



Knox Community HOSPITAL

HOME INFUSION





Welcome

Thank you for choosing Knox Community Hospital Pharmacy Home Infusion Program for your infusion needs. We are pleased to continue to provide the same high-quality infusion care that our community has come to expect and rely on.

It is our goal to provide you with the highest quality care available through our professional staff. All of the professionals are all dedicated to helping you attain your optimum level of health.

Please take a few minutes to look at the important material provided in this handbook. There is information on patients' rights and responsibilities, Advance Directives, and patient confidentiality.

We are available Monday through Friday 8:00 am to 6:00pm at 740-326-4400. Feel free to call us any time.

Thank you for choosing us.

Sincerely,

*Knox Community Hospital
Pharmacy Home Infusion Team*



Hours of Operations

KCH Home Infusion Pharmacy

1330 Coshocton Avenue
Mount Vernon, OH 43050

24 Hour Number: **740.326.4400**

ADMINISTRATOR:

Robbi Jo Mitchell-Enderle, M.S., R.Ph.
740.393.9008

HOURS OF OPERATION

Monday through Friday 8 am – 6 pm

www.KCH.org





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Center Information and Agencies

For locations and up-to-date
provider information, visit
www.KCH.org.

Department of Primary Care

FAMILY MEDICINE

AMBER DAUGHERTY, MD
ERIC HANSEN, MD
SARAH JACKSON, APRN-CNP
HOLLY MAST, APRN-CNP
740.399.3863

JONATHAN HARDIN, DO
JASMINE USHER-KEDET, MD
740.625.6234

REBEKAH CRAWFORD, DO
AMY MURNEN, MD
TAMMY JOSEPH, APRN-CNP
ELIZABETH POWELL, ARPN-CNP
ZACHARY THURMAN, MD
PAMELA TUTTLE, APRN-CNP
MICHELLE YARMAN, APRN -CNP
740.326.3521

BRENT NIMETH, MD
ALLISON DOUP, APRN - CNP
740.263.7036

INTERNAL MEDICINE

FRED CARROLL, MD
KORI KIRKHOPE, APRN -CNP
KEVIN SHEILDS, PA-C
740.397.2915

THOMAS MCKINLEY, MD
RACHAIL MCKINLEY, APRN-CNP
740.397.8500

SHAILESH PATEL, MD
740.397.0070

SHAWN REED, MD
LYNDANNE BLAHOVEC, DO
740.326.3537

PEDIATRICS

KAMAL TALUKDER, MD
740.392.4453

SVETLANA TITISHINA, MD
MARGARET SOMPLE, DO
740.399.3745

Patient/Visitor Info

740.393.9000

EMERGENCY

740.393.9710

740.399.3163

TDD (Telephone for Hearing Impaired)

Department of Specialty Care

ALLERGY CLINIC

BRITNEY MCCOLLOUGH, APRN-CNP
AMY FERENBAUGH, APRN-CNP
740.393.5223

CANCER CARE

HUSAIN RASHEED, MD
740.393.5551

CARDIOLOGY

ROBERT DRAKE, DO
BARRY GEORGE, MD
GANGARAM RASA, MD
ALIX TERCIUS, MD
PHILLIP NEWMAN, APRN-CNP
ANDREA MANTELL, APRN-CNP
740.397.5400

KRISTIN BAKER, APRN-CNP
JAMES WIANDT, DNP, APRN-CNP
740.397.0108

DERMATOLOGY

KATHLEEN ROGERS, MD
740.399.3760

ENDOCRINOLOGY

JAIME GOODMAN, MD
LARRY WECKESSER, APRN-CNP
740.399.3890

GENERAL SURGERY

MICHAEL HEUMAN, MD
AEVAN McLAUGHLIN, MD
TAMARA HOLZER, DO
740.393.9024

INFECTIOUS DISEASE

SUNIL VITHALRAY BHAT, MD
740.326.3535

NEPHROLOGY

JODI DOME, DO
740.399.3750

NEUROLOGY

TED WOODRUFF, MD
740.399.3772

OBSTETRICS/GYNECOLOGY

AMY FLAMMER, MD
REBECCA STILSON, MD
MICHAEL SULLIVAN, MD
KRISTEN WITHAM, DO
AMANDA POORMAN, APRN-CNM
740.326.3531

OCCUPATIONAL HEALTH

MID-OHIO CORPORATE CARE
NANCY RODWAY, MD
740.393.WORK(9675)

