WELCOME TO HY-VEE PHARMACY SOLUTIONS

We are the specialty pharmacy
personalizing patient care.

Pharmacy
Hy-Vee SOLUTIONS

HPS-MKT-0008 011221

This welcome packet contains important notifications, forms about your rights and responsibilities, and information about Hy-Vee Pharmacy Solutions (HPS) services.

Please review all contents.

Contents of Welcome Packet:

FREQUENTLY ASKED QUESTIONS (FAQs)

How do I contact Hy-Vee Pharmacy Solutions (HPS)?

Please call us if you have any questions or concerns about your order status, copay amount, claims submissions and benefit coverage. If you have any adverse effects to the medication you were given, please contact your prescribing physician or your Pharmacist.

You can also reach out through the patient portal.

When is Hy-Vee Pharmacy Solutions open?

Hours of Operation: M-F, 7 a.m. - 7 p.m. CST and Sat. 8 a.m. - 2 p.m. CST.

A pharmacist is on-call 24 hours a day for emergency and clinical situations such as side effects and medication assistance.

Contact Information:

Hy-Vee Pharmacy Solutions

10004 S. 152 Street, Suite C
Omaha, NE 68138

PHONE: (888) 794-9833
FAX: (855) 861-4941

WEBSITE: www.hvrxsolutions.com
EMAIL: info@hvrxsolutions.com

How do I order a new prescription?

Your prescriber must send a valid prescription to our pharmacy via their preferred means (phone, e-scribe or fax). When a valid prescription is on file, you may call our pharmacy during regular business hours to place your order and schedule delivery.

Please note, there are certain insurance plans that will not accept phone-in prescriptions.

During business hours, you can call the pharmacy to speak with a staff member or to refill your prescription.

After hours, you can leave a message for the pharmacy staff requesting a medication refill or order your refills on the website at www.hvrxsolutions.com. In your message, please include the name of your medication, your first and last name, address, date of birth, daytime phone number, and additional requested information per the voicemail recording.

(Continued on next page)

FAQs (Continued)

Your prescription may be filled with a generic equivalent substitution based on state law, equivalency rating and in accordance with company policy. Please reach out to a Pharmacist if you have any questions or concerns.

An employee will let you know if Hy-Vee Pharmacy Solutions is unable to fulfill the medication request. Suggestions and guidance on where the medication may be available will be provided upon request.

How long does it take to receive my prescription?

Our standard processing time at Hy-Vee Pharmacy Solutions is normally less than 24 hours. This does not include delivery time. If processing time is delayed longer than 24 hours, we will contact you to notify you of your options so you don't go without medication.

A Hy-Vee Pharmacy Solutions employee will immediately let you know if there are any issues that may delay fulfillment, such as prior authorizations or quantity limits imposed by your insurance company. Employees will work with you and your physician to secure your medications as quickly as possible. If your insurance company will not allow a prior authorization or quantity override due to unforeseen circumstances, an employee will help determine the best way to get the medication you require.

Medications are sent via USPS or FedEx. Priority Overnight is available or required for some medications.

Prescriptions are shipped Monday through Friday. Medication delivery is a complimentary service at no additional charge to you. Expedited shipping is available at an additional charge.

Some medications require your signature for delivery. A staff member will coordinate with you to schedule the most convenient delivery method to ensure your availability to sign for the prescription if required.

How do I refill my prescription?

Hy-Vee Pharmacy Solutions will call to schedule your refill order a week or so before you should run out of medication. If you run out of medication prior to the company contacting you, or you would like to go ahead and order your refill, please contact us, and have your prescription number(s) available.

