

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



Broad support for your specialty medicine needs **Aetna Specialty Pharmacy**

www.aetnaspecialtyrx.com

.....
Convenient access to specialty
medicine and support — every
step of the way



Taking care of your health — with a little help

Always have the medicine and supplies you need

It is important to take your medicine just how your doctor prescribed it. Missing a dose could harm you. Through Aetna Specialty Pharmacy® services, we make sure you always have the medicine and supplies you need on hand.

We also:

- Call you one week before your refill is due
- Prepare your next order
- Check that you stay on track with your treatment

You get a personal care plan and ongoing support

- **Nurses and pharmacists** can answer your questions 24 hours a day, every day.
- **Care coordinators** work with you to help your order process quickly.
- **Insurance and claims specialists** help you to maximize your benefits plan.
- **Service representatives** call you or your doctor to set up your refills.

Keep your doctor in the loop

Our nurses and pharmacists will keep in touch with you and your doctor. We'll call you as often as you need. If you want, we'll call your doctor to express your concerns for you.

We offer other helpful services, including:

- Free, secure delivery within 48 hours of confirming your order, or later if you request
- Delivery to your home, doctor's office or any other location you choose
- Coordination of home health care, if needed
- Package tracking to ensure prompt delivery of your order
- Self-injection training/education about your condition and medicine
- Flexible payment options and help for out-of-pocket costs, when needed
- Free injection supplies, such as needles, syringes, alcohol swabs, adhesive bandages and sharps containers to use for needle waste, if needed
- Medicine support program to help you stay on track with your drug therapy

Your first order

Your first order includes a welcome packet with forms you must sign and return. It has the following documents:

Welcome letter

This letter explains the forms in your welcome packet.

Form 1: Notice of privacy practices

This form tells you how your medical information may be used and disclosed, and how you can access it.

Form 2: Patient information and assignment agreement

This form tells you your rights and responsibilities. It includes an Assignment of Benefits release form that you must sign and return. This signed form lets us submit claims to your medical or pharmacy benefits plan.

Form 3: Patient medicine refill information

We will call you to schedule your refills. This form tells you that we also offer an automated refill line. If you want, you can call us toll-free to place your refill order.

Form 4: Out-of-area emergency preparedness notice

This form tells you how you can prepare for a disaster or unplanned event.

Form 5: Medicare DMEPOS supplier standards

The Medicare durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) standards explain some Medicare rules we follow.

Medicine packing slip

Every order includes a packing slip. It tells you what drugs and supplies are packaged in your order. Please call us right away if you find that your package is damaged or opened, and do not use the product.

Check the package to make sure that all information applies to you (the patient). Please keep us updated with any changes in your medicine.



Notice of Privacy Practices

Aetna Specialty Pharmacy®

This Notice of Privacy Practices applies to Aetna Specialty Pharmacy.

IMPORTANTE: *Para recibir esta notificación en español por favor llamar al número gratuito de Member Services (Servicios a Miembros) que figura en su tarjeta de identificación.*

This notice describes how medical information about you may be used and disclosed in connection with Aetna Specialty Pharmacy (“Aetna”) and how you can get access to this information. Please review it carefully.

Aetna considers personal information confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

This notice describes how we may use and disclose information about you in administering your specialty pharmacy services, and it explains your legal rights regarding the information.

When we use the term “personal information,” we mean information that identifies you as an individual, such as your name and Social Security number, as well as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with specialty pharmacy services. By “health information,” we mean information that identifies you and relates to your medical history (that is, the drugs you receive or the amounts paid for those drugs).

This notice became effective on September 3, 2013.

How Aetna uses and discloses personal information in connection with Aetna Specialty Pharmacy

In order to provide you with specialty pharmacy services, we need personal information about you, and we obtain that information from many different sources – including you and health care providers. In administering these services, we may use and disclose personal information about you in various ways, including:

Health Care Operations: We may use and disclose personal information during the course of running our pharmacy business – that is, during operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination.

