**Members Rights and Responsibilities in the Medication Therapy Management (MTM) Program**

The Medication Therapy Management Program is designed to help eligible members with multiple chronic conditions reconcile their medication profile, identify and solve any issues related to their drug therapy in order to obtain better therapeutic results. With this individualized, voluntary, and complementary to the medical coverage program, we ensure the safe and correct use of the drug therapy. This evaluation encompasses drug therapy education and recommendations to the members, the prescribing physician, or any other health professional.

This program is not considered a benefit of your medical coverage and has no additional cost. As a program participant, you have the right to receive material and information in an understandable form.

The services provided in the program are supplied by licensed health professionals, including:

- Pharmacists
- Registered Nurses
- Pharmacy Technicians
- Pharmacy Interns

The staff will tell you about the services they will be providing you with before starting any activity. You can request a change of staff by contacting us (see contact information on final page).

You have the right to voluntarily participate in the MTM Program and you may:

- Opt-Out of the Program
- Decline the Comprehensive Medication Review (partial participation)

If you choose to opt-out of the program, you have the right to request participation in the program again, at any moment, during the year of the program.

Once you are eligible for the program, you have the right to:

- Obtain at least one comprehensive medication review, once a year, by a qualified health professional.
- Obtain, by mail, the comprehensive medication review letter with a personal medication list and a medication action plan.
- Targeted medication review on a quarterly basis.

- Request detailed information about the MTM Program.
- Obtain tools that will help you attain better compliance with your drug therapy.
- Obtain education about your drug therapy and health conditions.
- Set up or carry on with health goals in collaboration with the qualified health professional as established with your physician.
- Clarify any doubts or concerns about your drug therapy or health condition with a qualified health professional.
- Make active decisions about your health conditions, taking into consideration the recommendations provided by the qualified health professional, in order to attain a safe, effective, and optimized drug therapy.
- Be treated with courtesy and respect at all times.
- Keep on working with your Primary Care Provider, who may discuss all treatment options with you, even those that may not be covered. MTM staff will advise you of any recommendations that will be given to your PCP.
- Get information on how to use the complaints process, as well as our standards for timeliness and resolution.
- Contact us with complaints regarding the Medication Therapy Management program thru Member Services  787-620-2397 (Metro Area); 1-866-333-5470 (Toll Free); 1-866-333-5469 TTY (hearing impaired), Monday through Sunday, from 8:00 a.m. to 8:00 p.m. You must call within 60 days of the event. Most complaint are answered within 30 calendar days, for more information see details on Chapter 9 of your Evidence of Coverage (EOC).

We must protect the privacy of your personal health information

Federal and state laws protect the privacy of your medical records and personal health information. We protect your personal health information as required by these laws.

- Your “personal health information” includes the personal information you gave us when you enrolled in this plan as well as your medical records and other medical and health information.
- The laws that protect your privacy give you rights related to getting information and controlling how your health information is used. We give you a written notice, called a “Notice of Privacy Practice,” that tells about these rights and explains how we protect the privacy of your health information.

**How do we use your health information?**

- Our plan may use your health information for treatment purposes, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care you receive.

**How do we protect the privacy of your health information?**

- We make sure that unauthorized people don't see or change your records, by limiting access to written and electronic information.
- Our staff is trained on how to protect personal health related information, including avoiding oral disclosure.
- In case we need to disclose personal health information to anyone who isn't authorized, we are required to get written permission from you first. Written permission can be given by you or by someone you have given legal power to make decisions for you.

There are certain exceptions that do not require us to get your written permission first, and are allowed or required by law.

  - We are required to release personal health information to government agencies that are validating the quality of care we give our members.
  - Because you are a member of our plan through Medicare, we are required to give Medicare your personal health information including information about your Part D prescription drugs. If Medicare releases your information for research or other uses, this will be done according to Federal statutes and regulations.

**You can see the information in your records and know how it has been shared with others**

You have the right to look at your medical records held at the plan, and to get a copy of your records, and we are allowed to charge you a fee for making those copies. You also have the right to ask us to make additions or corrections to your medical records. If you ask us to do this, we will work with your health care provider to decide whether the changes should be made.

You have the right to know how your health information has been shared with others for any purposes that are not routine.

**MTM Program Expectations**

As a participant, we have some expectations from you in order to ensure the best outcome of the program.

1. You must be an active participant in the Comprehensive Medication Review, provide the information requested, and collaborate with the staff.
2. Commit to the health recommendations given by our qualified health personnel.
3. Discuss any recommendations for changes in therapy with your Primary Care Provider.
4. Have your Personal Medication List available for review in your follow-up visits with your Primary Care Provider.
5. Notify us, as well as your Primary Care Provider, if you no longer want to participate in the program.

If you have any questions or complaints, want more information or would like to request a change of staff regarding the MTM program, please call 787-523-2397 (Metro Area), 1-844-660-1660 (Toll Free), or 1-866-333-5469 TTY (hearing impaired), Monday to Friday, from 8:00 a. m. to 5:00 p. m. You may also contact us by email at: pharmacymtmleaders@mmmhc.com or visit our website at: https://www.mmmpr.com/planes-medicos/programa-manejo-de-terapia

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