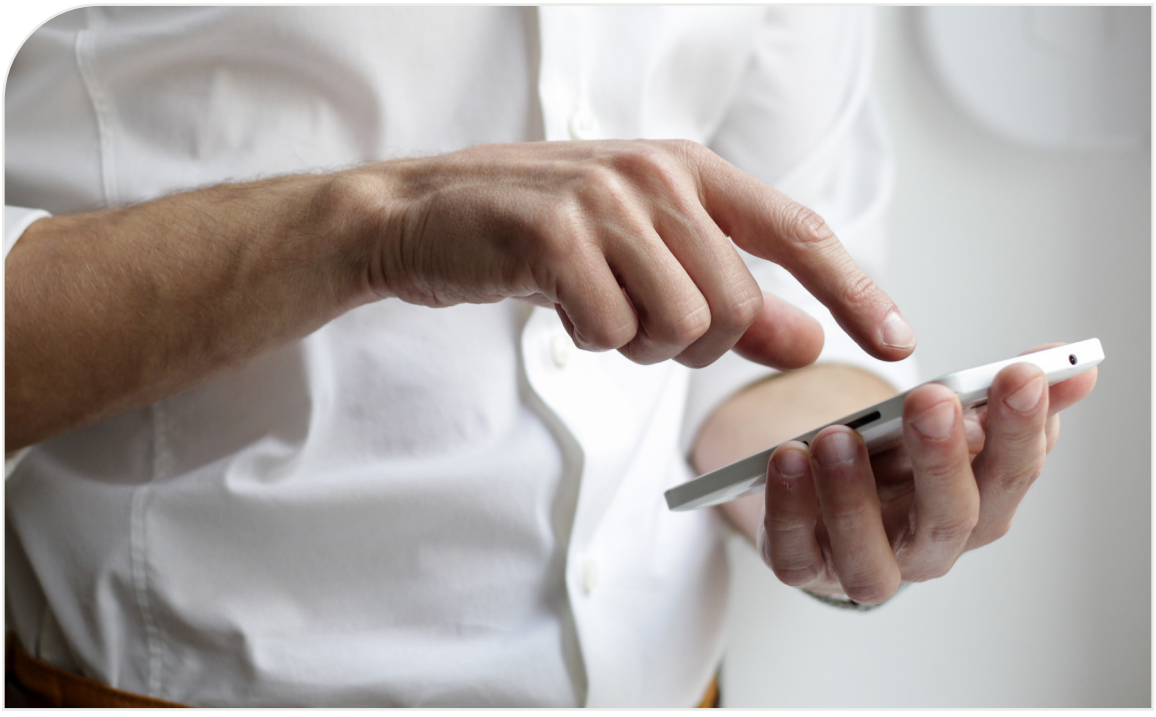
Refills can be ordered 24 hours a day/7 days a week via the patient portal at www.hvrxsolutions.com. See the website for more details. Inform Hy-Vee Pharmacy Solutions if you have run out of refills and would like a call to your physician to be made for a new prescription.

If you need your prescription immediately, you can request your order be expedited. If you cannot wait for a shipment, your prescription may be transferred to a local pharmacy. Hy-Vee Pharmacy Solutions will work with the pharmacy or your provider to obtain a prescription for the next time it is needed.

Contact Hy-Vee Pharmacy Solutions and the Patient Management Program of any insurance, address or health changes.

How do I transfer my prescription?

If you need to transfer your prescription to another pharmacy, please call Hy-Vee Pharmacy Solutions. Provide the name and phone number of the receiving pharmacy and one of our pharmacists will contact that pharmacy to complete the transfer.



How much will my prescription cost?

Prescription cost will vary depending on your insurance.

Because drug pricing can change on a daily basis, a final determination of your co-pay cost cannot be made until your claim is processed. You may also call the Member Services phone number on your prescription insurance card to get the most current information.

If you are unable to afford the out-of-pocket cost for your prescription, Hy-Vee Pharmacy Solutions will work to identify co-pay card assistance, patient assistant programs, or other support and/or financial assistance organizations. Visit our website to learn about Patient Assistance.

The cost may also vary depending on the quantity of medication. Your prescription will be filled for the amount of medication that the physician prescribes. Please be sure to advise your physician to prescribe for the maximum amount/days' supply allowable by your insurance coverage (days allowed may vary by plan).

If you have Medicare Part D drug coverage, the cost of your prescription will change significantly as you meet your deductible and initial co-pay, progress through the "donut hole" and reach total out-of-pocket expense. Benefits Coordinators can assist you in determining and understanding your options. Visit our website to learn more about these services.

How can I pay for my prescription order?

Hy-Vee Pharmacy Solutions accepts all major credit cards, checks, or money orders. Hy-Vee Pharmacy Solutions's convenient online patient portal makes it easy to manage and make credit card payments. To create an account, go to www.hvrxsolutions.com. You can mail checks or money orders to 10004 South 152nd Street, Omaha, Nebraska, 68138. Please do not mail cash.