Other operational activities requiring use and disclosure include detection and investigation of fraud; facilitation of a sale, transfer, merger or consolidation of all or part of Aetna with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

Payment: We may use and disclose personal information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; to help us determine the amount you need to pay for your pharmacy services; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider.

Treatment: We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, we may disclose personal information to other health plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed. Additionally, doctors may request medical information from us to supplement their own records. We also may use personal information in providing pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.

Disclosures to Other Covered Entities: We may disclose personal information to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may contact your doctor to confirm the details of your prescription or to discuss care coordination issues.

Additional reasons for disclosure

We may use or disclose personal information about you in providing you with treatment alternatives, treatment reminders, or other health-related services. We also may disclose such information in support of:

- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business partners** – to persons who provide services to us and assure us they will protect the information.
- **Industry regulation** – to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other government agencies that regulate us.
- **Law enforcement** – to federal, state and local law enforcement officials.
- **Legal proceedings** – in response to a court order or other lawful process.
- **Public welfare** – to address matters of public interest as required or permitted by law (for example, child abuse and neglect, threats to public health and safety, and national security).

Disclosure to others involved in your health care

We may disclose health information about you to a relative, a friend, or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a pharmacy order, we may confirm whether or not the order has been filled. You have the right to stop or limit this kind of disclosure by calling the number listed on your member ID card.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us at the number listed on your member ID card.

Uses and disclosures requiring your written authorization

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization:

- For marketing purposes that are unrelated to your benefit plan(s)
- Before disclosing any psychotherapy notes
- Related to the sale of your health information
- For other reasons as required by law

If you have given us an authorization, you may revoke it at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the pharmacy directly. You can call toll free at **1-866-782-ASRX (1-866-782-2779)** or TDD: **1-877-833-ASRX (1-877-833-2779)**.

Your legal rights

The federal privacy regulations give you several rights regarding your health information.

- You have the right to ask us to communicate with you in a certain way or at a certain location. We will accommodate reasonable requests.
- You have the right to ask us to restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- You have the right to ask us to obtain a copy of health information that is contained in a "designated record set" – records maintained and used in order processing and related decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- You have the right to ask us to amend health information that is in a designated record set. Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- You have the right to ask us to provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.
- You have the right to be notified following a breach involving your health information.
- You have the right to restrict disclosures of health information to a health plan when you have paid out-of-pocket expenses in full.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the following address:

HIPAA Member Rights Team
Aetna Inc.
151 Farmington Avenue, RT65
Hartford, CT 06156

You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

You may make any of the requests described above, may request a paper copy of this notice, or ask questions regarding this notice by calling the number listed on your member ID card.

Aetna's legal obligations

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

Safeguarding your information

We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

This notice is subject to change

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your participation with us. It may be necessary to use and disclose this information for the purposes described above even after your participation terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

Contacting Aetna

For questions about your health plan, please contact Member Services at the toll-free number that is located on your member ID card.

For questions about your prescription, please contact the pharmacy directly. You can call toll-free at **1-866-782-ASRX (1-866-782-2779)** or TDD: **1-877-833-ASRX (1-877-833-2779)**.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

T'áá shí shizaad k'ehjí bee shíká a'doowoł nínizingo Diné k'ehjí naaltsoos bee atah nílįigo nanitinígíí béesh bee hane'é bikáá' áajį' t'áá jíik'e hółne'. (Navajo)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

ለአማርኛ ቋንቋ ለገዛ በመታወቅያ ላይ በተጠቀሰው ቁጥር በነጻ ይደውሉ (Amharic)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية. (Arabic)

বাংলায় ভাষা সহায়তার জন্য আপনার আইডি কার্ডে যে নম্বরটি তালিকাভুক্ত রয়েছে বিনামূল্যে তাতে কল করুন। (Bengali-Bangala)

(Hindi) हिन्दी में भाषा सहायता के लिए, अपने आईडी कार्ड पर दिये गये नम्बर पर मुफ्त कॉल करें।

Maka enyemaka asusu na Igbo kpọṅṅomba edeputara na kaadi ID gị na akwughị ugwo ọ bụla. (Ibo)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

