

Medicare B Authorization Agreement

Dartmouth- Hitchcock Pharmacy (Home Delivery)

1000 Quality Drive
Hooksett, NH 03106
(603) 653-3785
Dartmouth-Hitchcock.org
Hours:
Monday - Friday: 8:00am - 4:30pm
Saturday: 9:00am - 12:00pm

Dartmouth-Hitchcock Pharmacy at Centerra

12 Centerra Parkway
Lebanon, NH 03766
(603) 653-3785
Dartmouth-Hitchcock.org
Hours:
24 hours a day, 7 days a week

Cheshire Medical Center Pharmacy

580 Court Street
Keene, NH 03431
(603) 653-3785
Cheshiremed.org
Hours:
Monday - Friday: 7:00am - 6:00pm
Saturday: 9:00am - 1:00pm

Dartmouth Health Retail and Specialty Pharmacy Services has the ability to bill Medicare Part B for eligible services. Attached please find the Medicare Authorization Agreement for Services form, along with the Medicare Supplier Standards, Patient's Rights and Responsibilities, and a QR access code to the HIPAA Privacy Policy for your reference.

Please complete the "Pharmacy Copy" of the "Authorization Agreement for Services" to the best of your ability, and return it to the pharmacy. This form allows the pharmacy to bill your Medicare Part B for eligible prescriptions; without this form we are unable to bill Medicare Part B going forward.

If you have any questions regarding this form, please reach out to your pharmacy via phone or email. We appreciate your time and cooperation with this paperwork which allows our pharmacies to comply with Medicare Standards.

Respectfully,

Dartmouth Health Retail and Specialty Pharmacy Services

Medicare Supplier Standards

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 42CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week 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 Supplier Standards

DMEPOS suppliers 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://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Note: Dartmouth Health Retail and Specialty Pharmacy Services does not rent durable medical equipment to patients. Please be advised that beneficiaries may rent or purchase inexpensive or routinely purchased durable medical equipment and of the purchase option for capped rental equipment. Please be advised that if you are interested in renting medical equipment you will be directed to another pharmacy or medical supply store.

Ways to receive our Notice of Privacy Practices in English or en Español:

- Scan QR Code, or go to URL below:
 - <https://www.dartmouth-health.org/about/privacy>
- Request paper copy from Pharmacy
- Request that a link to the information is sent to your phone



PROTOCOL FOR RESOLVING COMPLAINTS FROM MEDICARE BENEFICIARIES

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the *Medicare Beneficiaries Complaint Log*, and completed forms will include the patient's name, contact information, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company.

The patient will be informed of this complaint resolution protocol at the time of set-up of service.

Please reach out directly to the pharmacy regarding a missed dose, treatment, or delivery.

For any feedback, grievances, or complaints contact the pharmacist in charge or manager at (603) 653-3785 or via email at Op-PharmacyMgrs@hitchcock.org.

If your complaint is not resolved appropriately by the pharmacy, you may reach out to:

ACHC Hotline Number: (855) 937-2242

CMS ASETT Helpdesk Number: (703) 951-6810

Home Delivery Services - State Boards of Pharmacy Contact Information:

Alabama: (205) 981-2280	Florida: (850) 245-4474	Indiana: (317) 234-2067	New Hampshire: (603) 271-2152	Ohio: (614) 466-4143	South Carolina: (803) 896-4700	Vermont: (802) 828-1505
Arizona: (602) 771-2727	Georgia: (404) 651-8000	Iowa: (515) 281-5944	New Jersey: (973) 504-6450	Oregon: (971) 673-0001	South Dakota: (605) 362-2737	Virginia: (804) 367-4456
Colorado: (303) 894-7800	Idaho: (208) 334-2356	Maine: (207) 624-8620	New York: (518) 474-3817	Pennsylvania: (717) 783-7156	Texas: (512) 305-8000	Washington: (360) 236-4946
Connecticut: (860) 713-6070	Illinois: (800) 560-6420	Massachusetts: (617) 973-0800	North Carolina: (919) 246-1050	Rhode Island: (401) 222-5960	Utah: (801) 530-6628	



Patient Rights & Privacy

As a patient you have the right to courteous, respectful, and confidential treatment.

