

# CAREGIVERS PROGRAM

# CAREGIVER'S GUIDE



Complete Health **MCS**

2023-2024

# Caregivers Program

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**“An act of  
love that we  
recognize”**



Recognizing the challenges, you face and the great responsibility you have, we prepared this guide with the objective of assisting you with the necessary steps you need to take and supporting you to take care of yourself and have a **COMPLETE HEALTH.**

Caring for someone can be very rewarding, but it can also be difficult. In this guide, we include information about the services we offer, recommendations on how to handle situations you may deal with, important phone numbers, and strategies on how you can take care of yourself so you can continue caring for your loved one.

On behalf of the great **MCS** family, we appreciate your valuable work and daily commitment that contributes to the health of those you love most.

**Complete Health** 



# Who is a caregiver?



When a person suffers deterioration in health and needs help to carry out their daily living activities, they require a caregiver to assist them. In many cases, the family members who are actively caring for an older adult do not identify as caregivers. Recognizing this role can help them receive the necessary support to achieve better care for the other person.



A caregiver is the person who takes care of the physical and emotional needs of another person; this role is generally assumed by a family member or someone close.



The caregiver provides help in the daily living activities of the person they assist, making it easier to stay home and maintaining family and social roles.



Caregivers can support different tasks, such as: food preparation, helping with the bath or daily cleaning, companionship during medical appointments and hospitalizations; buy medicines and help take them. In addition, they serve as companions and are an important part of maintaining a good mood for the person they care for.



The role of a caregiver is very important to prevent health complications and maintain a better quality of life for the person they care for.

# Caregiver, you must also care of yourself.



**Caregiving work** is highly demanding and can be a very rewarding experience, but the physical and emotional demands of the tasks could affect you, and over time can cause harm if not managed.

The **stress of a Caregiver** (the emotional and physical stress that comes with caregiving) is common, however, too much stress, especially over a long period of time, can lead you to abandon your health and increase your risk of medical problems.

Pay attention to these signs of caregiver stress and seek for help if necessary.

- ✔ Feeling overwhelmed or worried constantly
- ✔ Feel frequent tiredness
- ✔ Sleeping too much or not sleeping enough
- ✔ Gain or lose weight
- ✔ Get angry easily
- ✔ Losing interest in activities you previously enjoyed
- ✔ Feel sadness
- ✔ Feeling headaches, body aches or other physical problems
- ✔ Alcohol or drugs abuse, including prescription medications

# Take care of yourself, so you can take care of others!

## Comply with your Care Plan.

Preventive recommendations		
Test	Importance	Recommendation
Breast cancer screening	A mammogram is the best way to detect breast cancer in its earliest stage.	Women between 40 and 44 years old, should consult with their doctor; the recommendation is a mammogram annually. Women between 45 and 54 years old, mammography is recommended annually. Women from the age of 55 years old, every two years or as indicated by your physician.
Colorectal cancer screening	The risk of developing colorectal cancer increases with age.	Colorectal cancer screening is recommended between ages 50 to 75. You could start from 45 years old, if your doctor recommended.
Bone density test	Osteoporosis is a disease that weakens the bones and makes them more fragile, increasing the risk of fractures. Through this test the physician will determine if you have osteoporosis.	Women aged 65 or older and men aged 70 years or older, or earlier if there are risk factors. They should be tested every two years or as your physician deems necessary.
Pulmonary function test (spirometry)	Chronic Obstructive Pulmonary Disease (COPD) is progressive and causes shortness of breath. The pulmonary function test (spirometry) is used to confirm the diagnosis of respiratory diseases, such as chronic obstructive pulmonary disease.	If you have symptoms or a diagnosis of respiratory disease, consult with your physician about the use of this test to confirm the diagnosis.
Influenza vaccine also known as flu	Getting the vaccine decreases the risk of infection with the virus that causes Influenza and prevents complications for your health.	Get vaccinated every season as soon as the vaccine is available.
Pneumonia vaccine	Getting the vaccine decreases the risk of infection with the bacteria that causes pneumonia and prevents complications to your health.	Usually, one dose is administered. A second dose may be recommended in people aged 65 and older. Consult with your physician.