Bé ìn ké gbo-kpá-kpá dyé dé Bàsòò wùdùùn wěe, dǎ nòbà bé ɔ cééà bó nì dyí-dyoìn-bě̀̀̀ kǒe bó pídyi. (Kru-Bassa)

برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی (Persian)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

ُردو میں لسانی معاونت کے لیے اپنے ID کارڈ پر درج نمبر پر مفت کال کریں۔ (Urdu)

Đề được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)

Fún iránlọwọ nípa èdè (Yorùbá) pe nọmbà tí a kọ sórí káadi idánimọ rẹ láì san owó kankan rárá. (Yoruba)



**Acknowledgment of receipt of
Notice of Privacy Practices**

I hereby acknowledge that I have received a copy of Aetna Specialty Pharmacy's Notice of Privacy Practices.

Signature of patient or personal representative

Name of patient or personal representative

Date

Description of personal representative's authority

Please sign both copies of this form.

Save one for your records and mail the second copy to Aetna in the enclosed envelope.



**Acknowledgment of receipt of
Notice of Privacy Practices**

I hereby acknowledge that I have received a copy of Aetna Specialty Pharmacy's Notice of Privacy Practices.

Signature of patient or personal representative

Name of patient or personal representative

Date

Description of personal representative's authority



Patient Information and Assignment Agreement

Aetna Specialty Pharmacy®

Here is a list of your rights and responsibilities as an Aetna Specialty Pharmacy patient. If you have any questions, please contact us toll free at **1-866-782-ASRX (1-866-782-2779)** or **TDD: 1-877-833-ASRX (1-877-833-2779)**.

Patient's rights and responsibilities

Each patient has the right To:

- Be treated with dignity and respect without regard to race, age, religion, ability, marital status, sexual orientation, sex, or gender identity
- Be provided with information regarding ownership, available services, insurance coverage, and other charges if applicable
- Be informed about their illness and treatment, when and how services will be provided, the name and function of any person and agency providing care and service, and the name of the person responsible for coordination of care
- Be informed in advance about any changes in the care or treatment as it pertains to their well-being
- Make informed decisions about their care and actively participate in the planning of care
- Be instructed about their therapy in order to reach the highest level of care and wellness
- Continuity of care and service provided by personnel who are qualified through education and experience to perform the service for which they are responsible
- Participate in experimental treatment and research with voluntary, informed consent documented
- Refuse treatment, within the confines of the law, after being fully informed of and understanding the consequences of such action
- Confidentiality and privacy in treatment and care, including confidential treatment of patient records, and to refuse the release of their patient information to any individual outside, except in the case of transfer to another health facility, or as required by law or third-party contract
- Be informed of any financial benefit when referred to an organization
- Voice complaint and grievance and be informed of the procedure for registering complaints without reprisal, coercion, or unreasonable interruption of services
- Receive prompt response to all reasonable interruption of specialty pharmacy services
- Have appropriate assessment and management of pain
- Know about philosophy and characteristics of the patient management program
- Have personal health information shared with the patient management program only in accordance with state and federal law
- Identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested
- Receive information about the patient management program
- Receive administration information regarding changes in or termination of the patient management program
- Decline participation, revoke consent or disenroll at any point in time

Each patient is responsible for:

- Providing accurate and complete information regarding their medical history
- Agreeing to a schedule of services and reporting any cancellation of scheduled appointments
- Participating in the development and updating of a plan of care
- Communicating whether he/she clearly understands the course of treatment and plan of care
- Following the plan of care and clinical condition
- Reporting problems, unexpected changes in physical condition, hospitalizations, concerns or complaints
- Accepting responsibility for their actions if refusing treatment or failing to follow a plan of care
- Fulfilling financial obligations for services
- Respecting the rights of home caregivers
- Submitting any forms that are necessary to participate in the program, to the extent required by law
- Giving accurate clinical and contact information and to notify the patient management program of any changes
- Notifying your provider of your participation in the patient management program, if applicable

California Residents - DMHC Written Notice of Availability of Language Assistance

HMO and DMO-based plans - **IMPORTANT**: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at **1-877-287-0117**.