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.

A complete picture of your health is important to providing quality medical care. Dartmouth Health understands your medical care may be managed by both Dartmouth Health and non- Dartmouth Health healthcare teams. Your Dartmouth Health providers believe that timely access to all your health information will improve the quality of care you receive.

As part of your care and treatment, we may transmit PHI through a health information exchange to other health care providers involved in your care. The New Hampshire Health Information Organization (NHHIO) is a New Hampshire non-profit organization that has been authorized to operate a New Hampshire statewide electronic health information network to share patient health information between health care providers in a timely, secure, and confidential manner.

Under New Hampshire State Law, you may request that we not share your name and address or PHI with NHHIO or use NHHIO as one of the methods by which we electronically transmit your PHI.

To opt out, please sign and date the Opt Out form, and return to the Dartmouth Health address on the form.

If you wish to speak with someone, you may call (603) 650-7110 or visit one of the Dartmouth Health Privacy Offices locations in Lebanon, Manchester, Concord, Keene or Nashua.

If required by law, your information will be sent via the NHHIO for Public Health reporting, regardless of your opt out intentions.

Your Rights as a Dartmouth Health Patient

We strive to preserve your rights as an individual. We also ask that you and your visitors be considerate of the rights of others.

You, and your property, have the Right to:

- Be treated with respect and dignity. This includes being called by the name you choose, and to feel safe while in the hospital.
 - Your cultural background, spiritual and personal values, beliefs, and preferences should be respected.
 - You and the visitors that you choose will not be discriminated against based on age, race, color, ethnicity, national origin, religion, culture, language, physical or mental disability, pregnancy, genetic information, retaliation, harassment, sexual harassment, socioeconomic status, sex, sexual orientation, or gender identity or expression. You will receive appropriate care without discrimination in accordance with a physician's orders, if applicable.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property

You have the Right to:

- Be able to identify personnel through proper identification.
- Have your own physician and the person of your choice notified of your admission to the hospital.
 - The person of your choice can be with you for emotional support during your hospital stay, as long as it does not interfere with the rights and safety of others or your agreed upon plan of care.
- Know the names of the doctors and staff on your care team. We encourage you to ask them any questions you might have.
 - You should expect a reasonable response to your questions and requests for help.
 - You may choose a healthcare provider, including an attending physician, if applicable
 - You may inquire about a staff member's job title, ask for proper identification, and speak with a staff member's supervisor if requested
- Know about your diagnosis or illness so that you can take part in the planning of your care and treatment, understand your options, and know how decisions will affect your health and well-being
 - You will be informed, in advance both orally and in writing, of the care being provided.
 - Be informed, in advance both orally and in writing, of the charges, including payment expected from third parties and any charges for which you may be responsible
 - Receive information about the products/services provided and specific limitations on those products/services
 - You may participate in the development and periodic revision of the plan of care
 - You may request to talk with different doctors about procedures, tests and the results, as well as the medical outlook for your future.
 - You may say "no" to any care, tests, or treatments, to the extent permitted by law.
 - You are encouraged to complete Advance Directives which tell your care team the care you want, how you want to be treated and whom you want to make decisions for you if you cannot speak for yourself
 - You have the right to receive information in a manner you will understand and to have the person of your choice involved in making decisions, as you request
- Know about the philosophy and characteristics of the patient management program
 - You may receive information as requested regarding the patient management program.
 - You may receive administrative information regarding changes in, or termination of, the patient management program.
 - You may refuse care or treatment, decline participation, revoke consent, or dis-enroll at any point in time after the consequences of refusing care or treatment have been fully explained to you.
 - Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and frequency of visits, as well as any modifications to the plan of care
 - Receive information about the scope of services that the organization will provide and specific limitations on those services
- Minimize your pain as much as possible during your hospital stay, during a test, or during a treatment.
 - You, your family, the doctors, nurses, and other hospital staff will help you to make and understand a plan to manage your pain.
 - We will check with you about how you are feeling and change the plan to manage your pain as much as possible.
- Be free from restraints or seclusion unless they are necessary to ensure physical safety, and if no less restrictive intervention is possible
- Reasonable privacy.
 - You may expect to talk with your doctors, nurses, social workers, or other healthcare professionals in private, and know that the information you give will be shared only with those people who need it to do their job.
 - Your personal health information will be shared with the patient management program only, in

