THE CENTERTX

THE CENTER FOR CANCER AND BLOOD DISORDERS

THE CENTER
WELCOME BOOKLET

Caring for You and Your Family,
The Center Way

THE CENTERTX

THE CENTER FOR CANCER AND BLOOD DISORDERS

Our Mission Statement

The mission of The Center for Cancer and Blood Disorders is to care for every patient as we would a cherished member of our family.

The goal of The Center for Cancer and Blood Disorders is to treat patients the way we would want to be treated ourselves, by providing quality, compassionate healthcare to all our patients.

We want to keep you as healthy as possible, able to stay in your own home and out of the hospital by responding to as many of your medical needs as we possibly can in our outpatient offices.

Please contact us at:

817-759-7000

or

972-490-5970

(Dallas & McKinney locations only)

or toll free at

866-454-6560

Please add these numbers to your cell phone contacts

THE CENTERTX
THE CENTER FOR CANCER AND BLOOD DISORDERS

Important Contact Information

If you need to speak with your physician or a nurse, please call the main number. We will direct your call to the appropriate person. Our phones are answered by centralized operators. There are specialized Triage Nurses to assist you with medical issues and concerns.

The Center's Main Number: 817-759-7000 or toll free 866-454-6560 *answered on holidays*

Inclement weather number: 817-333-0110 *****call this number for local disaster information*

Our website: www.thecentertx.com

Office Hours: 8:30am – 5pm *except Fort Worth "Magnolia"*

Alliance	Tuesday & Thursday
Arlington	Monday-Friday
Dallas	Monday-Friday
Denton (Medical City)	Monday, Wednesday & Friday
Denton (Texas Health)	Monday-Friday
Fort Worth "Magnolia"	Monday-Friday: 8am - 6pm Saturday: 10am - 2pm ***(by appointment only)***
Gainesville	Tuesday
Granbury	Monday-Friday
Harris Southwest	Monday & Wednesday
Huguley (Burleson)	Monday-Friday
Las Colinas	Monday-Friday
Mansfield	Monday & Thursday
McKinney	Monday & Wednesday
Mineral Wells	Thursday
Plano	Monday-Friday
Southlake	Monday-Friday
Stephenville	Wednesday
Weatherford	Monday-Friday

For the following campuses, call **(817) 759-7000**

Alliance
Arlington
Denton (Medical City)
Denton (Texas Health)
Fort Worth "Magnolia"
Gainesville
Granbury
Harris Southwest
Huguley (Burleson)
Las Colinas
Mansfield
Mineral Wells
Plano
Southlake
Stephenville
Weatherford

For the following campuses, call **(972) 490-5970**

Dallas
McKinney

THE CENTERTX
THE CENTER FOR CANCER AND BLOOD DISORDERS

Additional Contact Information

Retail Pharmacy: Fort Worth 817-333-0180 Las Colinas 214-379-2780
Research Department: 817-759-7023
Medical Records: Medicopy 615-780-2741 or Medicopy.net
FMLA and Disability paperwork: Medicopy 615-780-3**887**

Important Contact Information For Your Records:

Primary Care Physician:
Name:_____Phone Number: _____

Pharmacy:
Name:_____Phone Number: _____

Other Physician:
Name:_____Phone Number: _____

Other Physician:
Name:_____Phone Number: _____

Imaging Center (outside):
Name:_____Phone Number: _____

Mammogram Center:
Name:_____Phone Number: _____

Hospital:
Name:_____Phone Number: _____

THE CENTERTX
THE CENTER FOR CANCER AND BLOOD DISORDERS

NOTICE CONCERNING COMPLAINTS

Any internal complaints should be reported to a member of the management team or you may contact Healthcare Compliance Pros (HCP) at the following:

Compliance Hotline 1-800-585-0375
Compliance Portal Support@hcp.md/www.hcp.md

Texas Medical Board
Attention: Investigations
333 Guadalupe, Tower 3, Suite 610
P.O. Box 2018, MC-263
Austin, Texas 78768-2018
1-800-201-9353
www.tmb.state.tx.us
Assistance in filing a complaint is available by calling the above telephone number.

