



Infusion Suite Patient Resource Guide

Coram[®]

♥CVS specialty infusion services

Welcome to Coram®

Coram® CVS Specialty® Infusion Services (Coram) is a nationwide provider of infusion services. We know that starting infusion therapy may be new to you, and Coram is here to help make things a little easier. Our dedicated team can help you achieve success with your infusion therapy. We're here for you every step of the way and to make sure you get the best personalized support, ongoing education and quality care to meet your health care needs.

Coram clinicians specialize in infusion services and provide complex infusion care to thousands of patients. The skilled staff at Coram work as a team, along with your doctor, to arrange all aspects of your infusion therapy. Your Coram care team can be reached 24 hours a day, every day, to answer questions about your health, medications or plan of care.

Our Ambulatory Infusion Suites (AIS) are a comfortable, safe and convenient option for you to receive nurse-administered specialty medication therapy. With flexible schedules, you can arrange for your infusion at a time that works best for you.

This guide will introduce you to the Coram team and provide you with information about your infusion therapy. Please use this guide as a helpful resource.





CVS Health® MyChart®

Our secure online tool makes it easy to stay on top of your health from your computer or mobile device. You can track your health status and get information about your account — all in one place.

- Keep an eye on your health: View details of past and future appointments, vaccine records and test results.
- Review your medication list: View and update all the medications you take.
- Pay your bill 24/7: Make payments, view payment history and check your balance anytime.
- Ask questions about your bill: Send your billing and payment questions via secure message to Coram®. We'll help you find the answers you need. You can also call **1-(855) 311-7246** to pay an invoice over the phone using a credit card.

Sign up today at [MyChart.CVSHealth.com](https://mychart.cvshealth.com)

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Your infusion therapy support

Coram® provides the medication, equipment and supplies your doctor has prescribed for you. We deliver the education and support needed to get your infusion therapy.

Your Coram team and resources

Your Coram team is highly skilled. They will work closely with you and your doctor. You can reach them anytime, seven days a week.

- **Pharmacist:** The pharmacist manages your medications, answers any questions and monitors your response to therapy.
- **Nurse:** Your nurse prepares and administers your medication, or may teach you to self-administer if appropriate. They will also monitor for side effects and report to your doctor and the pharmacist.
- **Clinical support specialist:** Coordinates with you and your nurse to make sure your medication and supplies are ready for your scheduled infusion. They also ask how you are doing with your therapy.

If your medication is provided by CVS Specialty®, a pharmacy customer service representative will work with you and your nurse to ensure timely delivery of your medication and supplies for your scheduled infusion.

- **Reimbursement and insurance specialist:** Helps you with any financial concerns and answers your questions about charges or payment terms. They may be able to connect you with financial assistance programs.

Admission and billing

Understanding benefits for infusion therapy and services can be complex depending on your health care benefits insurance plan and coverage. At the start of your care, Coram (or CVS Specialty) will review your coverage. We will identify covered and non-covered services based on the insurance plan we are provided with. We will then give you an estimate of the most accurate cost.

The outcome of that process and your financial obligation is reflected in the Financial Agreement Arrangement you have been asked to sign. In addition, your Coram representative will review this during their introductory call with you. It is your responsibility to be sure that Coram has the most current insurance coverage you may have. This includes names and ID numbers for each plan.

During the admission process, you will be asked to sign and return certain forms. The signed forms are needed for Coram to bill your insurance plan directly. If there are no changes to your care, you should not need to sign any other forms.

While your infusion is being administered in our infusion suite, you will be asked about your insurance coverage. You will need to bring your current insurance or coverage card(s) with you to each appointment. In many cases, your plan carrier will require Coram to obtain an authorization or a pre-certification in advance of providing care.

We know that insurance or coverage may change during your care. We ask that you inform us what your current insurance coverage is, at least monthly. A good time to do this is during our routine calls to refill your medications. If your insurance or coverage changes, and Coram is not notified in a timely manner, you are at risk of being financially responsible for the cost of your care.

If you are uninsured or are receiving services that are not covered by your plan

You will get a call from a Coram® representative before your scheduled therapy administration. We will review what will be owed by you for the services. If you do not have insurance, or have a medical benefit co-pay, or Coram services are not covered by your insurance, payment is expected prior to therapy administration.

If you lose your insurance or benefits coverage, please contact your Coram representative to discuss a plan. It is your responsibility to notify Coram of any changes to your insurance.

Deductibles and out-of-pocket expenses required by your plan

During your introductory call, a Coram representative will provide you with the information we have received from your insurance carrier. This will include whether your plan(s) covers infusion therapy or not. It will also cover your deductibles and out-of-pocket copays that remain. This information is based on the doctor's orders at the time and where you might be in your benefit calendar year. It is important to note that nearly all insurance carriers reset the annual deductibles and out-of-pocket copays that have been met each year. This occurs when your policy or benefits renew.

A form called the Financial Agreement Arrangement will also be provided for you to sign. Based on the insurance information you have provided to Coram, this form will outline your estimated financial obligation based on the prescriptions we are providing at that time. This amount may vary once we bill your insurance.

If you have Medicare

Q: Will Medicare cover my infusion costs?

A: Infusion therapy and services cannot be billed and are not covered under your **Medicare Part A or Part B** plan when administered in a Coram infusion suite. Coram ambulatory infusion suite (AIS).

Coverage under **Medicare Advantage Plans** varies greatly. Some infusion therapy and services may not be covered in a Coram AIS. Your Coram representative will discuss with you whether your services meet eligibility criteria or not.

If you have **Medicare Part D** coverage and are receiving **Medicare Part D** eligible drugs, Coram will bill those drug charges to your **Medicare Part D** Plan. In some cases, there will be a copay determined by your **Medicare Part D** Plan with every shipment.

How to contact Coram

Contact your local Coram team by calling the number listed in your welcome letter to:

1. Notify of any side effects, potential medication issues or concerns
2. Report any changes to your treatment plan
3. Ask any questions about your medication or next appointment
4. Notify if you need to change your appointment day or time
5. Notify if there is any change in your insurance coverage
6. Address customer service concerns or questions
7. Ask billing questions

To

voice a concern or provide any feedback on the service received from Coram, please email us at **ServiceExcellenceTeam@CVSHealth.com**.

Administration devices

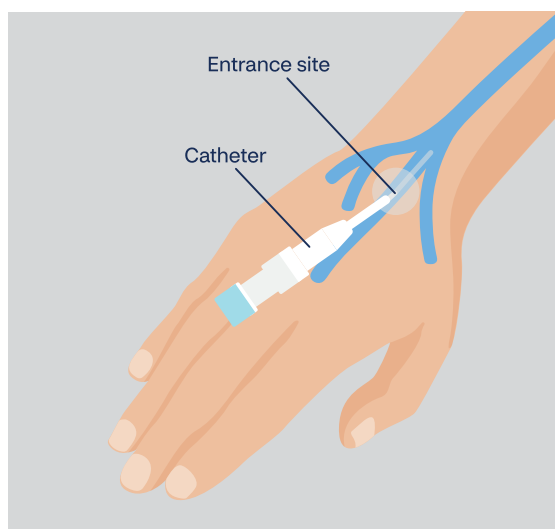
Medication administration for infusion therapy takes place when medicine is given directly into your bloodstream or by an injection.

When the medication is given as a subcutaneous injection, this does not require an IV catheter and is given beneath your skin, not in a vein.

