

Mail Order/Specialty Pharmacy Services

Welcome to MetroHealth Mail Order/Specialty Pharmacy! MetroHealth’s mission statement is leading the way to a healthier you and a healthier community through service, teaching, discovery, and teamwork. Our goal is to follow MetroHealth’s mission by providing personalized care and better access to generate healthier outcomes. Our Specialty mail order service is an easy and convenient way to get your medications filled and delivered directly to your home. Medications used to treat chronic conditions (asthma, high blood pressure, diabetes, etc.) are considered “maintenance” medications and lapses in therapy can cause setbacks in your treatment. With our Mail Order/Specialty service, you won’t need to worry about getting to the pharmacy before you run out of medication, because your medication will be at home waiting for you!

Home Delivery Details:

How to order new and refills medications?

1. Ask your doctor to send the prescriptions electronically to MetroHealth Valley View Mail Order/Specialty Pharmacy.
2. Written or hard copy prescriptions can be mailed to our pharmacy with the attached form.

MetroHealth Mail Order Pharmacy
9885 Rockside Rd.
STE 157
Valley View, OH 44125

3. Refills can be requested through the MyChart app or website or by calling our Service Excellence Team at **216-957-MEDS (6337)** or toll-free at **877-509-0598**. Sign up for MyChart by visiting www.metrohealth.org and click on the MyChart tab to register.

How to check on status of order or order delays?

At any point you need to check on the status of your prescription, you can easily check the MyChart app or website. If you don’t utilize MyChart, please call 216-957-MEDS and select the mail order pharmacy (option 4) or the specialty pharmacy (option 3). One of our pharmacy staff members can then inform you of the status of your prescription.

Hours of operation:

Our Service Excellence Team is available Monday through Friday 7am – 7pm and Saturday 8am -4pm and Sunday 10am-2pm by calling 216-957-MEDS (6337). You will be directed to a Voice Mailbox for calls received on weekends and after hours. Non-urgent messages will be processed the next business day. For emergency situations or clinical consultation, the mail order/specialty pharmacy team is on call 24 hours a day 365 days a year. If a staff member is unable to answer immediately, please leave a detailed message and you will receive a return call within 30 minutes. Patients, please utilize phone prompts to speak with the appropriate pharmacy team. Call 911 if it's a life-threatening emergency.

Any communication made outside of a telephone call will be answered within 24 business hours. This includes MyChart, webchat, email, or voicemail messages.

Payment:

Co-pays will vary depending on plan and medication. Medications requiring additional payment will be collected using a credit card (Visa, Mastercard, Discover). Do not send cash or checks. Payment can be added or adjusted when ordering through the MyChart app or website. Prescriptions cannot be mailed until payment is collected so, please keep your form of payment up to date. Changes to preferred payment option can be communicated to a member of the pharmacy team.

Shipping:

Allow 7 business days (10 calendar days) for delivery of your medication from the day you request your order. If prescriptions are received electronically or are refills, please allow 5 business days for delivery. There are no charges for shipping. We will ship through USPS, FedEx or a private courier.

Patient Management Program (Specialty patients only):

With your enrollment into a Patient Management Program through our Specialty Pharmacy, you will receive personalized therapy plan by our clinic team allowing us to ensure the best therapeutic outcome of your medication treatment. As part of our comprehensive care plan, you will receive refill reminders and clinical assessment phone calls, detailing your personal care plan. We will work with you and your entire healthcare team. As the patient, you have the responsibility to submit any forms requested by our Specialty Pharmacy team that are required for us to collect by your insurance plan and by law.

During the introduction call, our specialty pharmacy team will inform you of the Specialty Pharmacy team members that will be part of your Patient Management Program. Our team is available by dialing 216-957-MEDS and select the Specialty Pharmacy option (Option 3). This will direct you right to our Specialty Pharmacy team. At any point, a Specialty Pharmacy

staff member is available at the above number. In result of any changes or termination to your Patient Management Program, our Specialty Pharmacy team will reach out to you and your healthcare team to keep everyone informed about your treatment. As the patient, you have the responsibility to give us accurate clinical and contact information during our clinical encounters and inform us if there are any changes.

Anytime during your treatment, you have the right to request information about our Patient Management Program. Our Specialty Pharmacy team will work with you and your healthcare team to provide education that is needed to ensure optimal drug therapy. The Patient Management Program has few limitations. Some of these limitations would be adherence to medication, patient compliance to program, and maintaining a two-way communication with your healthcare team.

At any point during your Patient Management Program, you have the right to decline participation, revoke consent, or disenroll at any point in time by calling our Specialty Pharmacy team at 216-957-MEDS, option 3.