Texas State Board of Pharmacy
333 Guadalupe, Suite 3-600
Austin, TX 78701
1-800-821-3205
https://www.pharmacy.texas.gov/consumer/complaint.asp
Anyone may file a complaint against a pharmacy, but complaints must be received in writing. A consumer may fill out the online complaint form or call the number above to have one mailed to you.

ACHC Complaint Info
For further information, you may contact ACHC toll-free at (855) 937-2242 or 919-785-1214 and request the Complaints Department.
Website: http://achc.org/contact/complaint-policy-process

CMS Medicare
If you have Original Medicare, call your Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO). Visit Medicare.gov/contacts or call 1-800-MEDICARE to get your BFCC-QIO's phone number.

If you have a Medicare Advantage Plan (like an HMO or PPO), Medicare drug plan, or other Medicare health plan, call the BFCC-QIO, your plan or both.

Pharmacy Welcome Packet

The Center Pharmacy

Contact Information:
Phone: (817)333-0180
Fax: (817)759-7078

Patient Advocate for Prescription Services
Mary Hicks, PharmD
Pharmacist in Charge

The Center Pharmacy # 2

Contact Information:
Phone: (214)379-2780
Fax: (214)379-2761

Patient Advocate for Prescription Services
Quintin Davenport, RPh
Pharmacist in Charge

Business Hours
Monday - Friday
8:30am - 5:00pm

A clinician from The Center for Cancer and Blood Disorders may be reached 24 hours a day at:
(817) 759-7000
(866)-454-6560

Holidays/Closures:
The pharmacy follows the same holiday closure schedule as The Center for Cancer and Blood Disorders.
The pharmacy reserves the right to close in case of emergencies or any other clinic closing.

Prescription Services

The Center for Cancer and Blood Disorders has two medically integrated pharmacies to help manage your care. The Center Pharmacy is located on the first floor of The Center for Cancer and Blood Disorders - Magnolia campus and The Center Pharmacy # 2 is located in The Center for Cancer and Blood Disorders - Las Colinas campus.
The pharmacy staff understands that your medical condition may be complex and require special knowledge when communicating with your medical provider and insurance company. The Center Pharmacy is dedicated to serve you through the following services:

- Medically integrated with your cancer therapy team
- Assistance with verifying prescription insurance benefits
- Dispensing of prescription medications for supportive care
- Dispensing of oral chemotherapy medications
- Counseling on new medications
- Adherence monitoring for oral chemotherapies
- Obtaining additional financial assistance when available
- Over the counter product recommendations
- Nutritional supplement products

New Prescriptions
The Center Pharmacy and The Center Pharmacy # 2 requires a prescription to be written by a provider from The Center for Cancer and Blood Disorders. The pharmacy may receive prescriptions from the provider's office electronically, via fax or phone; you may also bring in a paper prescription. Once the prescription is received, the pharmacy staff will work with your insurance company to determine a processing timeline (managing prior authorizations, etc.) and any out-of-pocket expenses/copays.

Drug Claims and Payment Policy
Our pharmacy works with most major insurance companies and will submit claims to your carrier on the date your prescription is received. If the claim is rejected, a staff member will notify you so we can work together to resolve the issue.

Before your prescription is filled, you will be informed of your financial obligations that may not be covered by your insurance or other third-party sources. The obligations include but are not limited to out-of-pocket costs such as deductibles and copayments. Your insurance company determines your co-pay; we cannot discount your co-payment. Payments are accepted via credit card, check or cash.

If you do not have prescription drug coverage or if you cannot afford your copayment amount,

a pharmacy team member will refer you to a social worker from The Center for Cancer and Blood Disorders to aid in finding financial assistance for your prescription.