OPHTHALMOLOGY/OPTOMETRY

MATTHEW KOEHLER, MD
DEBORAH REEDER, MD
PHILLIP HOLZER, OD
740.397.2425

ORTHOPAEDICS

GREGORY CUSH, MD
JARRETT HELMING, DO
740.393.9898

KENNETH DOOLITTLE, MD
740.393.2226

OTOLARYNGOLOGY (ENT)

CHRISTOPHER HETRICK, DO
SUZANNE HELMING, DO
740.397.0700

PAIN MANAGEMENT

JERRY TRACY, III, MD
740.393.9866

PODIATRY

ABIGAIL ELLIOTT, DPM
LORI SHULER, APRN-CNP
740.397.4262

PSYCHIATRY

CHANDRAADAN PATEL, MD
740.397.1900

PULMONOLOGY

JULIE COSTELLO, MD
AMANDA FILLER, APRN-CNP
740.399.3814

RHEUMATOLOGY

HUFZA HANIF, MD
740.399.3769

UROLOGY

DAVID BROWN, MD
JED HENRY, MD
DANIEL COX, PA-C
ARLENE HALL, APRN-CNP
740.393.5540

SCOTT BARKIN, DO
740.399.3883

VASCULAR SURGERY

STEPHEN VINCENT, MD
JESSICA SMITH, APRN-CNP
740.399.3846

WEIGHT MANAGEMENT

AEVAN McLAUGHLIN, MD
AMY FERENBAUGH, APRN-CNP
740.324.7878

WOUND HEALING

ABIGAIL ELLIOTT, DPM
FREDERICK CARROLL, MD
THOMAS MCKINLEY, MD
KORI KIRKHOPE, APRN-CNP
KEVIN SHEILDS, PA-C
740.393.4325



Local Resources

Central Scheduling

Monday - Friday
8 AM - 5 PM
740.392.TEST (8378)
G_Scheduling@KCH.org

Health Information Management

Monday - Friday 8 AM - 4:30 PM
Closed Weekends and Holidays
p 740.393.9051 | f 740.399.3113

Department of Home Health

Courtney Strouse, Director
p 740.399.3748 | f 740.399.3738
Courtney.Strouse@KCH.org

Patient Financial Services Representatives

Monday, Wednesday, Friday
from 8:30 AM - 5 PM
Tuesday, Thursday from 8 AM - 7 PM
Saturday from 8 AM - 11 PM
740.251.6400 or 1.855.978.5839

Sleep Medicine - Lab

Laurie Mooney, MD, FCCP, DABSM
Monday - Friday 8 AM - 4:30 PM
740.393.9915

HAVE QUESTIONS? NEED SUPPORT? WANT GUIDANCE?

2-1-1 can connect YOU!

2-1-1 is the number to dial to reach the Crisis Hotline and Information Center in Licking and Knox Counties. Just as you dial 9-1-1 for emergencies, dial 2-1-1 for non-emergency information and referral.

Our human service referral database is comprehensive and up-to-date. You do not have to be in crisis to call and our services are free. Our phone operators are highly trained. They treat your call confidentially and help you navigate through the maze of community services in a nonjudgmental manner.

Visit www.211pathways.com for more details.

Available 24/7 Free and Confidential

Emergency Services	Services	Income Support/ Assistance
Information Services	Health Care	Elder Services
Food/Meals	Employment	Veterans Services
Crisis Intervention	Suicide Prevention	Disaster Services
Housing/Rent/Utilizies	Substance Abuse	Relationships: Individual, Family and Community Support
Lgeal, Consumer & Public Safety Services	Volunteer Opportunities	
Mental Health		

**You can also dial 800.544.1601 or
text your zip code to 898211.**





PLEASE REVIEW IT CAREFULLY.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The terms of this Notice of Privacy Practices apply to Knox Affiliated Health Services operating as a clinically integrated health care arrangement composed of Knox Community Hospital and the physicians and other licensed professionals seeing and treating patients at the hospital. The members of this clinically integrated health care arrangement work and practice at Knox Community Hospital, 1330 Coshocton Avenue, Mount Vernon, Ohio 43050. All of the entities and persons listed will share personal health information of our patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us.

You may receive a copy of any revised notices at the Emergency Department registration, Central Registration, front desk or the hospital web site at www.KCH.org.