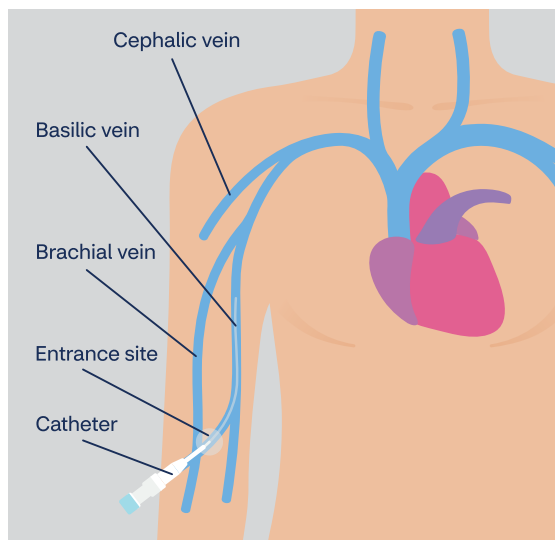
When medication is given directly into your bloodstream, this is done through a small device called an IV (intravenous) catheter. It is placed through the skin and into a vein. The catheter may need to be placed into the vein during a surgical procedure. This catheter may remain in your body for a period of time. Your doctor will decide which of the following devices is best for you.

Types of IV catheters

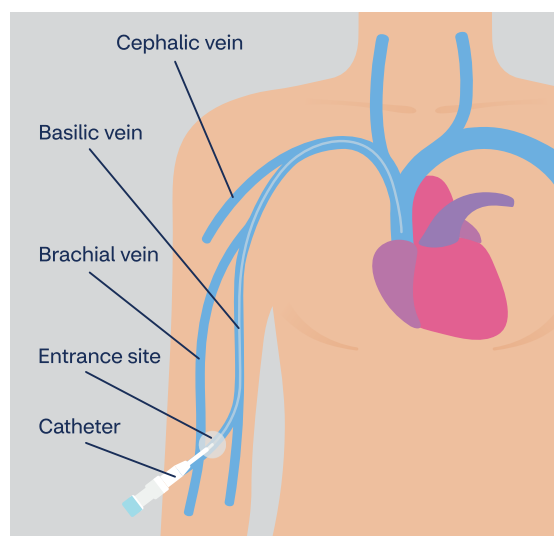
Peripheral IV Catheter: a short plastic tube that is put through your skin into a vein. Most often, this is done in your hand or arm to give medications and fluids.



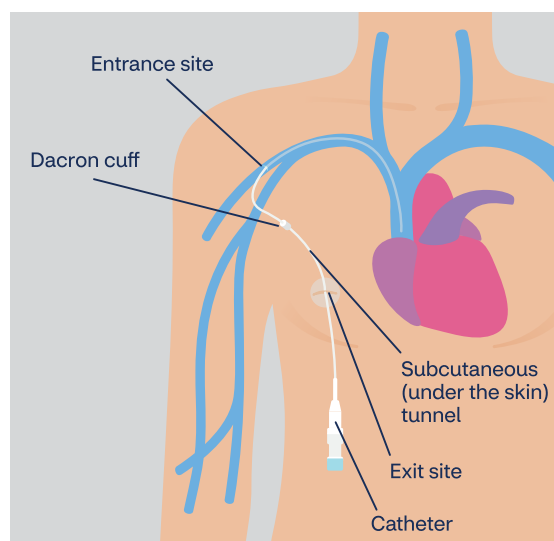
- **Midline Catheter:** a plastic tube, three to six inches in length, that is inserted into a vein in your upper arm. The tip of the catheter ends in a blood vessel below your armpit. This type of catheter is typically used for therapies lasting less than one month.



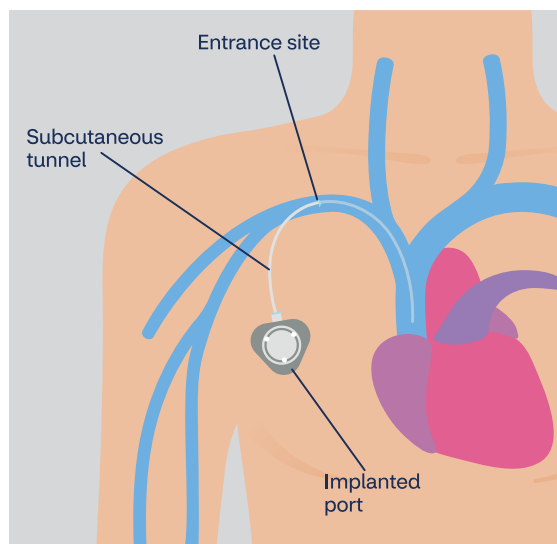
- **Peripherally Inserted Central Catheter (PICC):** a plastic tube that is inserted into a vein in your upper arm. The tip of the catheter ends in a blood vessel above the heart. This type of catheter can stay in place for a year or more. It can be used for a large variety of therapies.



- **Tunneled Central Catheter:** a plastic tube that is put into a large vein in your neck, chest or groin. It can be tunneled under your skin or inserted into the vein directly. The tip of the catheter ends in a blood vessel near the heart. It can stay in place for a long time. It can be used for a large variety of therapies.



- **Implanted Port Catheter:** a round metal disc with a soft rubber dome/top attached to your catheter that is inserted under the skin in your chest during surgery. It is totally covered by your skin. The tip of the catheter ends in a blood vessel near the heart. A special needle is pushed through your skin into the disc in order to give the medication. A port can stay in your body for years. It can be used to draw blood or give you medication.



How to care for and manage your IV catheter

If you have an IV catheter, you may be taught to help care for your IV catheter. This will depend on your catheter type and therapy. You may be taught to flush if you have a catheter that remains in place between medication doses. This will depend on your doctor's orders. Your nurse will teach you what level of care is needed. You will be given training tools to be sure that you have all necessary information.

Top tips to prevent catheter complications

Follow all directions and tips to help avoid complications with your catheter.

- **It is important to wash your hands.** Do this before and after you work with your catheter, medication and supplies. This will help prevent infection.

- The tip of the saline and heparin syringes are sterile. Do not touch them, or let them touch any surfaces. If this happens, discard this syringe and use a new syringe.
- Use a new alcohol pad for each step. Be sure to scrub your catheter injection cap for at least **15 seconds** with an alcohol pad before each access.
- **DO NOT** force a catheter flush. Stop and call Coram® if you have pain, burning or swelling when flushing.
- If your catheter has a clamp, clamp the catheter and/or extension set when not in use.
- Keep the catheter dressing and catheter injection cap covered while bathing. Do not let your site get wet.
- Make sure that the catheter is secured. **DO NOT** let the extension set or tubing dangle.
- **DO NOT** use scissors, pins or other sharp objects near the catheter or tubing.

You should check for these signs daily, or when you receive each dose. Tell your nurse and/or doctor:

- If you have any pain, redness, coolness, swelling or pain at the site where the IV catheter is located; or
- If you have a temperature greater than 100.4° F.

Please call your nurse or pharmacist as soon as possible if you have any trouble with your IV device and/or if your catheter has been replaced. You will also want to contact your doctor.

Safety considerations for infusion therapy

Storing and handling medication

In the unlikely event that your medication is shipped directly to you, bring it to your appointment. It should be stored according to the medication label instructions. If refrigeration is required, medications should be stored at a temperature between 36°F and 46°F. If you can, create a space in your refrigerator that is just for your medications. Medications should be in a sealed plastic bag if stored on a lower refrigerator shelf or beneath food and/or beverages.

If you have an emergency or unable to store medications in a refrigerator, contact your local Coram® team listed in your welcome letter.