## Recommendations for patients with diabetes

Test	Importance	Recommendation
<b>Glycosylated hemoglobin test (A1C)</b>	When diabetes is out of control it can affect the vision, the kidneys, and the nervous and cardiovascular system. This test is used to monitor blood glucose levels.	It should be done every six months or as recommended by your physician.
<b>Retinal exam</b>	Another complication of diabetes is retinopathy (damage to the retina), which causes loss of vision. A retinal exam will help to detect changes in a timely manner, to prevent complications.	Annual retinal exam
<b>Nephropathy screening</b>	Nephropathy (damage to the kidneys) is another complication of diabetes. This damage initially manifests itself with the appearance of protein in the urine. Checking the protein levels in the urine will help get an early diagnosis and prevent complications.	Annually, or as recommended by your physician.

## Recommendations for patients with specific diagnoses

Test	Importance	Recommendation
<b>Rheumatoid arthritis</b>	People with rheumatoid arthritis can feel pain, swelling, stiffness, discomfort, tiredness, and sometimes have fever. If you have rheumatoid arthritis, we encourage you to visit to your physician and consult with him/her about medications for the management of this condition.	Check with your physician. You must be on drug therapy to treat the condition.
<b>Diabetes or cardiovascular condition LDL (bad cholesterol) lab test</b>	A high concentration of bad cholesterol (LDL) in the blood increases the risk of cardiovascular complications.	It should be done annually. The optimal level is less than 100 mg/dl.



## Recommended actions

Test	Importance	Recommendation
<b>Blood pressure record</b>	Controlling blood pressure is an important step in preventing heart attacks, strokes, kidney disease, and reducing the risk of developing other diseases.	Ask your physician to take your blood pressure on <b>each visit</b> and document the results in your medical record.
<b>Body mass index or BMI</b>	The body mass index provides the most useful measure of whether your weight is healthy for your height.	<b>Once a year</b> ask your physician what your body mass index is and document results in your medical record.
<b>Complete and/or update advance directives</b>	An advance directive is a legal document that allows a person of legal age who is of sound mind to express in writing their decisions about the medical care and treatment that he or she Complete your Advance Directives. Talk to your physician about the different options for your health care and be sure to keep a copy of the completed wishes to receive if they suffered a health condition that would not allow them to express themselves during such treatment.	<p><b>Complete your Advance Directives.</b></p> <p>Talk to your physician about the different options for your health care and be sure to keep a copy of the completed document in your medical record.</p> <p>Communicate it to your close family members and give them a copy.</p> <p>These documents can be rendered ineffective in writing or verbally form.</p>
<b>Drug review</b>	It is important to check your drugs annually, so that you can make sure that there are no repeated drugs and no inappropriate interactions between them.	<p><b>Once a year</b>, ask your physician or pharmacist to review the list of your prescription and over-the-counter drugs (OTC).</p> <p>Make sure your physician documents this in your medical record.</p>
<b>Pain evaluation</b>	Es importante que evalúes el dolor ya que el padecimiento constante genera en las personas que lo presentan un deterioro de su calidad de vida.	<b>Once a year</b> , ask your physician to do a comprehensive pain evaluation and document the results in your medical record.
<b>Functional status assessment</b>	Assessing functional status or the daily activities you perform such as: bathing, getting dressed, eating, transferring from one place to another, using the bathroom, walking, among others, helps determine your quality of life.	<b>Once a year</b> , ask your physician to perform a functional status assessment and document the results in your medical record.

References: US Preventive Services Task Force Clinical Guidelines for Preventive Care; American Cancer Society; American Diabetes Association; NIH; National Osteoporosis Foundation; Centers for Disease Control and Prevention; HEDIS® 2018



# Protect your health!

**If you are caring for someone, take steps to protect your own health and well-being. If you don't take care of yourself, you won't be able to take care of your loved ones.**

**Follow these recommendations to protect your health and prevent caregiver stress.**

## **Create your own team**

Don't try to do it all alone. Think about tasks that others can do, prepare a list, and let other people choose what they want to help. This can reduce your burden, even if it is picking the foods in the supermarket. Be honest, even if you don't want to occupy others. If you need help, ask for it!

## **Be realistic**

Situations that you cannot control will happen. Complaining, putting pressure on yourself, or blaming yourself will not help you or the person you care for. Instead, focus on the positive moments when they come and enjoy the good memories. Be open to making changes to your plan when necessary.

## **Always remember that you are doing the best you can**

You are making a difference in the other person's life. Don't feel guilty if you can't do more; as the patient's illness progresses, care needs will change. You can't make promises about the type of care you will provide, but you can make sure that this person, receives the care they need and is safe.