Ordering Refills
Please call, during normal business hours, at least 3 days before you run out of your medication. You may also have a clinic staff member contact the pharmacy to request a refill on your behalf. For oral chemotherapies, a
pharmacy staff member will contact you to arrange a new prescription. During this call, the staff member will confirm that you are still taking the medication, that your prescriber has not changed the dose and that you are not having any unmanageable side effects.

Oral Chemotherapies
Most oral chemotherapy prescriptions will require prior authorization from your insurance plan. The Center Pharmacy and The Center Pharmacy # 2 will work with your prescriber to help with the prior authorization process. This process may take a few business days to complete. The pharmacy team will ensure that you and the prescriber are informed throughout the process.

When your prescription is available, a pharmacist will contact you to review:

- How to take your medication
- Potential interactions with other medications
- Storage
- Side effects
- When to call provider
- Drug disposal

You will be contacted monthly by a pharmacy team member to:

- Review your medication
- Assess side effects
- Discuss any questions you may have
- Schedule your next refill

You may opt out from receiving educational or adherence phone calls at any time. If you would like to opt out, please notify a member of the pharmacy team.

Medication Substitution
Unless otherwise indicated, The Center Pharmacy and The Center Pharmacy # 2 will fill all prescriptions with an FDA-approved generic when available. Please contact the pharmacy if you have any questions about substitution.

THE CENTERTX
THE CENTER FOR CANCER AND BLOOD DISORDERS

Medication Order Status and Delays
You may call The Center Pharmacy and The Center Pharmacy # 2 to check the status of your prescription. If your medication is delayed, a pharmacy team member will call you to provide assistance.

Medications Not Available at The Center Pharmacy and The Center Pharmacy # 2
We may not be able to fill your medication because we cannot acquire the medication or because some insurance plans may require you to fill your prescription at another pharmacy. If either of these situations happen, we will notify you and work with your provider to have the prescription sent to the correct pharmacy.

If you want your prescription transferred to another pharmacy, please contact the pharmacy to transfer the prescription on your behalf.

Support
The Center Pharmacy and The Center Pharmacy # 2 is here to help you manage your health and compliance with taking your medication. Any time you have a question or problem, please contact us as soon as possible.

Emergency Preparedness
If The Center for Cancer and Blood Disorders clinics are not open due to inclement weather, it will be reflected on our Facebook page and local TV closure reports. If our clinics are closed for a substantial period, we will provide backup pharmacy services to fill your medications without interruption.

Visit https://www.redcross.org/get-help/how-to-prepare-for-emergencies.html for information on how to prepare for emergencies.

Visit https://www.redcross.org/get-help.html for information on getting help from disasters.

THE CENTERTX
THE CENTER FOR CANCER AND BLOOD DISORDERS

Frequently Used Insurance Terms

Refill-too-soon - You are trying to refill a prescription sooner than your insurance company will allow. Most insurance companies allow you to refill a prescription once a certain amount of your medication is used. This is based off the anticipated number of days your current supply should last. If your dose has increased or you are going on vacation, the pharmacy may contact the insurance for a possible override.

Quantity Limits - Your provider has written for a certain amount of medication, but it is more than your insurance will cover. This can be limited to tablets per day or by how many months of medication you can receive per fill. The pharmacy staff will explain this and answer any questions or concerns.

Prior Authorization - The medication prescribed to you is not covered by your plan without supportive information such as other treatments tried and failed. The pharmacy team will work with your provider's staff to get this authorization and will keep you updated throughout the process.

Step Therapy - Your insurance plan wants you to try alternative medications, or "steps", before they will approve the prescribed medication.

Copayment - This is the portion of the cost owed by the patient after the insurance company has been billed. Depending on the insurance plan, copayments may be fixed or variable for covered services received.

In-Network Pharmacy - A pharmacy that contracts with an insurance plan to offer covered services at a lower rate to members of that insurance plan. The pharmacy staff will contact you if any prescription filled has limitations from your insurance company.

THE CENTERTX
THE CENTER FOR CANCER AND BLOOD DISORDERS

Frequently Asked Questions

Q. What is oral chemotherapy?
A. Oral chemotherapy is treatment with medications given by mouth to kill cancer cells or stop them from growing. These medications are often expensive, require patient education and are not available through most local pharmacies.