A copy may also be obtained by mailing a request to:

Privacy Officer
C/O Knox Community Hospital
1330 Coshocton Avenue
Mount Vernon, OH 43050

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

YOUR AUTHORIZATION

You have a right to expect that Authorization will be obtained from you regarding uses and disclosures of personal health information when required. Authorization is required for most uses of psychotherapy notes, uses and disclosures of personal health information for marketing purposes and disclosures that amount to the sale of personal health information. Other uses and disclosures not described in this Notice of Privacy Practices will only be made with authorization from you. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

USES AND DISCLOSURES FOR TREATMENT

We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your personal health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. For instance, if, after you leave the hospital, you are going to receive home health care, we may release your personal health information to that home health care agency so that a plan of care can be prepared for you.



BUSINESS ASSOCIATES

Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times It may be necessary for us to provide certain of your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

FUND RAISING

We may use and disclose your protected health information for fund raising purposes only as permitted by federal privacy regulations and relevant to Ohio laws. We may contact you to donate to a fund raising effort for or on our behalf. You have the right to “opt-out” of receiving fund raising materials/communications. You may call the Marketing Department at Knox Community Hospital and make your wishes known that you would like to “opt out” indicating that you do not wish to receive fund raising materials or communications from us. You may also request a pre-printed, pre-stamped envelope from the Marketing Department and send a statement that you do not wish to receive fund raising materials or communications from us.

APPOINTMENTS AND SERVICES

We may contact you to provide appointment reminders or test results. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests.

You may request such confidential communication in writing and may send your request to:

Central Scheduling
C/O Knox Community Hospital
1330 Coshocton Avenue
Mount Vernon, OH 43050.

HEALTH PRODUCTS AND SERVICES

We may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

RESEARCH

In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

Uses and Disclosures for Payment

We will make uses and disclosures of your personal health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

Uses and Disclosures for Health Care Operations

We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our patients. We may also disclose your personal health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

Our Facility Directory

We maintain a facility directory listing the name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information, excluding your religious affiliation, will be disclosed to anyone who requests it by asking for you by your full name e.g. John Smith. This information, including your religious affiliation, may be also be provided to members of the clergy. You have the right during registration to have your information excluded from this directory and also to restrict what information is provided and/or to whom.

Family and Friends Involved In Your Care

With your approval, we may from time to time disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

OTHER USES AND DISCLOSURES

We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- We may release your personal health information for any purpose required by law.
- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations.
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls.
- We may release your personal health information to your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer.
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
- We may release your personal health information if required to do so by subpoena or discovery request; in some cases you will have notice of such release.

RIGHTS THAT YOU HAVE

Access to Your Personal Health Information

You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. Usually, this includes medical and billing records, but does not include psychotherapy notes. All requests for access must be made in writing and signed by you or your representative.

We will charge you a fee if you request a copy of the information. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You may obtain an access request form, including fees, from Health Information Management. We may deny your request to inspect and copy your personal health information in certain very limited circumstances. If you are denied access to your personal health information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amendments To Your Personal Health Information

You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from Health Information Management.

Accounting for Disclosure of Your Personal Health Information

You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from Health Information Management. The first accounting in any 12-month period is free; you will be charged a fee of \$50.00 for each subsequent accounting you request within the same 12-month period. We have 30 days to fulfill your request for an accounting of disclosures.

OTHER USES AND DISCLOSURES

We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- We may release your personal health information for any purpose required by law.
- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations.
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls.
- We may release your personal health information to your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer.
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
- We may release your personal health information if required to do so by subpoena or discovery request; in some cases you will have notice of such release.



Health Information Exchanges

We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other providers, may allow access to your health information through the Health Information Exchange for treatment, payment, or healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the Health Information Management Department (740.393.9051).

Restrictions on Use and Disclosure of Your Personal Health Information

You have the right to restrict certain disclosures of personal health information to a health plan if you are paying out of pocket, in full, for the health care item or service. You have the right to request other restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. A restriction request form can be obtained from Health Information Management. Except for a request to restrict disclosures to a health plan when you have paid out-of-pocket in full for the items or services received from us, we are not required to agree to your restriction request, but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to Health Information Management.

Notification of a Breach

We are required by law to notify you of a breach (a use or disclosure that was not permitted by law) of unsecured personal health information if it is determined that the breach may affect you.

Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Knox Community Hospital, Attention: Privacy Officer, 1330 Coshocton Avenue, Mount Vernon, OH 43050. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Electronic Health Record

You have the right to obtain a copy of your personal health information in an electronic format and you may request to have the information transmitted to a designated person. You may be charged a fee for the transmission of this information.

Deceased Individuals

We will comply with requirements for privacy of personal health information for a period of 50 years following the date of death of an individual. Personal health information may be released for research purposes as permitted by law; and to family members and others who were involved in the care or payment for care of the decedent prior to death, unless doing so is inconsistent with any known prior expressed preference of the individual.

