will provide you with the out-of-network price if:

- You are out-of-network with our pharmacy
- You prefer to pay in cash
- You do not have insurance

For payment, we accept:

- Credit cards or debit cards
- Flexible spending or health savings accounts

If you still owe a balance for any reason, you will need to pay the balance before your next refill.

How do I get a refill?

A specialty pharmacy technician will contact you before your medication is scheduled to run out. We will:

- Check on your progress
- Ask about any side effects
- Determine the shipment of your next refill
- Verify your dosage

Payment is required before your medication can be shipped from the pharmacy. Please call 530.344.5423 during our normal business hours if you have questions or need help.

What should I do if I have questions about the status of my order?

If you have questions about the status of your order, please contact the pharmacy during normal business hours. You can also leave a message on our voicemail.

Will the specialty pharmacy be able to fill all my medications?

We have access to and stock a wide range of specialty medications. If we are not able to obtain your medications for any reason, we will transfer your prescription to another pharmacy of your choice. Our team will work with you to ensure you receive all your medications.

Will you ever substitute my medication for a different one?

We will inform you if any less expensive generic substitutions are available for medications we provide you. You can either accept the generic substitution or request the brand name product. If you request the brand name product, you may have a much higher copay.

FREQUENTLY ASKED QUESTIONS continued

What should I do if my medication is recalled?

If there is a recall on any of your medications, we will call you with important information and provide any replacement dose(s) as needed.

What should I do if I may be having an adverse (bad) reaction to my medication?

If you feel you are having a bad drug reaction or experiencing symptoms that require urgent attention, you should go to a local emergency room or call 911.

Symptoms that require urgent attention include:

- Shortness of breath
- Skin rash
- Hives
- Fever
- Swelling
- Wheezing

Please contact the pharmacy on the next business day and let us know of the reaction and any steps you may have taken.

What should I do if I suspect a medication error?

Medication errors are serious matters that need to be addressed as soon as they are discovered. If you suspect an error with your medication, please contact us immediately and ask to speak with the pharmacist or the specialty pharmacy supervisor.

What if I am not happy with the services I receive?

We will attempt to resolve any concerns or issues you experience as quickly as possible. If you would like to file a complaint, please call our Patient Advocate at **530-344-5428**. If you still have concerns, you may contact the specialty pharmacy.

If we are unable to resolve your complaint, you may contact:

- Your insurance company
- California Board of Pharmacy at **916-518-3100**
- Accreditation Commission for Health Care at **855-937-2242**
- URAC at **202-216-9010** or www.urac.org/contact

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of Marshall Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact the specialty pharmacy.

PATIENT RIGHTS

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed in advance, both orally and in writing, of the charges associated with care/service, including payment expected from third parties and any charges for which the patient will be responsible
- Receive information about the scope of services the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property
- Voice grievances/complaints regarding treatment, care, or lack of respect of property and recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished and have lack of respect of property investigated
- Have all Protected Health Information (PHI) and other information contained in the patient record kept private and confidential
- Be advised on the pharmacy's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination and in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

PATIENT RESPONSIBILITIES

- Submit forms that are necessary to receive services
- Provide accurate medical and contact information and provide notice of any changes
- Notify the treating provider of participation in the services provided by the organization
- Notify the organization of any concerns about the care or services provided



DISPOSING OF MEDICATIONS & SUPPLIES

UNUSED MEDICATIONS

If you need to dispose of unused medications, there are two available options.

You can dispose of unused prescriptions at a medication “Take-Back Program.” Our team will assist you in finding the dates and locations of such events.

You can also dispose of unused medications at home by mixing them into cat litter or used coffee grounds and placing the mixture in a sealed container. The sealed container can then be thrown out in your household trash.

Find more information at:

- www.takebackdrugs.org/

CHEMOTHERAPY AND HAZARDOUS DRUGS

You may NOT dispose of chemotherapy and other hazardous drugs by throwing them in trash or flushing them down the toilet.

Instead, please return unused chemotherapy or hazardous drugs by using drug take back envelopes located in the Marshall Cancer Center.

Call for more information:

- Marshall Infusion Center, [530-676-6600](tel:530-676-6600)

HOME-GENERATED BIOMEDICAL WASTE

Home-generated biomedical waste is any type of syringe, lancet, or needle used in the home to inject medication or draw blood. Special care needs to be taken with the disposal of these items. These precautions will protect you and others from injury and keep the environment safe and clean.

DISPOSING OF MEDICATIONS & SUPPLIES continued

Needle-Stick Safety

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

If your therapy involves the use of needles, we will give you a sharps container to use for disposal. After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into a sharps container. Check with your local waste management collection service or public health department to determine disposal procedures for sharps containers in your area.

If a sharps container is not available, you can use a hard plastic or metal container with a screw-on top or other tightly securable lid instead. For example, you could use an empty hard can or liquid detergent container. Once the materials are in an acceptable container, you may dispose of it in the trash at home.

You should NOT place sharp objects, such as needles or syringes, into the trash unless they are in a sharps container, and you should NOT flush them down the toilet.

Find more information at:

- Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal, [cdc.gov/needledisposal](https://www.cdc.gov/needledisposal)

PLANNING FOR AN EMERGENCY

PREPARING WITH THE PHARMACY

We would much rather prepare you for an emergency ahead of time than wait until it has happened. We may ask you where you will go if an emergency occurs, which may be a shelter, home of a friend or relative, or hospital. We may also ask you for the name and phone number of a close family member, friend, or neighbor to use as an alternative contact.