Proper handwashing technique

Washing your hands is very important.
Make sure you clean your hands:

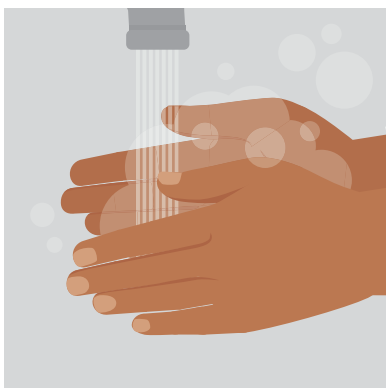
- Before and after you work with your catheter, medication and supplies
- After using the restroom
- After blowing your nose, or covering your mouth and nose to cough or sneeze
- Additionally, as needed (e.g., if they become soiled)

Wash your hands with soap and water.
Dry them thoroughly with a paper towel.

Using soap and water

For best results, use a liquid soap rather than a bar soap, and follow these steps:

1. Turn on the sink tap and wet your hands and wrists under warm running water. **Leave the water running.**



2. Apply enough liquid soap to cover all hand surfaces. Rub hands together, palm to

palm, covering all surfaces of both hands, all fingers and your thumbs. Rub the soap in between your fingers and on top of your hands. Use a nail brush if needed. Scrub thoroughly for **at least 20 seconds**, or as long as it takes to sing “Happy Birthday” twice.

3. Rinse your hands to remove all soap and dry them thoroughly. Dry them with a paper towel or clean (unused) hand towel.
4. After drying your hands, use the same towel to turn off the faucet. **DO NOT** touch the faucet directly with your clean hands.



5. Once your hands are clean, make sure they do not come in contact with unclean surfaces. You will need to rewash your hands before continuing if you cough, sneeze or pick up something from the floor.

Using hand sanitizer

If you do not have access to soap and water, use an alcohol-based hand sanitizer:

1. Apply a quarter-sized amount of hand gel into one palm.
2. Spread the gel between your hands and around all fingers.
3. Rub your hands together vigorously.
4. Keep rubbing your hands together until they are dry and all gel has been absorbed.

Covering your cough and/or sneeze

Covering your cough and/or sneeze helps prevent germs from entering the air space shared by your family and friends. Ideally, use a tissue. Cough or sneeze into your elbow to avoid spreading germs onto your hands if a tissue is not available.

Remember to always:

- Place used tissues in a trash can.
- Wash your hands after you cough, sneeze or handle used tissues.

What to expect

Preparation for your first appointment

Always bring your picture ID and health care insurance or coverage card(s) to each scheduled appointment. Your nurse will call you prior to your infusion to ask pre-screening questions and confirm when you should arrive for your scheduled appointment.

Upon arrival

There will be documents you need to review and sign before your initial medication is administered. Feel free to ask any questions and keep copies for your files.

Refills and clinical follow-up

Your Coram team will help you keep track of your next scheduled medication administration.

The nurse will coordinate with the pharmacy for the amount of medication and supplies needed for your next scheduled appointment.

Expect routine calls from your Clinical Support Specialist.

When speaking with your Clinical Support Specialist please let them know:

- If you have any **changes in your insurance** coverage such as ID, new coverage, added coverage, become Medicare eligible or change in Medicaid plan.
- If you **need to change your appointment** date or time.
- If you will have an **interruption of therapy** — if you return to the hospital, or if your doctor has stopped your treatment.
- It is **extremely important** to make time to tell them about your current health status. Also, let them know how things are going with your infusion therapy. These questions may take a few minutes to answer. Remember, this is a very important part of your care.
- If you have plans to travel, the Clinical Support Specialist can help arrange for an alternate location.

Delivery of medication and supplies

The nurse will inspect all your supplies when delivery is received. You will be given a copy of the delivery receipt. You may be asked to sign a copy.

Because of state laws, Coram cannot accept any returns of unused supplies and products if the supplies were shipped to your home.

Frequently asked questions (FAQ)

Q: When should I call my doctor?

A: You should call your doctor if you notice:

- Skin reactions like hives, flushed skin or paleness
- An unusual change in nausea, vomiting or diarrhea and/or stomach pain
- Fever greater than 100.4° F

Call 911 right away if a life-threatening emergency should occur during your therapy like difficulty breathing, swelling in your throat, neck, face, new bleeding or your catheter is pulled out. Coram is not an emergency care provider.

Q: When should I call Coram?

A: Call Coram if a situation is not life-threatening. Your Coram care team can help with the following:

- If you can't flush your IV catheter
- If there is swelling, redness or drainage from your IV catheter site
- If you experience any unusual occurrence that would cause the infusion therapy to stop
- If your IV catheter site dressing becomes wet or falls off
- If you have questions about your medication
- If you have questions about billing, you can call our team at **1-855-311-7246**.

Q: Are infusion therapy and the necessary supplies covered by insurance?

A: This depends on your insurance type and coverage rules. Coram® will find out what is covered and let you know about any out-of-pocket costs before the start of care. Please refer to the *Admissions and billing* section of this guide for more information.

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Q: What other resources are available to learn more about infusion therapy?

A: Your Coram nurse or pharmacist can help you learn more about your therapy. Patient education materials are also available on CoramHC.com.

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Q: How do I receive email alerts?

A: Tell anyone on your Coram team that you want to sign up for email to get information related to your care, order delivery and account status updates sent directly to you. We'll add your email address to your account profile so that you can start receiving emails from us.

The emails you'll get from Coram are not encrypted. So by opting in to receive e-mail communications, you'll be accepting the risk that some of your confidential health information could be seen by someone other than you.

If you ever decide that you want to stop getting emails, just let a member of your Coram team know. We'll delete your email address from your account profile.

We're serious about protecting your privacy and we never give or sell any identifiable information about you to other companies for their marketing purposes.

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Q: Can I access my health information online?

A: You can easily access your Coram health information with CVS Health® MyChart®. It's a secure online tool that makes it easy to stay on top of your health from your computer or mobile device. You can track your health status and get information about your account whenever you like.

You can view details of past appointments, check medications and instructions, pay your bill 24/7, and ask questions about your bill via secure message to Coram.

Sign up at MyChart.CVSHealth.com or download the MyChart app from the Apple App or Google Play store.

CVS Health MyChart includes your medical records if you received care at one of our CVS Health companies, including Coram, LLC and MinuteClinic, LLC. MinuteClinic® operates or provides certain management support services to MinuteClinic-branded walk-in clinics. CVS Health MyChart is NOT to be used for urgent needs. For medical emergencies, dial 911.

CVS Health MyChart is limited to patients that are 18 years of age or older, and 19 years of age or older in Nebraska.

Lifestyle considerations

Coram wants to help you continue with activities that are important to you. Share any questions or concerns with your Coram team. There may be a solution that allows you to continue doing what you love.

Bathing and swimming

You may keep up with routine bathing habits. It is very important to protect your IV catheter and equipment from water. Your Coram team will teach you how to do this. Ask your doctor if swimming is permitted.

Entertainment and exercise

As you start to feel better, you may slowly return to activities you like to do with friends and family. Make sure to check with your doctor first. Your level of energy may change from day to day. Check with your doctor before any strenuous exercise.

Remember to always be careful with your IV catheter. Try not to pull or apply any pressure to it.

Travel

It is important that you tell your doctor of your desire to travel. Let your Coram team know two weeks in advance of your trip, when possible, so they can arrange infusion therapy in an alternative location. Coram has a network of convenient infusion suites nationwide.