## **Manage your emotions**

It is normal to feel stress and worry. You may feel emotions such as sadness, restlessness, and anger. As a caregiver, you are more likely to experience symptoms of depression or anxiety. Try to communicate your thoughts and concerns to people you trust or health professionals. Ask for advice and help. Stress can cause serious physical and emotional problems.

## **Take care of yourself**

You may feel like you don't have time to take care about your own health, but it's very important that you pay attention to it. You need to keep your physical and mental health in optimal condition to be able to care for another person. Maintain good eating, sleeping, and physical activity habits to have a positive attitude.

## **Join a support group**

A support group can provide you validation and motivation, as well as strategies to face difficult situations. People who attend support groups understand what you are going through.

## **Take time for yourself**

It is very important to relax and enjoy some time without worries. You can do exercises, go to the movies, dance, read or talk with a family member or friend. It does not matter that you choose to do. The important thing is you to take time each day as personal time. This time will help you maintain health and good spirits. This can help you take better care of your loved one.

# Love your heart!



**Heart disease** is the major cause of death in both Puerto Rico and the United States. Practice these healthy habits to protect your heart.

- ✔ Do exercises or physical activity. You will have more energy, a stronger heart and better circulation.
- ✔ Don't smoke and limit alcohol consumption, this helps you keep your blood pressure in control.
- ✔ Eat a healthy diet. Include vegetables, fruits, and whole grains. Limit fat, sodium, and sugar.
- ✔ Maintain a healthy weight. Being overweight puts you at risk of heart disease.
- ✔ Get your annual checkup and keep your health conditions under control. Diabetes, high cholesterol and triglyceride levels, and especially high blood pressure, are risk factors for the development of heart diseases.

# Learn how to be the best caregiver for your loved one



The **caregiver** is a key person in the patient's care and is part of the healthcare team, along with the doctor and the patient themselves.

## Follow these tips to be a good caregiver:

- 1 Make a plan** that includes immediate needs and how to attend to them in case you couldn't be there one day. Options for meeting needs will depend on your financial situation, the availability of your support team, and the availability of community resources and services. There are many entities that can help you at no cost; **seek guidance**.
- 2 Ask for help** from other people so that they can serve as relief on occasions when you cannot be present.
- 3 Keep an agenda** of medical appointments so you can assist and maintain continuity of your loved one's health care.
- 4** It is fundamental that you **understand the condition of the person you care for**, their illnesses, their evolution and how all this affect the patient. This will help you understand the needs, accept the changes that will occur progressively and how to handle situations. **Don't be afraid to ask questions and take notes during appointments with your doctor.**
- 5 Help the patient** live as normal as possible and do what you can and in your power to improve their condition.
- 6 Involve the patient in planning** him/her own care. Allow him/her to make decisions about the treatments and care. If the person is not making good decisions, talk about their options.
- 7 Adherence to treatment** is very important for manage conditions and avoid complications. It is important that you assist the person you are caring for to comply with their treatment.
  - Be sure to follow the doctor or pharmacist's instructions for all medications. They must be taken in the indicated dose and time.
  - Use reminders alerts such as a calendar, alarms or notes to know when you should provide the medication.
  - Keep the medicines in a visible place and use pill boxes to organize them in the morning, afternoon, and evening.
  - Throw away all those medications that no longer needs or that the doctor has discontinued, to avoid getting confused.

# Learn how to dispose of medications at home



Leaving unused medications at home can cause an accident. That is why it is important that you discard and dispose of them safely. Ask your pharmacy if you can bring them to drug take-back programs. These programs safely dispose of medicines.

## If the pharmacy can't help you, follow these steps to throw it away:

- 1** Take the medications out of the bottle and mix them with dirt, coffee grounds (used coffee grounds), or another unappealing substance.
- 2** Place the mixture in a plastic bag or container that you can seal.
- 3** Throw the container or bag in the trash can.
- 4** Scratch out all personal information on the prescription label to make it unreadable and dispose of the container.



# LEARN ABOUT OUR PROGRAMS!

**MCS** have different programs and services for all of our members that can help you handle different situations that you may encounter while caring for others.



MCS Club Te Paga offers a space where our members and the community in general can receive information about health and well-being, in-person and virtual activities and interact with each other. MCS Club Te Paga members will receive exclusive content, as well as special promotions for our clients. You can access [www.mcsclubtepagina.com](http://www.mcsclubtepagina.com) for more details about the MCS Club Te Paga.



