

specialty pharmacy patient service guide



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welcome

Thank you for being a patient of Dayton Children's 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.



ACCREDITED
Specialty Pharmacy

Expires: 07/01/2027

location

One Children's Plaza,
Dayton, Ohio 45404

hours

Monday through Friday, 8:00 am - 6:00 pm

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

- New Year's Day (January 1)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Friday after Thanksgiving
- Christmas Day (December 25)

contact us:

- Phone: [937-641-3463](tel:937-641-3463) and [833-980-1094](tel:833-980-1094) (*toll-free number*)
- Email: SpecialtyPharmacy@childrensdayton.org
- Website: childrensdayton.org/pharmacy
- After-hours: Clinical support is provided 24 hours a day, 365 days a year by calling [937-641-3463](tel:937-641-3463).

overview of our services

Dayton Children's specialty pharmacy offers complete specialty pharmacy services designed to meet the needs of each patient. 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

Contact the specialty pharmacy at 937-641-3463 if you have questions about:

- How to have a prescription filled
- How to refill your medication
- How to transfer a prescription to our pharmacy or to another pharmacy
- Order status and order delays
- Insurance coverage and prescription cost
- Medication questions or concerns
- Filing a complaint
- Our patient management program

language and cultural services

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

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

We also focus on providing resources and education that support culturally competent to diverse patient populations. Please let a pharmacy staff member know if:

- You need interpreter services' help
- 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 than a retail pharmacy?

Specialty pharmacies are dedicated to ensuring the best possible outcome from your therapy.

Some of the things we do include:

- Enrollment in a patient management program
- Ensuring you have access to your medication without any gaps in therapy. This includes:
 - Delivery of the medication
 - Assisting with prior authorizations
 - Assisting with financial assistance
- Partnering with you and your provider to achieve therapy treatment goals through our patient management program
- Provide you with a thorough review of your medication. This includes:
 - Getting an accurate listing of your current prescriptions
 - Screening for drug interactions and your condition

how does my new prescription get to the pharmacy?

how do I know when to pick it up?

There are a few ways:

- Your provider will send the prescription electronically when treatment is prescribed. This is most common.
- Your provider will write a paper prescription.
- Your provider will call in the prescription.

We can also contact your provider at your request, or when you are out of refills. We will fill your prescription once we receive and review your prescription, and reimbursement is arranged.

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

when will the specialty pharmacy call me?

The specialty pharmacy will call you to:

- Discuss your prescription and co-pay amount
- Schedule the delivery, and let you know of a delay in your delivery for any reason
- Review how to store your medication
- Verify prescription insurance information
- Get documentation of your income to enroll you in a program for financial help
- Provide counseling on your medicine
- Tell you that your prescription must be transferred to another specialty pharmacy
- Notify you of any FDA recalls of your medicine
- Notify you of delays in your order

how do I pay for my medication?

Dayton Children's specialty pharmacy can accept and bill most insurance companies. Our team will work with your insurance company and provider to get the prescription covered. We will assist you with getting financial help if needed. You will be responsible for paying your co-payment or co-insurance when you order your medication or refills. We will let you know of the exact amount you need to pay.

We will provide you with the out-of-network or cash price if:

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

For payment, we accept:

- Credit cards
- Cash
- Personal checks
- Flexible spending or health savings accounts

If for any reason you still owe a balance, the balance will need to be paid 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
- Verify dosage
- Determine the shipment of your next refill

Payment is required before your medication can be shipped. You can also pickup your prescription at the pharmacy at your convenience. Please call 937-641-3463 during our normal business hours if you have questions or need help.

what do 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 Dayton Children's 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 due to manufacturer restrictions, back order, or other limitations, we will work with you and another pharmacy to make sure you receive your prescription medication.

If we cannot fill your prescription for any reason, we will transfer it to a pharmacy of your choice.

will you ever substitute my medication?

If applicable, we will give you information about any less expensive generic substitutions for the medications we provide. You can either accept the generic substitution, or request the brand name product. Note that if you select the brand name product and your prescriber has said a generic substitution is acceptable, you may have a much higher co-pay.

what should I do if a medication is recalled?

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

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

If you feel you are having a bad drug reaction and are having symptoms that require urgent attention such as the ones below, you should be seen in a local emergency room or call 911.

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

Please contact the pharmacy 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 there is an error with your medication, please contact us immediately. 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, call 937-641-3463. If you still have concerns, you may contact the director of ambulatory pharmacy services at 937-641-4591.