You may need to get an order from a doctor with a license in the state you are visiting if you will need nursing services while traveling. Your Coram®

team can also help you if you will have continued coverage for your therapy in the state you are visiting to give you peace of mind.

Additional safety tips

An important part of taking care of your health is making sure that your home or workplace are safe for you and your caregivers. You should know how to operate and care for your medical devices. Taking steps to prevent fires or falls can help prevent accidents or emergencies. At the infusion suite, the nurse will review a fire safety plan and how to safely handle oxygen during your treatment. These tips are to help ensure your safety continues after your infusion therapy.

Oxygen safety*

- **Never smoke or allow others to smoke** near where oxygen is stored or being used. Speak to your oxygen company about getting “no smoking” signs for your home or workplace.
- Keep oxygen canisters at least six to 10 feet away from any heat source or open flame. This includes heaters, gas stoves, fireplaces, wood-burning stoves, candles, etc. Keep oxygen away from things that can cause a spark like electric heaters, blankets and hair dryers.
- Avoid storing your oxygen tanks in an area exposed to the sun.
- Make sure tanks stand upright. Hold them in place using an approved holder/cart provided by your oxygen company. You may lay oxygen tanks on the floor if you do not have a way to secure them upright.
- Do not use extension cords or multi-outlet adaptors, such as power strips, near your oxygen.
- Know how your oxygen equipment works.
- Check the amount of oxygen that is in your tank on a routine basis. Let your oxygen company know if you are running low on oxygen.
- Keep the phone number for your oxygen and equipment company nearby in case something breaks or you need to order more oxygen.
- In case of a power outage, let your utility/ power company know that you have oxygen and need it as part of your necessary medical therapy.
- Do not use oil- or petroleum-based products while using oxygen. Use water-based lotions and products.
- Do not change your oxygen dosage unless your doctor tells you to change it.
- Turn your oxygen off when you are not using it.
- Smoking is never permitted in the infusion suite.

Fire safety**

- Have a smoke detector/alarm on each floor of your home, preferably in all bedrooms.
- Check the smoke detectors/alarms each month and make sure they work. Change the batteries if not working. Check with your local fire department for help if you need smoke detectors/alarms.
- Never smoke or allow others to smoke near where oxygen is stored or being used.
- Keep matches and lighters out of children’s reach and sight.
- Do not smoke if you are drowsy, have taken pain medication or are resting in bed.
- Plan your escape route from different places in your home. Have a designated spot where everyone will meet after getting out of the house.
- Keep a fire extinguisher (in good working order) in the kitchen and any other area where a fire could happen (e.g., basement).
- If someone is on fire: stop, drop and roll.
- If there is a fire in your home, first get everyone out. Then call 911 or the fire department right away, once out of the house and safe.
- If you are in the workplace, contact your employer to understand how they handle fire safety.

Fall prevention***

- Consider these potential risks for falls. Talk to your doctor or nurse if you have any of these:

- Problems with balance, leg weakness or dizziness: Can you stand or walk without losing your balance or becoming unsteady on your feet? Do you need to hold onto furniture or walls when walking? Are your legs or feet feeling numb?
 - Vision issues: Do you have any problems seeing things clearly?
 - Medications: Are you taking any medications that make you sleepy, “shaky” on your feet, weak, dizzy or dehydrated?
 - Other conditions: Do you have any other illnesses or conditions that make you weak or at risk for falling (like a need to go to the bathroom quickly)?
- Use a cane or walker if you have any of the above conditions.
 - Talk to your doctor if you need help.
 - Make sure you have rails to hold onto when going up and down stairs.
 - Have grab bars in the bathroom near the toilet and shower/bath.
 - Remove clutter from walking areas around your home.
 - Make sure the pathway between your bed and other resting areas and to bathrooms is clear and well lit.
 - Increase lighting throughout your house, especially at the top and bottom of your stairs. Use nightlights to keep paths visible.
 - Secure or remove throw rugs.
 - Cover or remove sharp corners along your bed, hallways and other pathways.
 - Keep all cords out of walking pathways.
 - Walk carefully around pets to prevent tripping.
 - Let your doctor and Coram nurse know if you have fallen.

*<https://www.inogen.com/blog/10-home-oxygen-safety-tips/>. Accessed December 3, 2024.

**<http://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/fire>. Accessed December 3, 2024.

***<https://www.ncoa.org/article/falls-prevention-conversation-guide-for-caregivers/>. Accessed December 3, 2024.

Medical and emergency considerations

Adverse drug reactions

Adverse drug reactions can occur at any time. Call your doctor right away if you have any feelings or reactions, you didn't expect after you receive your medication. Also call the pharmacist at the pharmacy number you received. You may also report side effects to the U.S. Food and Drug Administration (FDA) by calling **1-800-FDA-1088 (1-800-332-1088)**.

MinuteClinic®

Many of the concerns that bring people to an emergency department can be treated in walk-in medical clinics. MinuteClinic is the clinic inside CVS Pharmacy® and Target stores. It has certified nurse practitioners and physician assistants who may be able to help. If you can't reach your doctor, you can go to MinuteClinic seven days a week, including evenings. No appointment is necessary.

MinuteClinic might be a convenient alternative if it is not life-threatening, and you still need to seek treatment.

Call 911 or your local hospital emergency department if you have a medical emergency.

Alcohol and other substances

Alcohol and other substances may change how you react to your infusion therapy. Tell your doctor, pharmacist or nurse if you drink alcohol or energy drinks, take prescription or non-prescription medications such as vitamins or herbal supplements, smoke or vape, or use any other substances. Also, let them know if you have any changes in your medications.

Other medical treatment

Please let your doctor or dentist know that you are on IV therapy before any surgery or dental work.

In case of emergency or disaster

Please refer to the Welcome Letter provided by your care team. You will find helpful contact information and steps to follow in case of an emergency or disaster in your area.

When your therapy ends

You may stop services with Coram® for any of these reasons:

- Your treatment is finished.
- Your doctor gives Coram an order to discharge you.
- Your doctor does not renew your orders.
- You change doctors and do not have orders from the new doctor.
- Your original therapy orders have an end and discharge date.
- Your health care benefit insurance or coverages changes.

- You have been admitted to the hospital.
- You decide you no longer need Coram services.
- You refuse treatment.
- You have not received therapy as prescribed (without a doctor's order).
- You move outside of the service area.
- Coram is no longer able to meet your health care needs.

Visit **CoramHC.com** to explore these features and more:

- Educational resources
- Patient stories
- How-to videos
- Coram travel support program

Glossary

- **Advance directive:** A written statement of a person's wishes about medical treatment. This spells out in advance what actions should be taken if a person is no longer able to make health care decisions for themselves because of illness or incapacity.
- **Bacteria:** Germs that attack the body and can make you sick.
- **Catheter:** A device with a plastic tube that is inserted/put into the body. The catheter can be used to administer fluids or medications or to draw blood.
- **Catheter injection cap:** A small cap attached to the end of the IV catheter to allow the administration of medication and prevent the entry of air or germs into the catheter.
- **Central catheter:** An IV catheter that is threaded through a vein to a point close to the heart.
- **Contaminate:** To put bacteria on a sterile area by contact with objects which are not sterile (such as ungloved hands).
- **Dehydrated:** Body does not have enough water, which can create a feeling of weakness and lightheadedness.
- **Dressing:** A sterile pad or clear covering over a site where the IV is inserted or where there is a wound. The covering protects the site from becoming infected or dirty.
- **Flush:** To clear out the solution remaining in the catheter or tubing.
- **Heparin:** A medication used to prevent blood from clotting and blocking the catheter.
- **Infection:** The invasion of bacteria or virus in the body which causes your body to react and become ill. Antibiotics are sometimes used to fight the infection.
- **Insertion/exit site:** The place where the IV catheter enters the skin.
- **Intravenous (IV):** Inside a vein.
- **Milliliter (mL):** A unit of measurement for a liquid or medication.
- **Peripheral catheter:** A short IV catheter typically inserted in the hand or arm.
- **Side effect:** An undesired result of taking a medication or therapy.
- **Sterile:** Completely free from bacteria. Most supplies packed in sealed containers are sterile.
- **Syringe:** A plastic tube with a plunger that is used to administer medications.
- **Transparent dressing:** A thin sheet of see-through material to cover a site where an IV catheter is placed or over a wound to protect it from getting dirty or infected.