Privacy Complaints

If you believe your privacy rights have been violated, you can file a written complaint with the:

Privacy Officer
C/O Knox Community Hospital
1330 Coshocton Avenue
Mount Vernon, OH 43050

You may also file a complaint in writing within 180 days of a violation of your rights with the:

Secretary of the U.S. Department
of Health and Human Services
200 Independence Avenue
S.W., Washington D.C. 20201

There will be no retaliation for filing a complaint.

Acknowledgment of Receipt of Notice

You will be asked to sign an acknowledgment form that you received this Notice of Practice Practices.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact:

Privacy Officer
C/O Knox Community Hospital
1330 Coshocton Avenue
Mount Vernon, OH 43050

p 740.393.9888

Privacy.Officer@KCH.org

As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

Knox Community Hospital has the right to make revisions to this Notice of Privacy Practices at any time.

EFFECTIVE DATE

This Notice of Privacy Practices is effective May 12, 2016.

The Joint Commis-



If you have safety or quality of care concerns at Knox Community Hospital that have not been addressed by the hospital, please contact the Joint Commission on Accreditation of Healthcare Facilities via one of the

Go To: www.jointcommission.org
> Action Center
> Report a Patient Safety Event

E - MAIL:
patientsafetyreport@jointcommission.org

FAX:
630.792.5636

Mail: Office of Quality and Patient Safety
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

Patients' Rights & Responsibilities

PATIENTS HAVE THE RIGHT TO:

- Care that is safe, competent, respectful, and considerate of their personal values and beliefs, and their emotional and spiritual needs.
- Know the name and qualifications of anyone involved in their care.
- Make decisions about their plan of care before and during treatment, when medically possible.
- Involve a family member or representative of their choice in making decisions about their care, and to designate a representative to make health care decisions for them.
- Receive complete information from their physician about their diagnosis, treatment, alternatives, risks, and expected results.
- Prompt and reasonable response to requests and needs for treatment and service.
- Have a family member or representative of their choice and their own physician notified promptly of their admission to the hospital.
- Security and personal privacy, and confidentiality of their personal information and clinical record.
- Access their own information through Health Information Management in a reasonable time frame, except where prohibited by law.
- Create advance directives concerning treatment to address end-of-life issues agreeable within the patient's plan of care, as permitted by law, and to have the hospital and staff comply with these directives.
- Be informed about outcomes of care or services that have been provided, including unanticipated outcomes.
- Effective communications including the use of interpretive language services.
- Have complaints addressed and receive resolution in a timely, reasonable and consistent manner, without fear of retaliation of any kind.
- Be free from mental, physical, sexual and verbal abuse, neglect or exploitation.
- Have restraint or seclusion applied only when medically necessary, and not as a means of coercion, discipline or retaliation.
- The appropriate assessment and management of their pain.
- Access protective and advocacy services.
- Information about the hospital's policy regarding organ donation and procurement.
- Information about the hospital's policy regarding conflicts of interest and ethical business behavior.
- Consent to, or decline to, participate in research studies.
- Refuse treatment and/or to leave the hospital against medical advice, except in certain very special situations, and to be informed of the medical consequence of such action.
- Help in understanding their hospital bill.

PATIENTS' RIGHTS:

We respect the rights of our patients and recognize that each person is an individual with different needs. We recognize and support patients' rights to participate in health care decisions- including the right to discontinue or refuse treatment to the extent permitted by law.

Requests for review of a grievance by the Hospital's Administrative Operations Team should be addressed to:

CEO
C/O Knox Community Hospital
1330 Coshocton Avenue
Mount Vernon, OH 43050

To file a complaint about a health facility with the State certification agency, contact:

Ohio Department of Health
246 North High Street
Columbus, OH 43215

phone: 800.342.0553

fax: 614.564.2422

e - mail:

HCCompliants@odh.ohio.gov

Patient's Responsibilities

In acknowledging the personal worth and dignity of each individual, we also recognize that you, as the patient, have certain responsibilities that support the health care we provide.