How can I safely dispose of my medications?

Visit the website below to view a list of medications that can safely be flushed down the toilet or see the handouts given in the welcome packet:

www.fda.gov/Drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know

If your medication is not on this list, please see the documents included in this packet on how to properly dispose of your unwanted or expired medications.

You will be notified by an employee if there is a recall on your medication and given instructions on what to do.

KELLI WYANT

Sr. Director of Pharmacy Operations

What is the Patient Management Program?

The Patient Management Program is included at no cost to you. You may opt in or out at any time by contacting Hy-Vee Pharmacy Solutions.

Pharmacists will work with you on any problems, concerns or questions you may have regarding your medication therapy. Issues discussed include disease overview, medication, dose, dose frequency, interactions, side effects, physical assessments and coordination of care with your physician when appropriate, etc.

The potential health benefits of this program include managing side effects, improved overall health, increased disease and medication education and awareness, increased medication compliance and when coordination of care with your physician is necessary, your pharmacist will have all the information needed to help make informed decisions regarding what is best for you as the patient.

The potential limitations of this program are dependent on you as the patient. You must be willing to follow the directions of your physician and pharmacist, be compliant with taking your medication and willing to discuss the details of your disease, medical history and current practices with your pharmacist so we can have a full understanding of the situation.

Please let your physician know you are a patient of Hy-Vee Pharmacy Solutions and are enrolled in their Patient Management Program. A good relationship between your physician and your pharmacist will benefit everyone involved in your care.

To contact the Patient Management Program, please reach out to Hy-Vee Pharmacy Solutions.

PATIENTS HAVE THE RIGHT TO:

1. Be fully informed in advance about services or care to be provided.
2. Be treated with dignity, courtesy and respect as a unique person.
3. Be able to identify or ask any company representatives for their name and job title. Patients also have the right to speak with a pharmacist, manager or supervisor.
4. Choose a healthcare provider.
5. Receive information about the services that are provided by the company as well as any limitations to the company's services.
6. You may request evidence-based practice information for clinical decisions. These may include manufacturer package inserts, published practice guidelines, peer-reviewed journals, etc. This info can include the level of evidence or consensus describing the process for intervention. This is important in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
7. Timely response when care, treatment, services or equipment is needed or requested. You will be informed in a timely manner of impending discharge.
8. Before services are provided, you can receive verbal or written explanations of expected payments. These payments may come from Medicare or a third-party payer. You can also find out what charges you are asked to pay. Plus, we can explain forms you are requested to sign.
9. Receive medications and services that meet or exceed industry standards. You can expect this regardless of your race, religion, political belief, sex, social or economic status. This should be done regardless of your age, disease process, DNR status or disability. All of this will be done in accordance with your doctor's orders.
10. Receive medications and services from qualified staff. You can expect to receive instructions on safely handling and taking medications.
11. Receive information regarding your order status. Patients or caregivers can call Hy-Vee Pharmacy Solutions at 877-794-9833 and speak with pharmacy staff.
12. Receive notification if a prescription or order is processed or filled by another pharmacy within the Hy-Vee Pharmacy Solutions network of pharmacies.
13. Participate in decisions about technical procedures, who will perform it, any possible alternatives and the risks involved. Please know you have the right to refuse all or part of the services. You can also be informed of expected consequences. Hy-Vee Pharmacy Solutions will explain this according to the current body of knowledge.

PATIENT RIGHTS (Cont.):

14. Privacy of all information contained in your records and of Protected Health Information. This may change with the law or third-party contracts. Your information shared within the Patient Care Management Program will be shared when the law allows.
15. If you want, you can be referred to other providers within an external healthcare system. This includes dietitians, pain specialists, mental health services, etc. You may also be referred back to their own prescriber for follow up.
16. Receive information about to whom and when your health information was disclosed. Hy-Vee Pharmacy Solutions will follow the law and company policies and procedures.
17. You can share concerns or complaints for lack of respect. You can also submit complaints for treatment or service. You may also suggest changes in policy, staff or services. This will be received without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. Patients or caregivers can call the Company, ask for an employee's name, job title, and speak with a supervisor, pharmacist, or pharmacy manager.
18. Have concerns or complaints about services that are (or fail to be) furnished in a timely manner.
19. Be informed of any financial relationships of the pharmacy.
20. Be provided with information about the Patient Care Management Program. You can receive info about the philosophy and changes to the program. If the program is terminated you may be involved as well.
21. Be offered assistance with any eligible internal programs that help with patient management services. These may be manufacturer co pay, patient assistance programs and health plan programs. This includes tobacco cessation programs, disease management, pain management, suicide

PATIENTS RIGHT (Cont.):

prevention or behavioral health programs.