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

- Ohio Board of Pharmacy at 614-466-4143
- Accreditation Commission for Health Care at 855-937-2242
- Dayton Children's Hospital patient experience department at 937-641-3000, 800-228-4055, or childrensdayton.org/about-us/contact-us
- Your insurance company

patient rights and responsibilities

Our specialty pharmacy patients are automatically enrolled into our disease-specific specialty medication services. This is called the patient management program (PMP). The 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 medications. This is because of their high cost, high frequency for side effects and, in some cases, difficult administration processes. The PMP allows our clinicians to:

- Monitor your response more closely to therapy
- More quickly identify any side effects or other areas of concern
- Work with your prescriber to address these areas of concern

By participating in the PMP, our reimbursement team can better ensure you are provided access to all patient assistance programs that are available to you. The PMP is one of the many services we offer. It is free of charge to you. For more information about the PMP, ask the specialty pharmacy team.

opting-out of the patient management program

Ongoing participation in the program is highly encouraged. However, you may choose to opt-out of the patient management program at any point in your therapy. You may also choose to opt back into the program at any point. To opt-out or opt back into the PMP, simply tell any staff member. They will connect you with the pharmacist to make the note in your electronic patient record.

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

1. The right to know about philosophy and characteristics of the patient management program.
2. The right to have personal health information shared with the patient management program only in accordance with state and federal law.
3. The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
4. The right to speak to a health professional.
5. The right to receive information about the patient management program.
6. The right to receive administrative information regarding changes in, or termination of the patient management program.
7. The right to decline participation, revoke consent, or disenroll at any point in time.
8. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law.
9. The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information.
10. The responsibility to notify their treating provider of their participation in the patient management program, if applicable.

patient rights and responsibilities

As a patient of Dayton Children's specialty pharmacy, you have the following right and responsibilities. If you feel any of these rights have not been provided, please contact the director of ambulatory pharmacy services at 937-641-4591.

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 care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- 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 client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be 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 client/patient property
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

patient responsibilities

- Submit forms that are necessary to receive services
- Provide accurate medical and contact information and 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 medication and supplies

how to dispose of your unused medications

If you need to dispose of unused medications, our staff will assist you in finding out dates and locations of prescription medication “Take-Back Programs.” Or, the unused medications can be mixed into cat litter or used coffee grounds. Then place them in a sealed container. The sealed container can then be thrown out in your household trash.

Find more information at:

- [Pharmacy.ohio.gov/Pubs/DrugDisposalResources.aspx](https://www.pharmacy.ohio.gov/Pubs/DrugDisposalResources.aspx)
- [Ohiorxdisposal.com](https://www.ohiorxdisposal.com)

how to dispose of chemotherapy or hazardous drugs

DO NOT throw chemotherapy or hazardous drugs in the trash or flush it down the toilet.

Find more information at:

- [Epa.ohio.gov/default/Resource](https://www.epa.ohio.gov/default/Resource).

how to dispose of home-generated biomedical waste

This 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. This is to protect you and others from injury, and to keep the environment safe and clean. If your therapy involves the use of needles, we will give you a sharps container.

needle-stick safety

- 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 disposal container.
- Plan for safe handling and disposal before use.
- Keep out of the reach of children and pets.
- Report any needle sticks or sharps-related injuries to your physician.

sharps containers

After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into a sharps container. Do not place sharp objects, such as needles or syringes, into the trash unless they are in a sharps container. Do not flush them down the toilet. 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. For example, you could use an empty hard can or liquid detergent container.

disposal of sharps

Check with your local waste management collection service or public health department to check disposal procedures for sharps containers in your area. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at [cdc.gov/needledisposal](https://www.cdc.gov/needledisposal).

preparing for an emergency

know what to expect and what to do

Know what the most common emergencies are in your area, and what you should do if one occurs. If the emergency requires you to evacuate, please remember to take your medications with you. Don't forget ice bricks and a cooler if your medication requires refrigeration. Let us know where you have evacuated to so we can ensure there are no gaps in your therapy. If you were to miss your medication delivery for any reason, please call us as soon as possible and we will do our best to assist you.

know where to go

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

reaching us

If the pharmacy must close due to a disaster, we will provide instructions on contacting our staff, medication orders and deliveries and other important information on our answering machine message.

if the emergency was unforeseen

We will try to locate you using the numbers you give us to determine your safety and location. If travel is restricted due to damage from the disaster, we will attempt to alert you through the alternate phone numbers you provide.

your local Red Cross

Local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

an ounce of prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need. To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, a relative's home, or the hospital?

for more information

Visit the FEMA website at [fema.gov](https://www.fema.gov).

tips to stay well

handwashing

Keeping hands clean is one of the most important steps to staying well. Basic hand washing with soap and water will reduce the spread to germs significantly. Use hand sanitizer if you don't have access to clean water.

when should you wash your hands?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

how should you wash your hands?

