



Toll-Free Phone: 877-466-8028 | Direct Phone: (208) 395-5000 | Toll-Free Fax: 877-466-8040

M-F 7AM to 7PM MT | www.albertsons.com/specialtycare

MedCart Specialty Pharmacy: Toll-Free Phone: 877-770-4633 | Direct Phone: 734-762-6600

M-F 9AM to 6PM EST | www.medcartpharmacy.com

## **OVERVIEW OF SERVICE**

Our Specialty Care team is passionate about creating a personalized experience for you. We take great pride in making our services fit your unique medication needs.

# YOUR CARE COORDINATOR IS READY TO HELP YOU WITH THE FOLLOWING:

- Determine your eligibility, care and support needs.
- Obtain prior authorizations and attempt to reduce out-of-pocket costs through financial/co-pay assistance from manufacturers or foundations.
- Order medicines and keep you informed of the order and shipping status, including any anticipated delays.
- Set up convenient medication delivery to your home, prescriber's office or an approved alternate location.
- Submit your refill requests before you run out of medicine.
  - We will contact you 7 to 10 days before you are due for your refill. Please call us if you notice you have less than 5 doses and have not heard from your care coordinator.
- Answer your general questions.

## PHARMACISTS ARE AVAILABLE TO HELP YOU WITH THE FOLLOWING:

- Tell you about your medicine and the best ways to use it based on current clinical information.
- Review your complete medicine list to check for possible interactions.
- Talk about ways to remember to take your medicine and what to do if a dose is missed.
- Set and achieve positive health goals through ongoing care plan conversations.
- Discuss and manage medication side effects.
- For questions outside of normal business hours, speak with an on-call pharmacist by calling (877) 466-8028 or (630) 986-8065.

## **IMPORTANT SAFETY INSTRUCTIONS FOR YOU:**

- Call 911 if you have an urgent or life-threatening medical need.
- If there is a crisis, natural disaster, or delay, call Specialty Care at (877) 466-8028 or MedCart at 1-877-770-4633. We will assist you to minimize medicine therapy interruptions.
  - If you cannot reach Specialty Care at the toll-free number, contact (630) 986-8065.
- You will be notified in case of a medication recall or other mandated notification.
- Follow any specific disposal instructions on the prescription label or printed information that came with your medicine. Do not flush medicine down the sink or toilet unless specifically instructed to do so.
  - Call your local police or fire department to see if they sponsor medicine take-back programs.
  - Contact your local household trash and recycling service to learn about medication disposal options and guidelines for your area.











































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For more information, visit https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm or call (800) 882-9539.

## **ADDITIONAL INFORMATION**

- We aim to provide you with cost-effective medicines. Unless you or your prescriber have asked for a specific brand medication, we will make generic substitutions where clinically appropriate and available.
- If you no longer wish to receive clinical services, you may opt out at any time by calling the pharmacy.
- Translation services and other accommodations are available.
- If you need to transfer your prescription or we cannot fill it, we will help you transition to another pharmacy.
- Complaints or concerns can be reported to your Care Coordinator, or a manager, using the phone numbers above. Comments are documented and investigated, and a resolution is communicated to you within 14 calendar days.
  - Complaints may also be reported to our Specialty Pharmacy accrediting body, ACHC, by calling (855) 937-2242 (toll-free) or (919) 785-1214.

## BENEFITS AND LIMITATIONS OF OUR PROGRAM

#### **Benefits**

- Personalized care, including refill reminders
- Increased coordination of care with patients, prescribers and caregivers
- Pharmacist consultations throughout the duration of therapy
- Additional educational information about medicines
- Support with medicine adherence, side effects and monitoring
- Achievement of specific therapy goals
- Better patient outcomes

## Limitations

- Ability to reach patients due to patient unavailability
- Patients must adhere to prescribed drug therapy to gain benefits from the medicine
- Patient engagement and willingness to provide updates on health status
- Pharmacist consultations do not replace prescriber appointments
- Difficult to demonstrate patient outcomes to the patient with various disease states







































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# **Emergency Phone Numbers**

Albertsons Companies Specialty Care: (877) 466-8028

MedCart Specialty Pharmacy: (877) 700-4633

Primary Care Provider Name: Number: Additional Medical Specialist Name: Number:

Poison Control: (800) 222-1222







































# Statement of Patient Rights and Responsibilities

As a patient of Albertsons Companies Specialty Care services, you have the right to:

- Be provided advanced notification about care and/or services to be provided, including information about the philosophy and characteristics of any patient management programs and any modifications to your care plan.
- Be provided advanced notification, in both oral and written form, of the charges for any services including expected payment from third parties and any charges for which the patient will be responsible.
- Be provided information regarding the scope of services provided, including the patient management program, and any limitations on those services.
- 4. Speak to a pharmacist at any time regarding your care.
- Receive administrative information regarding changes in or termination of the patient management program you are participating in.
- Decline participation, revoke consent or disenroll in any patient management program at any point in time upon being informed of the consequences of refusing care or treatment.
- 7. Identify the Care Coordinator and Clinical Pharmacist responsible for your patient management program and speak with the Director of Specialty Care if requested.
- 8. Actively participate in the development and periodic revision of your care plan.
- 9. Choose a pharmacist and care coordinator.
- 10. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- 11. Voice grievances/complaints regarding treatment or care, lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.

- 12. Have grievances/complaints regarding treatment or care that is (or fails to be) given, or lack of respect of property investigated.
- 13. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- 14. Have confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI) in accordance with state and federal law.
- 15. Be advised on our policies and procedures regarding the disclosure of clinical records.
- 16. Receive appropriate care in accordance with prescriber orders that is free of any discrimination regardless of age, race, color, creed, religion, sex, national origin, sexual orientation, or handicap.
- 17. Be informed of any financial benefits to us when referred to another organization.

As a patient of Albertsons Companies Specialty Care services, you have the responsibility to:

- 1. Submit any forms that are necessary to participate in the patient management program, to the extent required by law.
- 2. Pay your out-of-pocket costs such as deductibles, co-pays and co-insurance.
- 3. Give accurate clinical and contact information and to notify the patient management program of changes in this information.
- 4. Notify your treating provider of your participation in the patient management program, if applicable.
- Notify Specialty Care of any concerns about the services provided, including reporting of adverse events, or side effects, you have experienced because of the medication managed through Specialty Care.



























# Statement of Patient Rights and Responsibilities

NOTICE OF NONDISCRIMINATION

Albertson's LLC, New Albertson's, L.P., Safeway Inc., and each of their subsidiary entities, including your pharmacy, (collectively known and hereinafter referred to as "Albertsons Companies") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Albertsons Companies does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Albertsons Companies provides free aids and services to people with disabilities, including qualified interpreters and information in alternate formats, to communicate effectively with our patients and their caregivers. Albertsons Companies also provides free language services to individuals whose primary language is not English through our Language Line service. If you need these services, please inform your pharmacist or contact the Ethics and Compliance Department as indicated below.

If you believe that Albertsons Companies 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: Albertsons Companies, Attn: Chief Compliance Officer, 250 Parkcenter Blvd., Boise, ID 83706, 877-276-9637 (toll free), 208-395-4656 (fax), ethics.compliance@albertsons.com. You can file a grievance in person or by mail, fax, or email. If you need assistance in filing a grievance, notify your pharmacist and a member of our compliance department will contact 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.





