Forms and notices

There are several forms and notices in this folder that require your attention. Any signed form will be part of your medical and financial file.

Forms and notices

Assignment of benefits (AOB)/consent form Printed Handout

The Assignment of Benefits (AOB)/consent form authorizes Coram to bill your insurance provider. This form also shows that you agree to receive the services as prescribed by your doctor. A copy will be provided. You will need to review and sign before your initial medication is administered.

Financial agreement arrangement (FAA) form. Printed Handout

- Coram® will check your insurance before you start services. We will tell you about the financial arrangements.
- You will be asked to sign an FAA form related to billing and payment for services.
- Your insurance is checked monthly. Coram will also verify your insurance again if you are hospitalized or return to our service. A copy will be provided. You will need to review and sign before your initial medication is administered.

Advance beneficiary notice (ABN) form (Medicare patients only). Printed Handout

An ABN form lists items or services that Medicare isn't expected to pay for, an estimate of the costs for the items/services and reasons why Medicare may not pay. A copy will be provided. You will need to review and sign before your initial medication is administered.

Patient/caregiver acknowledgement 17

You will be asked to sign this form to confirm the information you received in this packet. You can note any questions you may have about the material on this form. A Coram team member will then follow up with you for more training. A copy will be provided. You will need to review and sign before your initial medication is administered.

Notice of privacy practices (NOPP) 18

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully and ask your Coram team if you have any questions.

Patient rights and responsibilities 21

This information is located at the end of this booklet. Depending on your state, you may be asked to sign a form confirming receipt. Please read it, including the Customer and Patient Conduct Standards, carefully and ask your Coram team if you have any questions.

Medicare prescription drug coverage and your rights 23

This notice is located at the end of this booklet.

Centers for Medicare & Medicaid Services (CMS) Medicare Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) supplier standards 24

This notice is located at the end of this booklet.

Advance directives 27

This notice describes a signed form to explain to health care providers and your family your wishes to accept or refuse services that could save or sustain your life. If you have one, you will be asked to provide to your Coram team.

Nondiscrimination and accessibility notice (ACA § 1557) (also known as Language Line and Translation Resources) 28

Patient/caregiver acknowledgement

A Coram® team member will review the materials included in this packet with you. This signed form will be retained in your records.

Forms and Notices Section:

Notice of Privacy Practices (NOPP)

Forms reviewed and signed:

AOB/consent form

FAA form

ABN form

Information reviewed:

Medication profile

Copy of physician orders

Pump programming verification

Drug information sheet

Patient education tools

Pump information guide (manufacturer)

Administrative guides

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

I have no questions at this time regarding the drug therapy provided by Coram. I do not need to have a clinical pharmacist contact me at this time to answer questions. I understand that I may contact the pharmacy at any time if questions do arise.

I have questions regarding this drug therapy. Please have a clinical pharmacist contact me as soon as possible.

The best time to reach me is: _____.

Please call me at: _____.

The undersigned acknowledges that he/she has received, been instructed in, and understands the subjects covered in this packet and the additional materials provided, as checked above.

Patient or Caregiver Signature

Printed Name

Date

Coram Representative Signature

Printed Name

Date

Notice of privacy practices (NOPP)

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

This Notice of Privacy Practices (the “Notice”) describes the privacy practices of Coram LLC (“Coram”) and the members of its Affiliated Covered Entity (“CVS Provider ACE”). An Affiliated Covered Entity is a group of Covered Entities under common ownership or control that designates itself as a single Covered Entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). The members of the CVS Provider ACE will share Protected Health Information (“PHI”) with each other for the treatment, payment and health care operations of the CVS Provider ACE and as permitted by HIPAA and this Notice. For a complete list of the members of the CVS Provider ACE, please contact the CVS Health Privacy Office.

PHI is information about you that we obtain to provide our services to you and that can be used to identify you. It includes your name and contact information, as well as information about your health, medical conditions, and prescriptions. It may relate to your past, present or future physical or mental health or condition the provision or health care products and services to you, or payment for such products or services.

We are required by law to protect the privacy of your PHI and to provide you with this Notice explaining our legal duties and privacy practices regarding your PHI. This Notice describes how we may use and disclose your PHI.

We have provided you with examples; however, not every permissible use or disclosure will be listed in this Notice. PHI disclosed as permitted by HIPAA may be subject to redisclosure by the recipient and no longer protected by HIPAA. This Notice also describes your rights and the obligations we have regarding the use and disclosure of your PHI.

We and our employees and workforce members are required to follow the terms of this Notice or any change to it that is in effect.

Uses and disclosures of your PHI for treatment, payment, and health care operations

We may use and disclose your PHI for treatment, payment and health care operations without your written authorization. The following categories describe and provide some examples of the different ways that may use and disclose your PHI for these purposes:

Treatment: We may use and disclose your PHI to provide and coordinate the treatment, medication and services you receive. For example, we may:

- Use and disclose your PHI to provide and coordinate the treatment, medication and services you receive at Coram.
- Disclose your PHI to other third parties, such as pharmacies, doctors, hospitals or other health care providers to assist them in providing care to you or for care coordination. In some instances, uses and disclosures of your PHI for these purposes may be made through a Health Information Exchange or similar shared system.
- Contact you to provide treatment-related services, such as refill reminders, adherence communications or treatment alternatives (e.g., available generic products).

Payment: We may use and disclose your PHI to obtain payment for the services we provide to you and for other payment activities related to the services we provide. For example, we may:

- Share your PHI with your insurer, pharmacy benefit manager, or other health care payor to determine whether it will pay for your health care products and services you need and to determine the payment amount you may owe.
- Contact you about a payment or balance due for prescriptions dispensed to you at Coram or may disclose your PHI to other health care providers, health plans or other HIPAA Covered Entities who may need it for their payment activities.

Health care operations: We may use and disclose your PHI for health care operations — those activities necessary to operate our health care business. For example, we may:

- Use and disclose your PHI to monitor the quality of our health care services, to provide customer services to you, to resolve complaints and to coordinate your care.
- Transfer or receive your PHI if we buy or sell pharmacy locations.
- Use and disclose your PHI to contact you about health-related products, services or opportunities that may interest you, such as programs for Coram patients.
- Disclose your PHI to other HIPAA Covered Entities that have provided services to you so that they can improve the quality and efficacy of the health care services they provide or for their health care operations.
- Use your PHI to create de-identified data, which no longer identifies you, and which may be used or disclosed for analytics, business planning or other purposes.

Other uses and disclosures of your PHI that do not require authorization

We are also allowed or required to share your PHI, without your authorization, in certain situations or when certain conditions have been met.