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

preventing getting the flu

The flu affects millions of people every year. While many people get better at home, an estimate 250,000 people a year are admitted to the hospital. Unfortunately, more than 18,000 people may die.

prevention

- Get a flu shot
- Cover your cough
- Try to stay away from others that are sick
- Stay home
- Avoid touching your eyes, nose, and mouth
- Clean and disinfect areas that could be contaminated

resources

- [Cdc.gov/flu](https://www.cdc.gov/flu)
- [Cdc.gov/handhygiene](https://www.cdc.gov/handhygiene)

notice of privacy practices

This notice describes how medical information about you may be used and shared, and how you can get access to this information. Please review it carefully.

your rights

When it comes to your health information, you have certain rights. This section explains your rights, and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request. But, we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way. For example, home or office phone. Or, you can ask us to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request. We may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information, who we share it with and why. The list can go back six years before the date you ask.
- We will include all the disclosures except for those about treatment, payment, and health care operations. We may also leave out certain other disclosures, such as any you asked us to make. We’ll provide one accounting a year for free. If you ask for another one within 12 months, we will charge a reasonable, cost-based fee.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us directly.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

notice of privacy practices

your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends,or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference and we believe it is in your best interest, we may go ahead and share your information. An example is if you are unconscious. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes. Unless the communication is made directly to you in person, is simply a promotional gift of nominal value, is a prescription refill reminder, general health or wellness information, or a communication about health related products or services that we offer or that are directly related to your treatment.
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts. But, you can tell us not to contact you again.

our uses and disclosures

We typically use or share your health information in these ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways. Usually this is in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

- We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting bad reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

notice of privacy practices

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it. This includes the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ donation organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our patient directory

- We maintain a patient directory listing the name and room number of our patients. This information will be disclosed to those who request it by asking for you by name. You have the right, during registration, to have your information excluded from this directory. You also have the right to request restrictions on what information is provided and/or to whom.

our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice. The changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date of this Notice: 01/01/2021

This Notice of Privacy Practices applies to the following organizations.

Dayton Children's Hospital operating as a clinically integrated health care arrangement composed of Dayton Children's Hospital (Dayton Children's), Dayton Children's Hospital Foundation, the physicians and other licensed professionals seeing and treating patients at Dayton Children's, Dayton Children's Health Partners, CARE House, Dayton Children's Specialty Pediatrics, Dayton Children's Pediatrics, Kids Express, Dayton Children's urgent care centers, Children's Home Care of Dayton, MEDNAX Services, Inc., Dayton Pediatric Imaging, Inc., and Wright State Physicians Inc.

Colin P. Werenka,
Chief Compliance & Privacy Officer
werenkac@childrensdayton.org;
937-641-3866.

notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

assignment of benefits and release information

Print patient name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Date of birth: _____ Telephone number: _____

Thank you for your interest in receiving your medications and medical supplies from Dayton Children's Specialty Pharmacy.

We are glad you chose our pharmacy to get your specialty medications, medical equipment, and supplies. Our billing department will submit all claims for you to ensure appropriate coverage of the products and services we provide. Please sign this Assignment of Benefits (AOB) form so that we may submit your claims to Medicare, Medicaid, and/or third-party health insurance provider.

1. I understand that signing this form authorizes Dayton Children's Specialty Pharmacy to submit claims on my behalf directly to Medicare, Medicaid and/or third-party health insurance provider. Dayton Children's Specialty Pharmacy will accept assignment of these benefits. This means that Dayton Children's Specialty Pharmacy will receive direct payment for the medications, supplies, and services provided. I agree to cooperate fully to secure such payment. I acknowledge that I am responsible for payment of copay, deductibles, and items not offered as a benefit. I am responsible for the entire bill or balance of the bill as determined by the organization and/or my health care insurer if the submitted claims or any part of them are denied for payment.
2. I understand that signing this form authorizes the release of medical or other information to Medicare, Medicaid, and third-party health insurance provider by Dayton Children's Specialty Pharmacy.
3. I understand that I must return this signed AOB form to Dayton Children's Specialty Pharmacy so that Dayton Children's Specialty Pharmacy can continue to provide me with specialty medications, supplies, and services. I understand that if I choose not to sign and return this form, Dayton Children's Specialty Pharmacy will not be able to bill Medicare, Medicaid and/or potentially third-party health insurance providers for the specialty medications, services and supplies.
4. I acknowledge receipt of the Notice of Privacy Practices & Patients' Rights & Responsibilities, CMS supplier standards, Product instructions, Complaint process, Warranty Information (see attached sheets).
5. I understand that I can request to cancel or revoke the Assignment of Benefits (AOB) form. To cancel or revoke an AOB, a signed letter by myself or my legal representative must be submitted in writing.

Signature

Date

If someone other than the patient/beneficiary is signing this form, please complete the following information for the person signing this form:

Print name: _____

Address of person signing: _____

City: _____ State: _____ Zip code: _____

Telephone number: _____ Relationship to beneficiary: _____

Reason why beneficiary cannot sign this form: _____

By signing on behalf of the patient, I acknowledge that I have the legal authority to do so.

Signature

Date

