

# COMPLAINT PROCEDURE

## How To Register A Concern

You may express any concerns about your care directly to PharmHealth Infusion, Inc.(PHI) by telephone or in writing. If calling by telephone, you should ask to speak to Mary S. Ruf, Chief Operating Officer.

PharmHealth Infusion's telephone numbers are: **(585) 423-9580** or **(800) 541-0078**.

PharmHealth Infusion's mailing address is: **172 Alexander Street, Rochester, New York 14607**.

## Review of Your Concerns By PharmHealth Infusion

Your concern will be reviewed within 24 hours (or the next business day) after receipt of the information. You may be contacted for additional information. If your concern is submitted in writing, you will be contacted to confirm that the information was received.

## Response To Your Concern

An agency manager will respond to you immediately, if your concern is emergent. Otherwise, you will receive a response within seven (7) days from the day that your concern is received. If your concern was sent in writing, you will receive a written response. If your concern was verbally submitted, PHI's response may be either verbal or written.

## If You Do Not Agree With PharmHealth Infusion's Decision

If you do not agree with PHI's decision, you may submit an appeal to PHI either verbally or in writing, by providing a summary of the decision with which you disagree and the reason(s) why you disagree. The Medical Director and Performance Improvement Committee will review your appeal. You will receive a written response to the issues outlined in your appeal request. If you are dissatisfied with PHI's response to your appeal, you may contact the New York State Department of Health's Office of Health Systems Management at (585) 423-8082.

## Home Health Agency Hotline

The toll-free Hotline number is 1-800-628-5972. The Hotline is operational Monday thru Friday, 10:00 AM to 4:00 PM, except on State holidays. The purpose of this Hotline is to make available:

- Names, addresses and Medicare provider numbers of certified home health agencies and long term home health care programs;
- Date of most recent certification or re-certification of an agency;
- Any condition level deficiency regarding patient care in the last survey;
- Dates of planned or completed corrective actions for condition level deficiencies;
- Dates and types of sanctions imposed, if any.