Q. How important is it to take all of my medication?
A. Following your prescriber's instructions for the medication you should take and the length of time you should take it is the best thing you can do to ensure a successful course of treatment. We understand that some medications may have unpleasant side effects or may be difficult to administer. Our staff is available to offer advice about resolving these issues or to contact your prescriber about the management of these side effects.

Q. How long does it take to receive my medication?
A. Once your prescription has been approved by the insurance and any financial issues have been resolved, most medications will be available on the following business day.

Q. What if I have questions about my medications?
A. If you have questions about your medications, please call the pharmacy during normal business hours. If it is after hours and you are having side effects that require immediate care, call The Center for Cancer and Blood Disorders' main number and ask to speak with the *on-call clinician*. If you are having an emergency, call 911 or go to your nearest emergency room.

Q. What do I do if I believe there is an error in my prescription order?
A. If you feel there is an error with your prescription, please contact the pharmacy right away.

Q. How am I alerted if there is a drug recall?
A. The Center Pharmacy will notify any affected patients of a consumer level recall. You may stop by or contact the pharmacy if you have any questions about a recall.

Q. What is the policy on returning medications?
A. Pharmacy law prohibits the return of medications once they have been received by a patient.

THE CENTERTX
THE CENTER FOR CANCER AND BLOOD DISORDERS

Medication Disposal

- Follow disposal instructions on the drug label or patient information that comes with your medication. Do not flush prescription drugs down the toilet unless this information tells you to do so. Check with your pharmacist if you are unsure.
- If available in your area, use a drug take-back program that allows you to bring unused drugs to a central location for disposal. Call your city or county government's trash and recycling service to see if your city has such a program.
- If disposal instructions are not given on the drug label and no take back program is available in your area, throw the drugs in the trash, but first:
    - Take them out of the original containers.
    - Mix them with something like used coffee grounds or kitty litter so the medication will be unrecognizable to people who may go through your trash and less appealing to children and pets.
    - Put the mixture in a sealable bag, empty can or another container. This will prevent the medication from leaking or falling out of the garbage bag.
    - For inhalers and aerosol products, follow the handling and disposal instructions on the patient information sheet. These items could be dangerous if punctured or thrown into a fire or incinerator.
- Additional Tips
    - Before throwing out a drug container, scratch out personal information on the label like your name, the drug name, etc. This will help protect your privacy and your health information.
    - Do not give medication to friends. A drug that works for you could be dangerous for someone else.
    - If you are not sure how to get rid of your medicine, talk to your pharmacist.
    - The same steps above can also be used to dispose of over-the-counter medications.

Above information is adapted from the FDA article, How to Dispose of Unused Medicines, available at: https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines

Visit https://takebackday.dea.gov/ for information on national take-back events.

Visit https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1 to search for an authorized collector in your area.

THE CENTERTX
THE CENTER FOR CANCER AND BLOOD DISORDERS

Medicare DMEPOS Supplier Standards

All Medicare DMEPOS suppliers must be in compliance with these Supplier Standards in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec 424.57(c) and went into effect December 11, 2000. A supplier must disclose these standards to all customers/patients who are Medicare beneficiaries (standard 16). A shortened version has been created to help suppliers comply with this requirement.

1) Operates its business and furnishes Medicare-covered items in compliance with all applicable Federal and State licensure and regulatory requirements;

2) Has not made, or caused to be made, any false statement or misrepresentation of a material fact on its application for billing privileges. (The supplier must provide complete and accurate information in response to questions on its application for billing privileges. The supplier must report to CMS any changes in information supplied on the application within 30 days of the change.);

3) Must have the application for billing privileges signed by an individual whose signature binds a supplier;

4) Fills orders, fabricates, or fits items from its own inventory or by contracting with other companies for the purchase of items necessary to fill the order. If it does, it must provide, upon request, copies of contracts or other documentation showing compliance with this standard. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal Government Executive Branch procurement or nonprocurement program or activity;