accordance with State and Federal law.

- Information contained in the patient record and Protects Health Information will be kept private and confidential.
- Know the information in your medical record.
 - You may be informed on D-H's policies and procedures regarding the disclosure of medical records.
 - Your medical records are private. You may look at your records and get a copy or summary within 30 days of our receiving your request. If we are unable to provide you with a copy or summary within 30 days, we will produce what we can and notify you of when your health information will be ready, which will be within 60 days of your request. We may charge a reasonable, cost-based fee for copies of your record.
 - Certain conditions, such as cancer, cases of some infectious diseases, work-related contact with poisons or other dangerous materials, and cases of child abuse, must be reported, even without your permission. In some cases involving concern about the care you receive, the medical center may disclose information in medical records to its own lawyers and agents.
- Receive written notice of how your health information will be used and shared in order for you to receive the highest quality of care. This is called our Notice of Privacy Practices and it contains patient rights and our legal duties regarding your health information. You may request a copy of this Notice from any staff member.
- Speak with any member of your healthcare team, Patient and Family Relations (603-650-4429) or specially trained volunteers called Patient Voices Volunteers if you are unhappy with your care. Your care will not be affected in any way.
 - 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
 - We will make every effort to resolve your concern. If this cannot be resolved in a timely manner it will become a grievance. You will receive communication as to the status of the grievance, including a final letter including the name of the hospital contact, steps taken for the review, results of the review, and the completion date.
 - If we cannot meet your needs, you can contact:
 - NH Department of Health and Human Services - Health Facilities Administration:
(603) 271-9499 / (800) 852-3345 x9499
 - Joint Commission (800) 994-6610
 - Physician issues are referred to:
 - NH Board of Medicine (603) 271-1203 / (800) 780- 4757
 - Accreditation Commission for Health Care (855) 937-2242 <https://www.achc.org/contact/>
- Be told fully about any research study in which you are asked to take part. This discussion should occur before you agree to enter the study.
 - If you are under the age of 18, your parent or guardian must give permission before any tests or treatments can be carried out in the course of the research study.
 - You have the right to refuse to take part in a research study. If you refuse to take part, it will not affect receiving treatment here in the future.
- Understand instructions you will receive before leaving the hospital or clinic.
 - These instructions will describe how you and your family can participate in your recovery and ongoing health care plan once you are at home.
- Leave the hospital, even if your doctor advises against it. You may not leave if you have certain infectious diseases that could affect the health of others, if you are not able to provide for your own health and safety or other people's safety is at risk, as defined by law.
 - You must sign a form saying the Medical Center is not responsible for any harm that comes to you as a

result of leaving the facility.

- Be informed of any financial benefits for D-H when referred to an outside organization
- 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
- In order to reduce concerns about paying your bill, you will be told of services available to help in paying for your care prior to being billed.
 - You have the right to look at and receive an explanation of your bills. This information can be obtained through Patient Financial Services at (800) 368-4783.