Planes basados en DMO y HMO - **IMPORTANTE**: ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al **1-877-287-0117**.

California Residents - DOI Written Notice of Availability of Language Assistance

PPO-based plans - **IMPORTANT**: You can get an interpreter at no cost to talk to your doctor or health insurance company. To get an interpreter or to ask about written information in your language, first call your insurance company's phone number at **1-877-287-0117**. Someone who speaks your language can help you. If you need more help, call the Department of Insurance Hotline at **1-800-927-4357**.

Planes basados en PPO - **IMPORTANTE**: Puede obtener la ayuda de un intérprete sin costo alguno para hablar con su médico o con su compañía de seguros. Para obtener la ayuda de un intérprete o preguntar sobre información escrita en español, primero llame al número de teléfono de su compañía de seguros al: **1-877-287-0117**. Alguien que habla español puede ayudarle. Si necesita ayuda adicional, llame a la línea directa del Departamento de seguros al **1-800-927-4357**.



Assignment of Benefits Aetna Specialty Pharmacy[®]

I hereby authorize Aetna Specialty Pharmacy to bill my insurance carrier or any other payment source. I assign all benefits and authorize payment directly to Aetna Specialty Pharmacy for any benefits otherwise payable to me for all claims for such services provided or submitted prior to, or after, the date provided on this form.

I understand that I am financially responsible for payment for all services provided and that I am expected to pay all charges denied by my insurance carrier. This assignment and authorization in no way releases me from my financial responsibility and does not require Aetna Specialty Pharmacy to collect money on my behalf.

I have read, understand and agree to all the information above and on page one of this document. A photocopy of this agreement may be used as though it were an original.

This Assignment of Benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

Please print your name: _____ Date: _____

Patient/guardian signature (if applicable): _____ Date: _____

Signature of the primary insured: _____ Date: _____

There is another copy of this form in your packet. Please sign both copies and keep one for your records. Please return one copy to us in the enclosed envelope.



Assignment of Benefits Aetna Specialty Pharmacy[®]

I hereby authorize Aetna Specialty Pharmacy to bill my insurance carrier or any other payment source. I assign all benefits and authorize payment directly to Aetna Specialty Pharmacy for any benefits otherwise payable to me for all claims for such services provided or submitted prior to, or after, the date provided on this form.

I understand that I am financially responsible for payment for all services provided and that I am expected to pay all charges denied by my insurance carrier. This assignment and authorization in no way releases me from my financial responsibility and does not require Aetna Specialty Pharmacy to collect money on my behalf.

I have read, understand and agree to all the information above and on page one of this document. A photocopy of this agreement may be used as though it were an original.

This Assignment of Benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

Please print your name: _____ Date: _____

Patient/guardian signature (if applicable): _____ Date: _____

Signature of the primary insured: _____ Date: _____



Patient Medicine Refill Information Aetna Specialty Pharmacy®

We will call you one week before your next refill is due in order to schedule your delivery. When you are down to your last week's supply of medicine, if we have not been able to reach you, please use our online service, Aetna Navigator® or call our toll-free number to confirm your next delivery. It is very important that we confirm the delivery with you. We cannot ship medicine without receiving a delivery confirmation from you.

How to schedule a refill online

You can choose to schedule your refill online by logging on to your Aetna Navigator® secure member website at www.aetna.com, 24 hours a day.

How to call Aetna Specialty Pharmacy to schedule a refill

During the hours of 8 a.m. to 8 p.m. ET, Monday through Friday, you may request a medicine refill by calling our customer service team at **1-866-782-ASRX (1-866-782-2779)** or **TDD: 1-877-833-ASRX (1-877-833-2779)**.