Business associates: We may disclose your PHI to a friend, personal representative, family member or any other person you identify as a caregiver, who is involved in your care, or the payment related to that care. For example, we may provide prescriptions and related information to your caregiver on your behalf. We may also make these disclosures after your death unless doing so is inconsistent with any prior expressed preference documented by Coram. Upon your death, we may disclose your PHI to an administrator, executor or other individual authorized under law to act on behalf of your estate. If you are a minor, we may release your PHI to your parents or legal guardians when permitted or required by law.

Individuals involved in your care or payment for your care: We may disclose your PHI to a friend, personal representative, family member, or any other person you identify as a caregiver who is involved in your care or the payment related to that care. For example, we may provide prescriptions and related information to your caregiver on your behalf. We may also make these disclosures after your death unless doing so is inconsistent with any prior expressed preference documented by CVS Health. Upon your death, we may disclose your PHI to an administrator, executor or other individual authorized under law to act on behalf of your estate.

If you are a minor, we may release your PHI to your parents or legal guardians when permitted or required by law.

Workers' compensation: We may disclose your PHI as necessary to comply with laws related to workers' compensation or similar programs.

Law enforcement: We may disclose your PHI to law enforcement officials as permitted or required by law. For example, we may use or disclose your PHI to report certain injuries or to report criminal conduct that occurred on our premises. We may also disclose your PHI in response to a court order, subpoena, warrant or other similar written request from law enforcement officials.

Required by law: We will disclose your PHI when required to do so to comply with federal, state or local law.

Judicial and administrative proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Public health and safety purposes: We may disclose your PHI in certain situations to help with public health and safety issues when we are required or permitted to do so, for example to prevent disease; report adverse reactions to medications; report suspected abuse, neglect or domestic violence; or to prevent or reduce a threat to anyone's health or safety.

Health oversight activities: We may disclose your PHI to an oversight agency for certain activities including audits, investigations, inspections, licensure or disciplinary actions; or civil, administrative and criminal proceedings; and as necessary for oversight of the health care system, government programs or compliance with civil rights laws.

Research: Under certain circumstances, we may use or disclose your PHI for research purposes. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board and there is an established protocol to ensure the privacy of your information.

Coroners, medical examiners and funeral directors: We may disclose PHI to coroners, medical directors, or funeral directors so that they can carry out their duties.

Organ or tissue donation: We may disclose your PHI to organ procurement organizations.

Notification: We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person responsible for your care regarding your location, general condition or death. We may also disclose your PHI to disaster relief organizations so that your family or other persons responsible for your care can be notified of your location, general condition or death.

Correctional institution: If you are or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents to assist them in providing your health care, protecting your health and safety or the health and safety of others.

Specialized government functions: We may disclose your PHI to authorized federal officials for the conduct of military, national security activities and other specialized government functions.

Uses or disclosures for purposes that require your authorization

Use and disclosure of your PHI for other purposes may be made only with your written authorization and unless we have your authorization we will not:

- Use or disclose your PHI for marketing purposes.
- Sell your PHI to third parties (except for in connection with the transfer of a business to another health care provider required to comply with HIPAA).
- Share psychotherapy notes (to the extent we have any). We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke your authorization at any time by submitting a written notice to the CVS Health Privacy Office. Your revocation will be effective upon receipt; however, it will not undo any use or disclosure of your PHI that occurred before you notified us, or any actions taken based upon your authorization.

Additional restrictions on use and disclosure

Some state and federal laws may require special privacy protections, including certain requirements to obtain attestations from requestors, that limited the use and disclosure of certain sensitive health information. Such laws may protect information related to:

- Alcohol or substance use disorder
- Biometric Information

- Child or adult abuse or neglect, including sexual assault
- Communicable diseases
- Genetic information
- HIV/AIDs
- Mental health
- Minors
- Reproductive health
- Sexually transmitted diseases

We will follow the law that is stricter (or more protective of your PHI), where it applies to us. If you would like additional information about additional use or disclosure restrictions that may apply to your sensitive PHI, please contact the CVS Health Privacy Office.

Your health information rights

Written requests and additional information: You may request additional information about CVS Health's privacy practices or obtain a form for submitting written requests by contacting the **CVS Health Privacy Officer**: by email at PrivacyOffice@CVSHealth.com, by mail at **CVS Health Privacy Office, One CVS Drive, Woonsocket RI 02895** or toll-free by telephone at **(833) 571-1784**. You can also visit coramhc.com/patient-authorization-form to obtain the form to submit written requests.

Obtain a copy of the notice: You have the right to obtain a paper copy of our current Notice at any time. You may do so by going to the site where you obtain health care services from us or by contacting the CVS Health Privacy Office.

Inspect and obtain a copy of your PHI: With a few exceptions, you have the right to see and get a copy of the PHI we maintain about you. You may request access to your PHI electronically. To inspect or obtain a copy of your PHI, submit a written request to the CVS Health Privacy Office. You may also ask us to provide a copy of your PHI to another person or entity. A reasonable fee may be charged for the expense of fulfilling your request as permitted under HIPAA and/or state law. We may deny your request to inspect and copy your record in certain limited circumstances. If we deny your request, we will notify you in writing and let you know if you may request a review of the denial.

Request an amendment: If you feel that the PHI, we maintain about you is incomplete or incorrect, you may request that we amend it. For example, if your date of birth is incorrect, you may request

that the information be corrected. To request an amendment, submit a written request to the CVS Health Privacy Office. You must include a reason that supports your request. If we deny your request for an amendment, we will provide with you a written explanation of why we denied it. Receive an accounting of disclosures: You have the right to request an accounting of disclosures we make of your PHI for purposes other than treatment, payment or health care operations. Please note that certain other disclosures need not be included in the accounting we provide to you. To obtain an accounting, submit a written request to the CVS Health Privacy Office. We will provide one accounting per 12-month period free of charge, but you may be charged for the cost of any subsequent accountings. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

Request confidential communications: You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may request that we contact you only in writing at a specific address. To request confidential communication of your PHI, submit a written request to the CVS Health Privacy Office. Your request must state how, where or when you would like to be contacted. We will accommodate all reasonable requests.

Request a restriction on certain uses and disclosures: You have the right to request additional restrictions on our use and disclosure of your PHI by sending a written request to the CVS Health Privacy Office. We are not required to agree to your request except where the disclosure is to a health plan or insurer for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI is related to a health

care item or service for which you or a person on your behalf, has paid in full out-of-pocket. If you do not want a claim for payment submitted to your health plan on record, please discuss with the pharmacist or health care provider when you check in for care or before your prescription is sent to the pharmacy.

Notification of breach: You have a right to be notified in the event there is a breach of your unsecured PHI as defined by HIPAA.

To report a problem

Complaints: If you believe your privacy rights have been violated, you can file a complaint with the CVS Health Privacy Officer or with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or otherwise retaliated against in any way for filing a complaint.

Changes to this notice

We reserve the right to make changes to this Notice as permitted by law and to make the revised Notice effective for PHI we already have about you as well as any information we receive in the future, as of the effective date of the revised Notice. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Upon request to the Privacy Office, Coram will provide a revised Notice to you. We will also post the revised Notice in our physical locations where we provide Coram services and on our website at <https://www.coramhc.com/notice-privacy-practices> and will make copies available at our facilities and locations where you receive health care products and services from us.

Effective date: This Notice is effective as of July 1, 2025.