PREPARING AT HOME

Know what to expect, where to go, and what to do. You should know what the most common emergencies are in your area and what to do if one occurs. Your local emergency resources, such as the Red Cross, law enforcement agencies, and news and radio stations, usually provide excellent information and tips for planning.

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

RESPONDING

When you expect an emergency might occur, please contact us. Providing us as much information as possible will help us ensure you receive your needed supplies. If you do not contact us before or during a known emergency, we will attempt to contact you. We will use the phone numbers you provided us to try to determine your location and safety.

EVACUATING YOUR HOME

If the emergency requires you to evacuate, please take your medications with you. Remember to bring a cooler with ice bricks if any of your medication requires refrigeration. Once you evacuate to a safe space, notify us of your new location so we can ensure there are no gaps in your therapy. If you were to not receive your medication for any reason, please call us as soon as possible, and we will do our best to assist you.

REACHING THE PHARMACY

If the specialty pharmacy must close due to a disaster, we will provide instructions on contacting our team, reviewing medication orders, scheduling deliveries, and receiving other important information on our answering machine message. If travel or access to the pharmacy is restricted due to damage from the disaster, we will attempt to alert you through the phone numbers you provided.

NEED HELP?

For more information on emergency preparations and responses, visit the FEMA website at www.fema.gov.

NOTICE OF PRIVACY PRACTICES

PATIENT RIGHTS & RESPONSIBILITIES

Marshall Hospital board of directors, medical staff and employees are committed to assuring that all patients seeking care at our hospital are informed of and supported in exercising all rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except required by federal laws) or source of payment for care.

YOU HAVE THE RIGHT TO:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the licensed health care practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and non-physicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to access your medical records. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
7. Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of pain with methods that include the use of opiates.

NOTICE OF PRIVACY PRACTICES continued

10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
17. Know which hospital rules and policies apply to your conduct while a patient.
18. Designate a support person as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
 - a. *No visitors are allowed.*
 - b. *The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.*
 - c. *You have told the health facility staff that you no longer want a particular person to visit.*
 - d. *However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.*
19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.

NOTICE OF PRIVACY PRACTICES continued

20. Examine and receive an explanation of the hospital's bill regardless of the source of payment. Exercise these rights without regard to, and be free of discrimination on the basis of economic status, educational background, race, color, religion, ancestry, national origin, sex, gender, sexual orientation, gender identity/ expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care.
21. If you believe that these rights have been denied to you, you may file a grievance with this hospital (see #22 below) or you can file a grievance with the Office for Civil Rights, by writing or calling:
U. S. Department of Health & Human Services Office for Civil Rights - Region IX
90 7th Street, Suite 4-10
San Francisco, CA 94103 800-368-1019 800-537-7697 TDD
22. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling:
Patient Advocate Office
1100 Marshall Way
Placerville, CA 95667
530-344-5428.
The grievance committee will review each grievance and provide you with a written response within 45 days. For grievances regarding billing issues or care provider behavior we will respond with a resolution within 30 days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance and the final determination. Concerns regarding quality of care or premature discharge may also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).
23. File a complaint with the California Department of Public Health regardless of whether you use the hospital's grievance process. The California Department of Public Health's phone number and address is:
California Department of Public Health
Licensing and Certification
3901 Lennane Drive, Suite 210
Sacramento, CA 95815 916-263-5800
24. File a complaint with the Civil Rights Department at www.calcivilrights.ca.gov, (800) 884-1684 or (800) 700-2320 (TTY) or 2218 Kausen Dr. #100, Elk Grove, CA 95758.
25. File a complaint with the Medical Board of California at www.mbc.ca.gov/consumers/complaints. (800) 633-2322 or 2005 Evergreen St., #1200, Sacramento, CA 95815.
26. Patients and members of our community are encouraged to share concerns with Marshall Administration at (530) 626-2838. If concerns are not resolved, the patient or community member may also contact the Joint Commission's Office of Quality Monitoring at (800) 994-6610, submit a complaint online at: <https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/>, or in writing to:
Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181.

NOTICE OF PRIVACY PRACTICES continued

PATIENT RESPONSIBILITIES

Providing accurate and complete information about present symptoms, past illnesses, hospitalizations, medications, and other health matters

1. Reporting unexpected changes in your condition to those giving you care and letting us know if you don't understand your treatment
2. Following the treatment plan your physician recommends, including instructions of nurses and other professionals carrying out your physician's orders
3. Learning as much as possible about your condition, your medications, and your care needs following your discharge from the hospital
4. Meeting the financial obligations of your care as promptly as possible
5. Being considerate of the rights and property of other patients and hospital employees
6. Asking questions whenever you are unclear about any aspect of your care
7. Accepting the consequences for decisions in which you have participated

This Patient Rights document incorporates the requirements of The Joint Commission; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4, and 124960; 42 C.F.R. Section 482.13 (Medicare Conditions of Participation); and Section 1557 of the Affordable Care Act (42 U.S.C. 18116, 45 C.F.R. Part 92). (2/23)

ASSIGNMENT OF BENEFITS & RELEASE INFORMATION



I hereby authorize Marshall Medical Center (MMC) to release to my insurance company any information acquired in the course of exam or treatment. I also authorize my insurance company to pay MMC any benefits due. I understand that payment is my obligation regardless of insurance or other third party involvement. This authorization expires upon written notice. I permit a copy of this authorization to be used in place of the original.

Payer: _____

Signed: _____

(Patient or personal representative)

Date: _____ Time: _____ AM/PM

Relationship to patient if signed by representative:

Print representative name:



530.344.5423 | specialtypharmacy@marshallmedical.org