How to leave a message after hours to schedule a refill

After hours, there is an automated refill line available for your convenience. Please call at least **two days** in advance of your next refill. Orders placed on this line will not be processed until the following business day. If you call the automated refill line, please take these steps:

1. Before you call, please have the following information available:
 - Your name
 - First and last name of the patient
 - Date of birth of the patient
 - Telephone number of where we may reach you
 - The prescription refill number and/or medicine names
 - What supplies may be necessary
 - Address where you would like to receive the delivery
 - Delivery date (date when someone will be available to sign for your package)
 - Copayment method (American Express, Discover, MasterCard, Visa or debit card)
 - Do you have any allergies?
 - Have you experienced any side effects?
 - Do you have any other health conditions?
 - Are you taking any other medications?
 - Are you benefiting from the medication?
2. Speak clearly into the phone when leaving the required information.

DO NOT use the after-hours refill line if any of the following applies. Please call **1-866-782-ASRX (1-866-782-2779)** or **TDD: 1-877-833-ASRX (1-877-833-2779)** and speak with an Aetna Specialty Pharmacy representative if:

- **You need your medicine the next day**
- **You have a change of insurance**
- **You have questions for a pharmacist or nurse**

Aetna Specialty Pharmacy does close for select holidays. This may affect some refill orders. Please be prepared to order your refill in advance, if needed. A list of holiday closing dates has been provided to you with your prescription order.

We look forward to processing your next medicine refill.



Out-of-Area Emergency Preparedness Notice Aetna Specialty Pharmacy®

As you may know, Aetna Specialty Pharmacy is located in Orlando, Florida. We would like to assure you that your medications will always be delivered to your satisfaction and without any interruption in therapy (barring events beyond our control).

Please take a few minutes to read the following information concerning the possibility of a disaster, and feel free to call us at **1-866-782-ASRX (1-866-782-2779)** or **TDD: 1-877-833-ASRX (1-877-833-2779)**, if you have any questions.

If there is a disaster in your area, please notify Aetna Specialty Pharmacy by calling **1-866-782-ASRX (1-866-782-2779)** or **TDD: 1-877-833-ASRX (1-877-833-2779)**, to instruct us where your medication can be delivered. This will help ensure that your therapy will not be interrupted. We are available 24 hours a day, 7 days a week.

If your medication is delivered by a pump that is powered by electricity, contact your local power company and tell them to place you on a "Priority List" for power or generator service. Doing so will alert your power company to your medical needs, and this in turn may avoid interruption of power to your IV pump and/or medication administration device. Also, contact the telephone company and tell them to put you on the "Essential User List" so that you can keep in touch with us.

Miscellaneous information

1. Keep a cooler of ice on hand. If the power is out and the inside of your refrigerator becomes warm, medications should be stored in the cooler.
2. Be sure to stock up on canned/non-perishable foods.
3. Know where the water and gas shut-off valves for your home are located.
4. Know the elevation of your property and where your home insurance papers are located.

Please keep in mind, the goal of Aetna Specialty Pharmacy is to provide quality service and support.

Thank you for taking the time to review this information and please do not hesitate to call if you have any questions. We can be reached at **1-866-782-ASRX (1-866-782-2779)** or **TDD: 1-877-833-ASRX (1-877-833-2779)**.



Medicare DMEPOS Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare durable medical equipment, prosthetics, orthotics and supplies (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 Centers for Medicare & Medicaid Services (CMS) or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.

Continued on next page.

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.

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 <https://gpo.gov/>. Upon request we will furnish you a written copy of the standards.

Your health information is kept private

We safely store your information in an electronic medical record (EMR). It includes a record of:

- Each conversation you have with your health care team
- Your medical history
- Your medicine profile
- Your prescription information
- Your insurance claims and billing information

Tips for success

Here are some tips to help you take care of your health.

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1. Educate yourself	Learn all you can about your condition and your medicine.
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2. Ask questions	Talk to your doctor and your Aetna Specialty Pharmacy health care team. Ask about how to use your medicine. Ask what you can do to make your treatment go well.
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3. Call us	We're here to help you. Call us toll-free at 1-866-782-ASRX (1-866-782-2779) or TDD: 1-877-833-ASRX (1-877-833-2779) .
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Frequently asked questions

What is a specialty pharmacy?