PATIENTS ARE RESPONSIBLE FOR:

- Requesting assistance if needed.
- Providing, to the best of their knowledge, complete and accurate information about present complaints, past illnesses, hospitalization, medications, and other matters relating to their health.
- Reporting to their health care provider when they do not understand a plan of treatment or what is expected of them.
- Reporting unexpected changes in their condition.
- Following the treatment plan recommended by their health care provider.
- Their actions if they refuse treatment or do not follow the health care provider's instructions.
- Keeping appointments and, when unable to do so, for notifying the hospital or health care provider.
- Providing all needed information for insurance processing, and assuring that the financial obligations of their health care are fulfilled as promptly as possible.
- Following hospital rules and regulations affecting patient care and conduct.
- Being considerate of the rights of other patients and hospital personnel.
- Leaving non-essential personal items at home.

NOTE: KCH is not responsible for items which are lost or stolen while on campus.

PATIENT GRIEVANCE RESOLUTION PROCESS:

Knox Community Hospital encourages you to contact Management about your concerns regarding patient rights, quality of care, patient safety or discharge readiness. Please ask to speak to the director or supervisor of the department providing your care, or to the Patient Advocate (the Patient Advocate may be contacted directly at 740.393.9890).

If we are not able to resolve your concerns regarding patient care at the time of the complaint, you will receive a written response advising you of the steps being taken to resolve or to further investigate your concern. We will advise you in writing of the actions taken to address your concern, or, if your concern cannot be resolved within 7 days, when you can expect a resolution.

If you are not satisfied with the resolution of your concern, you may, within 30 days of receiving notice of the resolution, request in writing that the hospital's Administrative Operations Team review your concern. The team will review and respond to your concern within 60 days of receiving your request.



MEDICARE DMEPOS 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 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.
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.

MEDICARE DMEPOS SUPPLIER STANDARDS

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(±).
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 1848G) (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 <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Medicare Prescription Drug Coverage and Your Rights

YOUR MEDICARE RIGHTS

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the right to request a special type of coverage determination called an “exception” if you believe:

- you need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary;”
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

WHAT YOU NEED TO DO

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card, or by going to your plan’s website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision.

Refer to your plan materials or call 1-800-Medicare for more information.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1.800.MEDICARE.



Change of Coverage

Please be aware it is the patient's responsibility to notify providers of any changes in their insurance policy and coverage. Failure to do so may result in non-payment by your insurance company. If this occurs, you are fully responsible for any unpaid claims.

We request you notify Knox Community Hospital at least 15 days prior to any changes being made. This will allow Knox Community Hospital time to obtain benefits and appropriate authorization.

Please feel free to contact us at 740.326.4400 if you have any questions or concerns.

Sincerely,

*Knox Community Hospital
Pharmacy Home Infusion Team*

Red Sharps Container Disposal



As a community service, KCH accepts red biohazard sharps containers from individuals at NO CHARGE.

If KCH disposes of your container,
you must provide a date and signature.

HOURS

Monday - Friday from 8 am to 3:30 pm.

Stop at the front entrance and a volunteer will escort you to the
Building Services department.

740.393.9069

Advanced Directives

“LIVING WILL AND HEALTH CARE POWER OF ATTORNEY”

YOUR QUESTIONS ANSWERED

Q: Aren't Living Wills or Health Care Powers of Attorney just for older people?

A: It is important for anyone over age 18 to think about filling out one or both of these documents. Serious illness or injury can strike at any stage of life. A Living Will or Health Care Power of Attorney will help ensure your wishes.

Q: Which is better to have, a Living Will or a Health Care Power of Attorney?

A: It is a good idea to fill out both documents because they address different aspects of your medical care. A Living Will applies only when you are terminally ill and unable to communicate your wishes or if you are permanently unconscious.

A Health Care Power of Attorney becomes effective even if you are only temporarily unconscious and medical decisions need to be made.

Q: When does a Living Will or Health Care Power of Attorney become effective?

A: A Living Will becomes effective if you are terminally ill and unable to express your wishes regarding health care or if you are permanently unconscious. In both cases, two physicians, not just one, must agree that you are beyond medical help and will not recover. If you have indicated that you do not want your dying to be artificially prolonged and two physicians say that there is no reasonable hope of recovery, your wishes will be carried out.

A Health Care Power of Attorney becomes effective whenever you lose the ability to make your own decisions, even if only temporarily. At these times, health care decisions will be made by the person you designate.

Q: Do I have to use standard forms for a Living Will or Health Care Power of Attorney?

A: Please contact the Case Management Department at 740.393.9850 to request a booklet with standard forms and/or for further assistance with this process. However, you do not have to use these forms. You may wish to consult an attorney for assistance in drafting a document or you may draft your own. However, in either case, the documents must comply with the specific language spelled out in the Ohio Revised Code.