22. Be advised of pharmacy number, for after hours as well as normal business hours: Hy-Vee Pharmacy Solutions: (877) 794-9833 Monday through Friday: 7 AM to 7 PM CST; Saturday: 8 AM to 2 PM CST
23. Be advised of any change in the plan of service before the change is made.
24. Participate in the development of your care plan. You can also participate in revisions of that plan.
25. Receive information in a manner, format or language that you can easily understand.
26. Give permission (when the law allows) for a family member to be involved in your treatment. The member(s) of your family can serve as a surrogate decision maker.
27. Be fully informed of your responsibilities.
28. Have the right to say no to participation, revoke consent or dis-enroll from any services at any point in time.
29. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse. This includes injuries of unknown source, and misappropriation of patient property.
30. Be informed of patient's rights under state law to formulate an Advanced Directive, if applicable.

PATIENTS HAVE THE RESPONSIBILITY TO:

1. Adhere to the treatment plan or services made by your physician. Also, you should notify him or her of your participation in the Patient Management Program.
2. Adhere to company policies and procedures.
3. Submit any forms necessary to participate in the program, to the extent required by law.
4. Participate in the development of an effective plan of care/treatment/ services.
5. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
6. Ask questions about your care, treatment and/or services.
7. Have clarified any instructions provided by company representatives.
8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Be available to receive medication deliveries and coordinate with the company during times you will be available.
10. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
11. Provide a safe environment for the organization's representatives to provide services.
12. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.
13. Communicate any concerns on ability to follow instructions provided.
14. Promptly settle unpaid balances except where contrary to federal or state law.
15. Notify pharmacy of change in prescription or insurance coverage.
16. Notify pharmacy immediately of address or telephone changes, temporary or permanent.

PATIENT COMPLAINTS

After-Hour Services:

Personnel are available for emergency calls after normal business hours and during weekends and holidays, 24 hours a day, 7 days a week. A pharmacist is on-call 24 hours a day, 7 days a week if a call back response is needed. You may leave a message for non-urgent matters or refill requests at the normal business number at any time by following designated prompts.

Complaint Procedure:

1. You have the right and responsibility to express concerns, complaints or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination or unreasonable interruption of services. Call, mail or email the Company and ask to speak with a Pharmacist or Pharmacy Manager during regular business hours. If you are calling outside of regular business hours, including weekends and holidays leave a voicemail. A company representative will return urgent calls in a timely manner. All other calls will be returned the next business day.
2. The formal grievance procedure of the company ensures that your concerns/complaints will be reviewed and investigated. Hy-Vee Pharmacy Solutions takes all patient complaints very seriously and we strive to resolve them in a timely manner. You will be notified by phone or in a written communication the outcome of our investigation should it not be resolved at the time of the initial pharmacy contact. All Medicare, Medicaid and insurance guidelines are followed.
3. If you feel the need to discuss your concerns, dissatisfaction or complaints with a party other than company staff, please file a complaint with the Board of Pharmacy or through the Company's accreditation organizations – URAC or Accreditation Commission for Healthcare (ACHC). Complaints can be made by phone, mail or online depending on the state's specific recommendations. For specific guidelines, check the state's website.

PATIENT COMPLAINTS (Cont.)

Iowa Board of Pharmacy

Forward pharmacy concerns to:
amanda.woltz@iowa.gov
pharmacy.iowa.gov/online-services/file-complaint
400 SW 8th St. Suite E,
Des Moines, IA 50309-4688
(515) 281-6674

Nebraska Department of Health and Human Services

dhhs.ne.gov/Pages/Complaints.aspx
402.741.2118
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471-3121

URAC:

(202) 216-9010; www.urac.org

ACHC:

(855) 937-2242; www.achc.org

What do I do in the event of an emergency or disaster?