Medications Covered:

Our Mail Order/Specialty Pharmacy team will work with your insurance company to provide the best coverage possible for your medications. At any point a medication substitution needs to be made, our pharmacy staff members will inform you of the changes made with your physician's approval. A medication will be substituted with a generic equivalent drug if applicable with the medication prescribed. Patient assistance programs are also available for those who qualify. We will keep you informed throughout the prior authorization process. Once approved, the pharmacy team will arrange how you will receive your medication. If insurance does not allow us to fill your prescription, our pharmacy staff will transfer the prescription via phone or fax to the new pharmacy and alert you of where and when you will receive your prescription.

Service and Safety:

Each time a prescription is filled, a pharmacist is involved in reviewing your medication profile and checking for possible drug interactions, allergies, and other safety concerns. Information on how to use the medication, possible side effects, and other valuable medication information is included with your order. Our team will contact you with any issue involving a delay in service such as emergencies or disasters. If you experience an adverse drug event, please contact the pharmacy right away for resolution.

Privacy Policy:

To read our policy online please visit the link below or call to request a hard copy sent to your home. Our pharmacy team only shares PHI within the state and federal guidelines.
<https://www.metrohealth.org/patients-and-visitors/for-visitors/notice-of-privacy-practices>

MetroHealth Pharmacy Emergency Disaster Information:

If there is a disaster in your area, please call (216)957-MEDS (6337) to instruct us where to deliver your medication. This will ensure that your therapy is not interrupted. Be sure to also notify us once you have returned to your residence.

Holidays:

MetroHealth pharmacy is closed on the following holidays.

- New Year's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

Return/Transfer Policy:

If your prescriptions are damaged in shipment, you must notify us within 30 days from the day the order was shipped to be eligible for a replacement order. We are not able to provide refunds for returned medicine. If you desire or need to transfer your prescription to another pharmacy, have any questions about your order, or about our return policy please contact us at (216)957-MEDS.

Drug Recall Information:

In case of a drug recall that affects your medication, a member of MetroHealth Mail Order/Specialty staff will contact you and instruct you on how it will be handled to least effect your drug therapy.

Drug Disposal:

Many Ohio residents have expired or unused pharmaceutical products in their medicine cabinet and don't know what to do with them. Unused drugs can create a risk of unintentional overdose or illegal abuse if not properly disposed. However, flushing medication in the toilet can contribute to water contamination and may cause harm to aquatic life. To safely dispose of leftover pharmaceuticals from the home, the best option is to take them to a collection event

or permanent pharmaceutical drop-off. Information about drug take back days and locations can be seen by utilizing the link below:

[https://www.epa.gov/hwgenerators/collecting-and-disposing-unwanted-medicines-or-safe.pharmacy](https://www.epa.gov/hwgenerators/collecting-and-disposing-unwanted-medicines-or-safe-pharmacy) for pharmacy disposal boxes near you.

If using injectables at home and need a sharps container for disposal of needles, please contact pharmacy and one will be provided for you at no charge. Common household items such as detergent bottles with closing lid can be used if a sharps container is not readily available.

Customer Satisfaction / Grievance Process:

Customer satisfaction surveys will be sent via MyChart once you have filled a medication through the Mail Order / Specialty Pharmacy. Your opinion matters and we use this information to better serve your needs in the future. In the event of unsatisfactory service, use the survey comment section or call the pharmacy directly (216-957-6337) to speak to a pharmacy staff member on issues you are experiencing.

Poison Prevention Packaging Act:

All medication vials will default to using childproof safety caps. If you wish to have non-safety caps, please alert the pharmacy personnel when placing your prescription order.

Poison Prevention Hotline: 1-800-222-1222

Patient Education and Disease State Management:

Starting a new medication or having a newly diagnosed health issue can be complicated. Your MetroHealth Pharmacy is here to help. All prescription labels have dedicated QR codes you can scan with your smartphone that will provide drug information, disease state information, and administration instructions, if applicable. If you are having any issues with any of your current medication therapy, you may also call and speak to a pharmacist any time (216-957-6337).

Thank you for choosing MetroHealth Pharmacy!

Patient Bill of Rights and Responsibilities

The MetroHealth System (MHS) appreciates that most patients want to understand and participate in their health care. Participation is fostered if patients are made aware of their rights and responsibilities; the following document summarizes these rights and responsibilities. When the patient is a minor, these rights also apply to the parent(s) or guardian.

RIGHTS

ACCESS: The MetroHealth System treats all patients without regard to age, race, ethnicity, religion, culture, veteran status, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or any other legally protected characteristic. Patients have the right to speak to a health care professional upon request.