Your Responsibilities as a Patient at Dartmouth Health

When you are a patient at Dartmouth Health, you, your family and your visitors have the responsibility to:

- Be honest and give clinical information. Tell us all you know about your past and present health including:
 - Sharing with your pharmacist, doctor or nurse if you think you are at risk, if your health has changed and what medications you are taking.
 - Notify the treating prescriber of their participation in the patient management program.
 - Notify the patient management program of all changes in your clinical status.
 - Information about Advanced Directives (Living Will and/or Durable Power of Attorney for Healthcare) and who will speak for you if you are unable to speak for yourself.
- Share all updates regarding contact information with the organization.
- Appropriately submit all forms that are necessary for receiving services to the organization
- Ask questions about anything you do not understand, including your treatment plan or what is expected of you. This includes making sure you understand the potential risks, benefits and side effects of your treatment.
 - Notify the organization of any concerns about the care or services provided
- Follow the plan that is developed by you and your treatment team.
 - If you have a concern about the plan, it is your responsibility to talk about it with your doctors & nurses.
- Notify the treating provider of participation in organization provided services.
- Accept responsibility for your actions if you refuse treatment or do not follow instructions.
 - Your treatment plan may include recommendations about exercise, not smoking & eating a healthy diet.
- Follow the rules and regulations of Dartmouth Health, including the no smoking policy.
- Be respectful at all times to the staff, other patients, visitors and Dartmouth Health property.
 - Maintain any D-H provided equipment
- Make a good faith effort to pay your medical bills in a timely fashion or ask for appropriate assistance.

Reporting

- Violations of the above rights are to be reported immediately to the Administrator or appropriate designee.
- Dartmouth Health will immediately investigate all alleged violations involving anyone furnishing services on behalf of Dartmouth Health and will take action to prevent further potential for violations while the alleged violation is being verified.
- Investigations and/or documentation of all alleged violations are conducted in accordance with established policies and procedures.
- Dartmouth Health will take appropriate corrective action in accordance with state law if the alleged violation is verified by the Dartmouth Health administration or an outside body having jurisdiction.
- Dartmouth Health will report verified violations to the accrediting, state, and local bodies having jurisdiction within five working days of becoming aware of the verified violation, unless state regulations are require a more stringent timeline for reporting any such violations

AUTHORIZATION/AGREEMENT FOR SERVICES

Patient Name: _____ Date Of Birth: _____

I authorize the pharmacy to provide care and/or services as ordered by my physician. I understand that I have the right to make decisions concerning my medical care, including the right to accept or refuse medical treatment.

MEDICARE Part B

Name of Beneficiary: _____ Subscriber Name: _____

(Exactly as it appears on card)

Medicare Card #: _____ Part B Effective Date: _____

DOB: ____ - ____ - ____ Telephone: () _____

Do you have current **Medicaid** coverage? **Yes** **No** (circle one)

If yes, which state issued your Medicaid Card: _____ Medicaid ID #: _____

Do you have **Secondary Insurance Coverage (such as MediGap Plan?)** **Yes** **No** (circle one)

If yes, Insurance Name: _____ Cardholder ID #: _____

Primary Physician Name: _____ Telephone: () _____

Address: _____

City: _____ State: _____ Zip: _____

ASSIGNMENT OF BENEFITS/GUARANTEE

I authorize payment directly to a Dartmouth Health Retail and Specialty Pharmacy Services of any benefits otherwise payable in respect to examination or treatment of client. I agree to pay any charges not covered by insurance benefit plans, excluding Medicare and Medicaid recipients and where payment is prohibited by law.

RELEASE OF INFORMATION

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act, or under a policy of insurance is correct. I authorize Dartmouth Health or any other holder of medical or other information about the above-named client, to release or receive such information to any government agency or insurance company to whom application has been made for payment for services rendered to the above client; to any physicians, hospitals, other healthcare providers or facilities, institutions, or agencies providing treatment to the client or providing continuity of care; and to quality reviewers.

By signing below, I acknowledge that I have read and fully understand the material provided within this Authorization Agreement.

Signature: _____ Date: _____

(Patient or Patient Representative)

Pharmacy Copy

** If you would like a copy for your own records, please ask the pharmacy to provide you with a copy of this form **

Pharmacy Use Only:

Scan into Med Auths as "Auth Agreement"; add Patient Note "Med B Auth Agreement on File"; add Patient Group "Auth Agreement"