Emergency Preparedness

Home Infusion Center Emergency Preparedness

Call: Knox Community Hospital

Phone: 740.326.4400

Listen To WMVO 93.7 and/or WNZR 90.9

These are the emergency broadcast service stations for this area.

View Social Media and KCH Website (KCH.org and www.facebook.com/KnoxCommHosp)

CONTACT: If you have electrically powered home health equipment, contact your local power company. Tell them to place you on a priority list for power or a generator so that there would be no interruption of power to your equipment.

- Ohio Power Company (AEP)'s customer service: 800.672.2231
- Ohio Edison's customer service: 800-.633.4766
- Consolidated Electric Coop, Inc.'s customer service: 419.947.3055
- Licking Rural Electrification, Inc.'s customer service: 800.255.6815

Other Knox County Utility Agencies:

- American Electric Power 1.800.672.2231
- Consolidated Electric Co-Op 1.800.421.5863
- The Energy Cooperative 1.800.255.6815

CONTACT: The telephone company and tell them to put you on the essential user list so that you can keep in touch with your health care providers.

- Century Link: 1.800.201.4099
- Spectrum: 1.877.614.9106
- Verizon: 740.397.6609

Miscellaneous Info

- 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. Be sure to stock up on canned goods and non-perishable foods.
- Know where the water and gas shut off valves are located.
- Know the elevation of your property and where your homeowner's papers are located.

In the event of a natural disaster or emergency, and you need IV care and are unable to reach us, please go to the nearest emergency room with your medication and supplies to receive treatment.

Medicare Beneficiary Concerns

Knox Community Hospital patients have 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, address, telephone number, and health insurance claim number, 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.

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

Knox Community Hospital encourages you to contact Management about your concerns regarding patient rights, quality of care, patient safety or discharge readiness. Please ask to speak to the director or supervisor of the department providing your care, or to the Patient Advocate (the Patient Advocate may be contacted directly at 740.393.9890).

If we are not able to resolve your concerns regarding patient care at the time of the complaint, you will receive a written response advising you of the steps being taken to resolve or to further investigate your concern. We will advise you in writing of the actions taken to address your concern, or, if your concern cannot be resolved within 7 days, when you can expect a resolution.



SAMPLE BILLING STATEMENT - FROM HOME INFUSION PHARMACY (NOT KCH)

KCH HOME INFUSION PHARMACY
PO BOX 2106
MOUNT VERNON, OH 43050

RETURN SERVICE REQUESTED

Patient Name: TEST DEMO TEST DEMO1
Due Date: 03/31/2021
Phone #: (740) 326-4400
Office Hours: M-F 8:00AM - 5:00PM

Stmt ID#: 1190304802



000001

TEST DEMO TEST DEMO1
500 WINDERLEY PLACE
MOUNT VERNON OH 43035

161467 - 1

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
<input type="checkbox"/> AMER. EXP.		
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
03/01/2021	\$15.00	000122892
CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.		SHOW AMOUNT PAID HERE \$

■■■■ MAKE CHECKS PAYABLE / REMIT TO: ■■■■

KCH HOME INFUSION PHARMACY
PO BOX 2106
MOUNT VERNON, OH 43050

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Trans Date	Claim #	Service Dates	Ins Amount	Patient Amount	Description
03/01/2021	492002	03/01-03/01/2021	0.00	\$15.00	Claim for ANTIBIOTIC service
				\$0.00	Amounts Paid
				\$15.00	Patient Balance Due

SAMPLE

Current:	Over 30:	Over 60:	Over 90:	Over 120:	Total:	Ins. Co. Previous Balance:	Patient Previous Balance:	Ins. Co. Balance Due:	Patient Balance Due:
\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00

To begin receiving your statements electronically, please navigate to www.patientnotebook.com to register. You will need your Statement ID (1190304802) to complete the registration. Thank you.





WWW.KCH.ORG

IN THE COMMUNITY. FOR THE COMMUNITY.

Knox Community Hospital is a community-owned, 99-bed, not-for-profit hospital located in Mount Vernon, Ohio (approximately 40 miles north east of Columbus). Knox Community Hospital is accredited by The Joint Commission.



The Joint Commission

If you have safety or quality of care concerns at Knox Community Hospital that have not been addressed by the hospital, please contact the Joint Commission on Accreditation of Health care Facilities via their website or one of the following:

online: Go To: www.jointcommission.org > Action Center
> Report a Patient Safety Event

e - mail: patientsafetyreport@jointcommission.org

fax: 630.792.5636

mail: Office of Quality and Patient Safety
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181