A specialty pharmacy fills prescriptions for specialty drugs. These types of drugs may be injected, infused or taken by mouth. Usually, you cannot get these drugs at local retail pharmacies.

They:

- Often need special storage and handling
- Need to be delivered quickly

And a nurse or pharmacist may check in with you often during your treatment. Aetna Specialty Pharmacy offers all this and more.

Why should I use Aetna Specialty Pharmacy over my previous provider?

We make sure you understand how to use your medicine and that you always have the right dose. We also work closely with your doctor and other caregivers to monitor your specialty medicine needs.

We can send your medicine anywhere you want. Our nurses and pharmacists are also available to answer your questions 24 hours a day, 7 days a week.

What do I pay for specialty medicine?

Your benefits plan may require certain out-of-pocket costs for each supply of medicine you receive.

Are there any financial payment plans?

Yes. You may qualify for financial help. We can tell you if help is available from a manufacturer or through foundations related to your condition. Based on your need, we may be able to set up a payment plan for you.

What is the standard days' supply that I can expect to receive and why?

Our standard is to fill orders for no more than a 30-day supply. A smaller supply lets us check your progress more often. If your drug or dose changes between refills, a smaller supply can help prevent waste and save the policyholder money. We can only dispense what your benefits plan allows. Any out-of-pocket costs will also depend on your benefits plan.

How easy is it to order a refill?

A week before your next refill, we will call you to schedule your delivery. During this call, we will coordinate your home health care, if needed. We will also ask:

- How you are doing with your therapy
- If you still take the same medicine
- If you still take the same dose
- If you are having any side effects
- If you need more supplies
- Where you would like your next refill sent

You can schedule your refill online. Just log in to your secure member website at **www.aetna.com** and select "Order Medications."

How long does it take to get my order?

You get free, secure delivery within 48 hours after we confirm your order, or later if you request.

There are a few reasons why the ship date could vary.

- Your medicine may require something called precertification. This means that you or your doctor need to get approval from the plan before certain drugs will be covered.
- If your order is missing any information, we may need to call your doctor to confirm it.

Where will you send my medicine and supplies?

We deliver your order, free of charge, to your home, doctor's office or to any other location you choose. We include all the supplies you need.

How do you make sure I get my order on time?

We track your order throughout the delivery process. We make sure you have the medicine and supplies you need in time for your next dose.

How will my medicine stay safe during delivery?

Some medicine needs to stay cold. So we use special cooler boxes and pack them with gel ice packs and bubble wrap. Each box is secured shut with tamper-proof tape.

What if I have questions about my prescription?

Our normal business hours are Monday through Friday from 8 a.m. to 8 p.m. ET. Our health care team can answer your questions. Call anytime — day or night — to speak to a nurse or pharmacist. Call toll-free at **1-866-782-ASRX (1-866-782-2779)** or TDD: **1-877-833-ASRX (1-877-833-2779)**.

How important is it to take all of my medicine?

It is important that you follow your doctor's instructions. We understand that some drugs may cause side effects or may be hard to take.

We can help you cope with these issues. You may also find it helpful to talk to your doctor about how to manage side effects.

How can I enroll in the medicine support program?

You can contact the Aetna Specialty Health Care ManagementSM nurse team to help you manage your health and stay on track with your drug therapy. We can answer questions about your health care needs or talk about your concerns.

You can call us toll-free at **1-866-237-3320**. We're here Monday through Friday, 8 a.m. to 8 p.m. ET. You can also leave a message on our confidential voice mail. You and your health goals are our priority. We want to help you reach them.

Where can I learn more about services available from Aetna Specialty Pharmacy?

For more information about the services we offer, please call our toll-free number at **1-866-782-ASRX (1-866-782-2779)** or TDD: **1-877-833-ASRX (1-877-833-2779)**. You can also visit **www.aetnaspecialtyrx.com**.

Questions? Call us toll-free at 1-866-782-ASRX (1-866-782-2779) or TDD: 1-877-833-ASRX (1-877-833-2779). To learn more, you can also visit www.aetnaspecialtyrx.com.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, visit **www.aetnaspecialtyrx.com**.

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