RESPECT AND DIGNITY: You have the right to respectful, considerate care, with recognition of your personal dignity.

PRIVACY: You have the right to personal privacy during your treatment and care. For a copy of the MHS Notice of Privacy Practices, please ask your caregiver or send a request to: The MetroHealth System Privacy and Information Security Officer, 2500 MetroHealth Dr., Cleveland, Ohio 44109. Personal Health Information (PHI) will only be shared in accordance to state and federal law.

SECURITY: You have the right to receive care in a safe setting free from abuse and/or harassment.

CONFIDENTIALITY OF MEDICAL RECORD: You have the right to confidentiality of your patient medical record. You have the right to access your designated record set contained in your medical record within a reasonable time of your request.

ADVANCE DIRECTIVES: You have the right to formulate Advance Directives and to have hospital staff who provide care in the hospital comply with them.

IDENTITY: You have the right to know the names and duties of all persons involved in delivering your health care. Patients have the right to know name, job title, and name of the Supervisor of the staff they are speaking to.

INFORMATION: You have the right to complete information about your condition and treatment, in terms you understand. The MetroHealth System provides access to an interpreter and/or translation services free of charge.

DECISION MAKING: You have the right to make decisions related to your health care, to participate in ethical questions that arise during your course of care, including conflict resolution, withholding or withdrawing life-sustaining treatment, and participation in investigational studies. You have the right to request treatment and the right to refuse treatment. You have the right to designate someone to make your decisions should you not be able to make them yourself (see Advance Directives).

PAIN MANAGEMENT: You have the right to receive information about pain and pain relief measures from a committed staff of health care providers. Health care providers will respond to your reports of pain and provide pain management therapies as medically indicated.

NOTIFICATION: You have the right to have a family member or support person of your choice and your own physician notified promptly of your admission to the hospital.

RESTRAINTS: You have the right to be free from restraints of any form that are not medically necessary.

FREEDOM OF CHOICE: You have the right to select the providers of your post hospital care; this includes skilled nursing facilities, long-term acute-care hospitals, hospice, acute rehabilitation, durable medical equipment, home infusion companies and home health care agencies.

PATIENT MANAGEMENT PROGRAM: Patients will receive information on the Patient Management Program in their Welcome Packet. They may request additional information during any time in their therapy / treatment. A patient may wish to enroll, disenroll, or decline participation at any time.

RESPONSIBILITIES

CONSIDERATION: You are responsible for being considerate and respectful of other patients, visitors and hospital staff by maintaining civil language and conduct in your interactions. You are responsible for following instructions, policies, rules and regulations that support quality care for patients and a safe setting.

KEEPING APPOINTMENTS: You are responsible for keeping appointments, or for calling the doctor or hospital in advance to make other arrangements.

PAIN MANAGEMENT: To help us control your pain, you must tell your doctor, nurse or caregiver about your pain.

GIVING INFORMATION: You are responsible for giving, to the best of your knowledge, complete and accurate information to your provider to help your care, treatment and services including information about your health and medical history, any unexpected changes or any perceived risks in your care. It is your responsibility to tell your health care provider or a member of your health care team if you do not understand the treatments you are receiving or if you are unclear about plans for your on-going care. It is your responsibility to notify your treating prescriber of your participation in the patient management program.

FOLLOWING INSTRUCTIONS: You are responsible for following instructions as given. You are responsible for asking questions or telling us if you do not understand the instructions, or if you feel you cannot follow them. If you do not follow instructions, you will be responsible for what happens to you.

HEALTH CARE CHARGES: You are responsible for making certain your health care bills are paid as soon as possible and for providing accurate information regarding your place of residence and medical coverage.

COMPLAINT/GRIEVANCE PROCESS

The MetroHealth System is committed to providing quality care to our patients and ensuring that their rights are supported. As part of this commitment, we encourage you to share your opinions with us regarding our care and services.

If you have a complaint or concern, we are committed to resolving your concerns quickly and at the first level of contact, whenever possible. We encourage you to share your questions/concerns with a member of your health care team, physician, unit manager, or you may call the Patient Relations Department directly who will assist you with your concern.

MetroHealth Patient Relations Department: 216-778-5800



Although we believe that your concerns can be resolved through this process, you may at any time contact:

- The Joint Commission's Office of Quality Monitoring - 1-800-994-6610
- The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181
- U.S. Department of Health and Human Services Office for Civil Rights (Region V) 1-312-886-2359
- Ohio Department of Health - 1-800-669-3534
- Ohio Department of Health, Complaint Unit, 246 North High Street, Columbus, OH 43215