Patient rights and responsibilities

As a patient, you have the right to:

- Receive complete information about your rights and responsibilities
- Choose your healthcare provider and receive information on service or care limitations or of any financial benefits when referred to Coram
- Receive a timely response from Coram notifying you when products and services as prescribed by your physician, will begin
- Receive information about your condition, treatment, when and how services shall be provided before start of care, to allow you to give informed consent
- Considerate and respectful care regardless of race, religion, gender, gender identification, national origin, age, medical condition, sexual preference or payment source
- Receive information as to your eligibility for insurance reimbursement and your responsibility for any costs in advance of care provided

- Be actively involved in developing and participating in a plan of care that will meet your identified healthcare needs to the extent provided by law, as well as discuss any problems, changes or barriers in achieving goals
 - Accept or refuse treatment to the extent permitted by law and to be informed of the consequences of such action, which may include termination of Coram services
 - Decline participation, revoke consent or disenroll in the patient management program at any time
 - Have your property and person treated with dignity by all Coram team members
 - Be free from physical and mental abuse and/or neglect and speak with a health care professional
 - Know the name, function, and qualifications of all personnel who provide healthcare services to you and the name of the person responsible for the coordination of your care
 - Be informed of the identity and job title of the staff members of the pharmacy providing services to you and to speak to a supervisor of the staff member if requested
 - Make decisions about advance directives and to be informed of Coram's policy to honor those decisions
 - Express dissatisfaction with equipment, supplies or services provided by Coram without fear of reprisal
 - The protection of your medical information from unauthorized use and disclosure, unless otherwise permitted or required by law
 - Receive a Notice of Coram's Privacy Practices, which describes how medical information about you may be used and disclosed to carry out treatment, payment, or healthcare operations and for other purposes that are permitted by law
 - Participate in discussions concerning ethical issues related to your care
 - Receive an initial and ongoing assessment regarding the existence of pain, as well as a timely response to any symptoms of pain, with appropriate and adequate treatment by your healthcare team
 - Complain, without being subject to discrimination or reprisal, to your state Department of Health if you are not satisfied with Coram's response to your concerns
 - Receive information regarding our policies and procedures
 - Be given reasonable notice regarding anticipated termination of services or plans to transfer to another provider and participate in that discharge or transfer process
 - Examine, review, restrict, amend, and request a copy of your medical records; and to authorize another individual to examine, review, restrict, amend, and request a copy of your medical records
 - Receive information and know about the philosophy and characteristics of the Coram patient management program
- As a patient, you have the responsibility to:**
- Remain under a physician's care while receiving services and notify Coram of any change of physicians
 - Provide a Coram clinician with your complete, accurate health history and notify Coram of any changes in your medical condition
 - Provide a safe home environment in which your care can be given
 - Notify Coram of any change in address or phone number
 - Sign the required consents and releases for insurance billing
 - Provide Coram with all requested insurance and financial records. Coram is to be notified of any change in insurance coverage.
 - Participate actively in your care by following the plan regarding administration of your prescribed medication, care of your catheter and monitoring of your health status, as instructed by a Coram clinician and prescribed by your physician
 - Work with your healthcare team to identify the desired outcomes of your treatment
 - Advise Coram if you are not willing to follow your established care plan/services and accept the consequences of any refusal of treatment or decision to disregard the agreed upon plan of care
 - Treat Coram personnel with respect and consideration
 - Advise Coram when you are unable to keep an appointment, when you are unavailable (out-of-town, on vacation, etc.) while on service and when you are admitted to a hospital
 - Contact Coram if you acquire an infectious disease during the time you are receiving services, except where exempt by law

- Provide Coram with a copy of any written advance directives
- Advise Coram of any problems or dissatisfaction with our care without fear of discrimination or reprisal

- Notify your treating provider of your participating in the patient management program
Form I304-059 Exh A (Revised 01/14/25).

Customer and patient conduct standards

Everyone should expect a safe and caring environment.
Our Customer and Patient Code of Conduct helps us to meet this goal:

We expect everyone to treat others with respect and dignity.

No threats. No abuse. No violence of any kind.

Coram is committed to providing a welcoming environment that protects the safety and well-being of our customers, patients and colleagues. Unacceptable behaviors may result in a ban from this or any other Coram location nationwide, and/or engagement of law enforcement.

Medicare prescription drug coverage and your rights

You have the right to ask for a coverage determination

Medicare drug plan to provide or pay for a drug you think should be covered, provided or continued. You also have the right to ask for a special type of coverage determination called an “exception” if you:

- Need a drug that’s not on your plan’s list of covered drugs
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn’t apply to you for medical reasons
- Need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price

How to ask for a coverage determination

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan’s toll-free phone number on the back of your plan membership card or go to your plan’s website. You can ask for 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:

- The name of the prescription drug, including dose and strength (if known)
- The name of the pharmacy that tried to fill the prescription

- The date you tried to fill the prescription
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn’t apply to you

Your Medicare drug plan will send you a written decision. If coverage isn’t approved and you disagree with this decision, you have the right to appeal. The plan’s notice will explain why coverage was denied and how to ask for an appeal.

Get help and more information

Look at your plan materials or call **1-800-MEDICARE** (1-800-633-4227) for more information about how to ask for a coverage determination.

TTY users can call **1-877-486-2048**.

For help contacting your plan, call **1-800-MEDICARE**.

To get this form in an accessible format (like large print, Braille or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call **1-800-MEDICARE** (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

OMB Approval No. 0938-0975
Form CMS -10147 (Expires 12/31/2027)

Centers for Medicare & Medicaid Services (CMS) Medicare Durable Medical Equipment, Prosthetics, Orthotics & Supplies (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, sec 424.57(c), and can also be found online at [CoramHC.com/CMS-Medicare-DMEPOS-Supplier-Standards](https://www.CoramHC.com/CMS-Medicare-DMEPOS-Supplier-Standards)

General rule. A DMEPOS supplier must meet the following conditions in order to be eligible to receive payment for a Medicare-covered item:

- The supplier has submitted a completed application to CMS to furnish Medicare-covered items including required enrollment forms. (The supplier must enroll separate physical locations it uses to furnish Medicare-covered DMEPOS, with the exception of locations that it uses solely as warehouses or repair facilities.)
- The item was furnished on or after the date CMS issued to the supplier a DMEPOS supplier number conveying billing privileges. (CMS issues only one supplier number for each location.) This requirement does not apply to items furnished incident to a physician's service.
- CMS has not revoked or excluded the DMEPOS supplier's privileges during the period which the item was furnished has not been revoked or excluded.
- A supplier that furnishes a drug used as a Medicare-covered supply with durable medical equipment or prosthetic devices must be licensed by the State to dispense drugs +(A supplier of drugs must bill and receive payment for the drug in its own name. A physician, who is enrolled as a DMEPOS supplier, may dispense, and bill for, drugs under this standard if authorized by the State as part of the physician's license.)
- The supplier has furnished to CMS all information or documentation required to process the claim.
- Application certification standards. The supplier must meet and must certify in its application for billing privileges that it meets and will continue to meet the following standards:
- Operates its business and furnishes Medicare-covered items in compliance with the following applicable laws:
 - Federal regulatory requirements that specify requirements for the provision of DMEPOS and ensure accessibility for the disabled.
 - State licensure and regulatory requirements. If a State requires licensure to furnish certain items or services, a DMEPOS supplier —
 - Must be licensed to provide the item or service; and
 - May contract with a licensed individual or other entity to provide the licensed services unless expressly prohibited by State law.
 - 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.);
 - Must have the application for billing privileges signed by an individual whose signature binds a supplier;
 - 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 non-procurement program or activity;
 - 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.);
 - 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;