5) Advises beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical equipment, as defined in §414.220(a) of this subchapter. (The supplier must provide, upon request, documentation that it has provided beneficiaries with this information, in the form of copies of letters, logs, or signed notices.);

6) Honors all warranties expressed and implied under applicable State law. A supplier must not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or for services covered under warranty. This standard applies to all purchased and rented items, including capped rental items, as described in §414.229 of this subchapter. The supplier must provide, upon request, documentation that it has provided beneficiaries with information about Medicare covered items covered under warranty, in the form of copies of letters, logs, or signed notices;

7) Maintains a physical facility on an appropriate site. The physical facility must contain space for storing business records including the supplier's delivery, maintenance, and

beneficiary communication records. For purposes of this standard, a post office box or commercial mailbox is not considered a physical facility. In the case of a multi-site supplier, records may be maintained at a centralized location;

8) Permits CMS, or its agents to conduct on-site inspections to ascertain supplier compliance with the requirements of this section. The supplier location must be accessible during reasonable business hours to beneficiaries and to CMS, and must maintain a visible sign and posted hours of operation;

9) Maintains a primary business telephone listed under the name of the business locally or toll-free for beneficiaries. The supplier must furnish information to beneficiaries at the time of delivery of items on how the beneficiary can contact the supplier by telephone. The exclusive use of a beeper number, answering service, pager, facsimile machine, car phone, or an answering machine may not be used as the primary business telephone for purposes of this regulation;

10) Has a comprehensive liability insurance policy 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. In the case of a supplier that manufactures its own items, this insurance must also cover product liability and completed operations. Failure to maintain required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed;

11) Must agree not to contact a beneficiary by telephone when supplying a Medicare-covered item unless one of the following applies:

i. The individual has given written permission to the supplier to contact them by telephone concerning the furnishing of a Medicare- covered item that is to be rented or purchased.

ii. The supplier has furnished a Medicare-covered item to the individual and the supplier is contacting the individual to coordinate the delivery of the item.

iii. If the contact concerns the furnishing of a Medicare-covered item other than a covered item already furnished to the individual, the supplier has furnished at least one covered item to the individual during the 15-month period preceding the date on which the supplier makes such contact.

12) Must be responsible for the delivery of Medicare covered items to beneficiaries and maintain proof of delivery. (The supplier must document that it or another qualified party has at an appropriate time, provided beneficiaries with necessary information and instructions on how to use Medicare-covered items safely and effectively);

13) Must answer questions and respond to complaints a beneficiary has about the Medicare-covered item that was sold or rented. A supplier must refer beneficiaries with Medicare questions to the appropriate carrier. A supplier must maintain documentation of contacts with beneficiaries regarding complaints or questions;

14) Must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare- covered items it has rented to beneficiaries. The item must function as required and intended after being repaired or replaced;

15) Must accept returns from beneficiaries 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);

16) Must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item;

17) Must comply with the disclosure provisions in §420.206 of this subchapter;

18) Must not convey or reassign a supplier number;

19) Must have a complaint resolution protocol to address beneficiary complaints that relate to supplier standards in paragraph (c) of this section and keep written complaints, related correspondence and any notes of actions taken in response to written and oral complaints. Failure to maintain such information may be considered evidence that supplier standards have not been met. (This information must be kept at its physical facility and made available to CMS, upon request.);

20) Must maintain the following information on all written and oral beneficiary complaints, including telephone complaints, it receives:

i. The name, address, telephone number, and health insurance claim number of the beneficiary.

ii. 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.

iii. If an investigation was not conducted, the name of the person making the decision and the reason for the decision.

21) Provides to CMS, upon request, any information required by the Medicare statute and implementing regulations.

22) All suppliers of DMEPOS and other items and services 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.

23) All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the new supplier location for three months after it is operational without requiring a new site visit.

24) All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if

CMS determines that they are not in compliance with the DMEPOS quality standards.

25) All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.