If you are in a disaster area and need assistance with your Hy-Vee Pharmacy Solutions prescriptions, please call 877-794-9833. In order to avoid interruption in your therapy be sure to advise us of where to ship your medications to, if you are not in your home. Please notify us when we can resume shipment to your residence.

If you have missed a delivery, please notify us as soon as possible so that we can work with the carrier to attempt redelivery or reship the medication to avoid interruption in your therapy. If you cannot wait for a redelivery or new shipment, we will try to find a pharmacy in your area to transfer your prescriptions to for fulfillment.

If you miss a dose of your medication, do not double the next dose. Contact your pharmacist or doctor for advice and to work out a plan for your next dose. Talk to your pharmacist or physician about any concerns you might have.

For more information on general disaster preparedness, visit www.ready.gov.

Safety statement for our patients.

Your physician has prescribed the use of medication, supplies or medical equipment for your comfort and safety. It is essential that you use them safely and correctly to benefit. The following suggestions may be helpful for you to maintain safe use of these medications, supplies or equipment.

- Post important telephone numbers near the phone so they are handy in the event of an emergency.
- Only properly trained, responsible adults should have access to your medications, supplies or medical equipment.
- Always use all of the safety features associated with any supplies or devices provided.
- Needles and syringes must be disposed of properly and should not be thrown into the trash, even if they are placed in another container first. Refer to the instructions on your sharps container or the enclosed document for proper disposal.
- Do not reset, bypass, or cover alarms.
- Always use safety locks and make sure they are locked in position.
- Electrical devices should always be plugged into a properly grounded outlet.
- Keep medications out of the reach of children. Know your local poison control number or call 1.800.222.1222.
- If your pet has accidentally consumed one of your medications, call the Pet Poison Help Line at 1-855-764-7661.

PATIENT CONCERN FORM

As stated in your Patient Bill of Rights and Responsibilities, you have the right to appropriate and professional pharmacy services. You also have the right to voice concerns or complaints about service without fear of reprisal, discrimination or unreasonable interruption of services.

If you are unhappy with our service or have concerns about safety and quality of care, we encourage you to contact management. Please complete this form or call us at 877-794-9833. You may also report concerns about safety or the quality of care to the Accreditation Commission for Healthcare (ACHC) or URAC, the organizations through which we are accredited, without retaliatory action from the company. ACHC's telephone number is 855.937.2242. URAC's telephone number is 202.216.9010.

Our staff strives to ensure quality products and services. Thank you in advance for bringing your concern to our attention as it will assist us in our continuing effort to improve the quality of our services.

PATIENT NAME _____ DATE OF BIRTH _____

Description of the problem/concern/complaint (include dates, times and names, if possible):

_____

_____

_____

Completed by (signature): _____ Date: _____

Relationship to patient (if applicable): _____

FOR INTERNAL USE ONLY

Patient's Address: _____ Patient Phone: _____

Patient's Medicare or Health Insurance Claim Number: _____ Date Received: _____ By: _____

Follow-up by phone completed by: _____ Date: _____ Time: _____ AM/PM

Items discussed: _____

_____

_____

_____

Resolution/ Action taken to resolve the complaint (Please attach copy of all associated documents):

_____

_____

_____

Date completed: _____ Date mailed to Patient: _____

Form completed by: _____ Date: _____

MEDICATION DISPOSAL

Dispose Safely. Prevent Abuse.

Dispose of unused or expired medications the safe way, by bringing them to an approved collection site.

Drugs that are thrown in the trash can be retrieved by others and sold, while flushing medications can potentially contaminate the water supply. By safely disposing, you will help prevent poisoning, misuse, and overdose in your community.

Safe disposal is more convenient than you think. There are thousands of permanent drug disposal boxes throughout the country. To find a location near you, visit nabp.pharmacy/drug-disposal.

AWARxE Prescription Drug Safety - A program of The National Association of Boards of Pharmacy

Disposing of medication at home

If a drug disposal site or mail-back program is not available in your area, it is best to follow Food and Drug Administration (FDA) guidelines for the safe disposal of unused or unwanted medications at home; including when to flush medication and patches.

www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know

Disposing properly, at a glance.