- Maintains a physical facility on an appropriate site. An appropriate site must meet all of the following:
- Must meet the following criteria:
- Except for orthotic and prosthetic personnel described in paragraph (c)(7)(i)(A)(2) of this section, maintains a practice location that is at least 200 square feet beginning —
- September 27, 2010 for a prospective DMEPOS supplier;
- The first day after termination of an expiring lease for an existing DMEPOS supplier with a lease that expires on or after September 27, 2010 and before September 27, 2013; or
- September 27, 2013, for an existing DMEPOS supplier with a lease that expires on or after September 27, 2013.
- Orthotic and prosthetic personnel providing custom fabricated orthotics or prosthetics in private practice do not have to meet the practice location requirements in paragraph (c)(7)(i)(A)(1) of this section if the orthotic and prosthetic personnel are —
- State-licensed; or
- Practicing in a State that does not offer State licensure for orthotic and prosthetic personnel.
- Is in a location that is accessible to the public, Medicare beneficiaries, CMS, NSC and its agents. (The location must not be in a gated community or other area where access is restricted.)
- Is accessible and staffed during posted hours of operation.
- Maintains a permanent visible sign in plain view and posts hours of operation. If the supplier's place of business is located within a building complex, the sign must be visible at the main entrance of the building or the hours can be posted at the entrance of the supplier.
- Except for business records that are stored in centralized location as described in paragraph (c)(7)(ii) of this section, is in a location that contains

space for storing business records (including the supplier's delivery, maintenance and beneficiary communication records).

- Is in a location that contains space for retaining the necessary ordering and referring documentation specified in §424.516(f).
- May be the centralized location for all of the business records and the ordering and referring documentation of a multisite supplier.
- May be a "closed door" business, such as a pharmacy or supplier providing services only to beneficiaries residing in a nursing home, that complies with all applicable Federal, State, and local laws and regulations. "Closed door" businesses must comply with all the requirements in this paragraph.
- Permits CMS, the NSC or agents of CMS or the NSC to conduct on-site inspections to ascertain supplier compliance with the requirements of this section.
- Maintains a primary business telephone that is operating at the appropriate site listed under the name of the business locally or toll-free for beneficiaries.
- Cellular phones, beepers or pagers must not be used as the primary business telephone.
- Calls must not be exclusively forwarded from the primary business telephone listed under the name of the business to a cellular phone, beeper, or pager.
- Answering machines, answering services, facsimile machines or combination of these options must not be used exclusively as the primary business telephone during posted operating hours.
- 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;
- Must agree not to contact a beneficiary by telephone when supplying a Medicare-covered item unless one of the following applies:
- 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.

- 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.
- 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.
- 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);
- 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;
- 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;
- 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);
- Must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item;
- Must comply with the disclosure provisions in §420.206 of this subchapter;
- Must not convey or reassign a supplier number;
- 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.);
- Must maintain the following information on all written and oral beneficiary complaints, including telephone complaints, it receives:
 - The name, address, telephone number and health insurance claim number of the beneficiary.
 - 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.
 - If an investigation was not conducted, the name of the person making the decision and the reason for the decision.
 - Provides to CMS, upon request, any information required by the Medicare statute and implementing regulations.
- 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.
- 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.
- 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.
- 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.
- Must meet the surety bond requirements specified in paragraph (d) of this section.
- Must obtain oxygen from a State-licensed oxygen supplier (applicable only to those suppliers in States that require oxygen licensure.)
- Is required to maintain ordering and referring documentation consistent with the provisions found in §424.516(f)

- Except as specified in paragraph (c)(29)(ii) of this section, is prohibited from sharing a practice location with any other Medicare supplier or provider.
- The prohibition specified in paragraph (c)(29)(i) of this section is not applicable at a practice location that meets one of the following:
 - Where a physician whose services are defined in section 1848(j)(3) of the Act or a nonphysician practitioner, as described in section 1842(b)(18)(C) of the Act, furnishes items to his or her own patient as part of his or her professional service.
 - Where a physical or occupational therapist whose services are defined in sections 1861(p) and 1861(g) of the Act, furnishes items to his or her own patient as part of his or her professional service.
 - Where a DMEPOS supplier is colocated with and owned by an enrolled Medicare provider (as described in §489.2(b) of this chapter). The DMEPOS supplier —
 - Must operate as a separate unit; and
 - (Meet all other DMEPOS supplier standards.
- Except as specified in paragraph (c)(30)(ii) of this section, is open to the public a minimum of 30 hours per week.
- The provision of paragraph (c)(30)(i) of this section is not applicable at a practice location where a —
 - (Physician whose services are defined in section 1848(j)(3) of the Act furnishes items to his or her own patient(s) as part of his or her professional service;
 - A physical or occupational therapist whose services are defined in sections 1861(p) and 1861(g) of the Act furnishes items to his or her own patient(s) as part of his or her professional service.

(Updated 05/08/2025)

Advance directives

An advance directive is your way of letting health care providers and your family know your decisions about health care and the right to accept or refuse services, even those that could save or sustain life. It is important that you share and tell your wishes to your family and health care team (e.g., doctor, nurse) and that they are written down prior to starting infusion therapy.

Depending on your state requirements an advance directive allows you to name a person of your choice to make health care choices for you when you cannot make the choices yourself.

You do not need to have a lawyer to create an advance directive, but you do need to sign it in front of the required witnesses in order for it to be accepted and valid.

Nondiscrimination and accessibility notice (ACA § 1557) (also known as Language Line and Translation Resources)

Discrimination is against the law

Coram LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (consistent with 45 CFR § 92.101(a)(2)). Coram LLC does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

Coram LLC:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call Customer Care at 1-800-423-1411 (TTY: 711).

If you believe that Coram LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

Email: **Coordinator1557@cvshealth.com**

Fax: **401-652-9935**

You can file a grievance in person or by mail, email or fax. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Coram LLC's website:
<https://www.coramhc.com/>

Language Assistance

ENGLISH

To access language services at no cost to you, call 1-800-423-1411# (TTY: 711).

ARABIC

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-800-423-1411 (رقم هاتف الصم والبكم: 711).

CHINESE (TRADITIONAL)

如欲使用免費語言服務，請致電 1-800-423-1411 (TTY: 711)。

FARSI (PERSIAN)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-800-423-1411 (TTY: 711) تماس بگیرید.

FRENCH

Afin d'accéder aux services langagiers sans frais, composez le 1-800-423-1411 (TTY: 711).

FRENCH CREOLE HAITIAN

Pou jwenn sèvis lang gratis, rele 1-800-423-1411 (TTY: 711).

GERMAN

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-800-423-1411 (TTY: 711) an.

ITALIAN

Para acessar os serviços de idiomas sem custo para você, ligue para 1-800-423-1411 (TTY: 711).

JAPANESE

言語サービスを無料でご利用いただくには、1-800-423-1411 (TTY: 711) までお電話ください。

KOREAN

무료 언어 서비스를 이용하려면 1-800-423-1411 (TTY: 711)번으로 전화해 주십시오.

POLISH

Aby uzyskać dostęp do bezpłatnych usług językowych proszę 1-800-423-1411 (TTY: 711).

PORTUGUESE

Para acessar os serviços de idiomas sem custo para você, ligue para 1-800-423-1411 (TTY: 711).

RUSSIAN

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-800-423-1411 (TTY: 711).

SPANISH

Para acceder a los servicios de idiomas sin costo, llame al 1-800-423-1411 (TTY: 711).

TAGALOG

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-800-423-1411 (TTY: 711).

VIETNAMESE

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-800-423-1411 (TTY: 711)

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This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about your medical condition and prior to starting any new treatment. Coram[®] assume no liability whatsoever for the information provided or for any diagnosis or treatment made as a result.

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