1. Check the label on your medication and follow any instructions for safe disposal provided.
2. A small number of medications need to be flushed down the toilet if a disposal box is not immediately available. These drugs include fentanyl, hydrocodone, and methadone, among others. The list of drugs that should be flushed when take-back options are unavailable is available on the FDA website.
3. If there are no take-back programs available in your area and there are no specific instructions, such as flushing, take your medication out of the container and mix them with an undesirable substance such as dirt, used coffee grounds, or cat litter. Next, seal the mixture in a sealable bag, can, or container and place the container in the garbage.
4. If disposing of sharps, place the sharps immediately in a sharps disposal container, which are often available through pharmacies, medical supply companies, etc. If a disposal site is not available, you may use heavy-duty household container, such as a laundry detergent container to dispose of the sharps.

DISPOSAL OF A SHARPS CONTAINER

How to get rid of a sharps container. Safe disposal of needles and other sharps used at home, at work, or while traveling.

For more state-specific information visit:

www.fda.gov/safesharpsdisposal

There are several ways to get rid of a sharps disposal container. Check with your local trash removal services or health department (listed in the city or county government (blue) pages in your phone book) or search the Internet for safe sharps disposal programs available in your area.

Some examples of safe sharps disposal methods are briefly described below:

1. Drop Box or Supervised Collection Sites – You may be able to drop off your sharps disposal containers at collections sites, such as doctors' offices, hospitals, pharmacies, health departments, medical waste facilities, and police or fire stations. Services may be free or have a nominal fee.
2. Household Hazardous Waste Collection Sites – You may be able to drop off your sharps disposal containers at local public household hazardous waste collection sites. These are sites that also commonly accept hazardous materials such as household cleaners, paints, and motor oil.
3. Mail-Back Programs – You may be able to mail certain FDA-cleared sharps disposal containers to a collection site for proper disposal. This service usually requires a fee. Fees vary, depending on the size of the container. Follow the manufacturer's instructions included with the disposal container, as these programs may have specific requirements for mail-back.
4. Residential Special Waste Pickup Services – Your community may provide pickup services using a sharps disposal container acceptable to the pickup company. Depending on the company guidelines for pickup, you may use a container you already own, or one provided by the company. The container is placed outside the home for collection by trained special waste handlers. Some programs require customers to call for pickup, while others offer regular pickup schedules.

NOTICE OF PRIVACY PRACTICES
PLEASE REVIEW THIS INFORMATION CAREFULLY

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. "We" as used in this notice applies collectively to Hy-Vee, Inc., Amber Enterprises Inc., d/b/a Amber Specialty Pharmacy, and HYVACS, LLC, d/b/a Hy-Vee Pharmacy Solutions as one "affiliated covered entity" as such term is defined by HIPAA regulations (45 CFR § 164.105(b)), which shall be referred to in this Notice of Privacy Practices as the "Provider".

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide pharmacy or provider information
- It is important to understand that the Provider will never market or sell your personal information without your authorization.

Provider Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Provide refill reminders
- Provide treatment alternatives and explanations of the health care services provided by the Pharmacy
- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care for example.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of certain instances in which we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the Provider's Privacy Officer at 833-613-1793.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In the following situations, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following situations, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

NOTICE OF PRIVACY PRACTICES (Cont.)

Provider Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks us about your pharmacy prescriptions.

Run our organization

We can use and share your health information to run our pharmacy and dietician services, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities for the pharmacy or dietician services we provide.

Example: We give information about you to your health insurance plan so it will pay for your services.

Refill Reminders

We can use your health information to contact you by mail, e-mail or phone to remind you that you have an upcoming prescription due for refill, unless you tell us otherwise in writing.

Example: We can send an electronic email reminder to the email address you provide us when it is time for you to refill a prescription.

Treatment Alternatives

We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Example: We may provide information on lower cost generic drugs that are available to you

How else can Provider use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Provider's Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site.

- Effective date:12-15-20
- Name or title of the privacy official, email address and phone number:
- Hy-Vee, Inc. Privacy Officer, LegalNotices@hy-vee.com, 515-267-2800.

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 isxcg' 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.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.
31. MEDICARE DMEPOS SUPPLIER STANDARDS

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by (supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at http://www.ecfr.gov. Upon request we will furnish you a written copy of the standards.