Health consulting service such as symptoms, medications and side effects, nutrition, education and information about what to do in emergency cases, attended by nurses 24/7, contact 1.866.727.6271.



Urgent care services offered by primary doctors, 24/7 via call or video conference, contact 1.833.275.6276. This is not a substitute of your primary care doctor, but this service offers a more affordable alternative to visiting an urgent care center or emergency room to treat a common condition.



MCS Solutions is an integrated mental health care program, available 24/7, contact 1-866-627-4327.



**Find contact information of the most important agencies in of emergencies.**

<b>AAA</b>	<b>787.620.2482</b>
<b>LUMA Energy</b>	<b>1.844.888.5862</b>
<b>Bomberos</b>	<b>787.343.2330</b>
<b>Cruz Roja Americana</b>	<b>787.758.8150</b>
<b>Agencia Estatal para el Manejo de Emergencias y administración de Desastres (AEMEAD)</b>	<b>787.724.0124</b>
<b>Policía de Puerto Rico</b>	<b>787.793.1234</b>
<b>Servicio de Emergencias</b>	<b>911</b>
<b>FEMA</b>	<b>787.296.3500</b>

# Does your loved one have advance directives?

## Find out what it's about!

A patient can previously declare their wishes regarding the medical treatment they wish to receive in case their health does not allow them to express their wishes, it is a right. The patient can talk to their doctor about how the current health condition could influence their future and learn about the different treatment alternatives they could receive.

**Advance directives** or prior voluntary declaration (as it's known in Puerto Rico) regarding medical treatments are legal documents that allow those of legal age (21 or older) in full use of their mental faculties, to express their decisions in writing concerning the medical treatment they wish to receive in the event they suffer from a health condition that does not allow them to express themselves during that condition. It also provides greater control over critical issues regarding to the quality of life by providing family, friends, and physicians with the critical information they need to care for you. Doctors and other healthcare professionals are legally required to follow these advance directives.

### WHAT SHOULD ADVANCE DIRECTIVES INCLUDE?

1. Name of the declarant and name of the witnesses (if it was done before a doctor) and signature of all parties.
2. The expression (wish or desire) of the declarant (person issuing a voluntary declaration) in which the individual orders the doctor or health service institution whose care he or she is under and intervenes concerning the person's body, to prohibit the person from undergoing any medical treatment that will only serve to artificially prolong the imminent death process.
3. Medical treatment do or do not want the declarant receive example: blood transfusions, receiving artificial support (being intubated) for a short time or permanently.
4. If the declarant wants or not to donate your organs.
5. It must state, in the declaration, its voluntary nature.
6. It must indicate the date, time, and place of the declaration.
7. The declarant may include the designation of someone to make decisions for you regarding the acceptance or rejection of treatment, in the event you are unable to communicate it yourself.

## WHAT HAPPENS IF YOU DON'T HAVE ADVANCE DIRECTIVES?

If the declarant does not have advance directives, decisions regarding his or her health will be made by someone else and not always according to what the declarant would have wanted. According to the laws in Puerto Rico, the next adult relative will be considered the person who makes decisions regarding acceptance or rejection of medical treatment, with the spouse of the declarant being the first in line.

### REMEMBER as a caregiver:

- Keep the patient's original advance directive document in a safe place where they can easily find it.
- You must notify to the closest family members of the declarant and provide a copy.
- You must give a copy to the doctor of the declarant to keep in the patient's file.



**NOTICE:** THIS DOCUMENT IS NOT INTENDED, OR SHOULD BE UNDERSTOOD, AS LEGAL COUNSEL OR ADVICE. THE CONTENT IS FOR INFORMATION PURPOSES ONLY.



# Did you know that you can represent the person your car for?



If you are taking care of an MCS member or insured, you could take certain steps on their behalf. It is important that the member or insured signs the Request for Access to Your Protected Health Information (PHI) form, which is used for the member or insured to authorize a person or entity to have access to their Protected Health Information. If a member or insured wants to assign a person to file a complaint, request a coverage determination, or request an appeal on their behalf, the member or insured must complete the Appointment of Representative form.

In this guide, we include both forms for you to complete, if necessary.

If you need help, you can contact our Call Centers at 1-866-627-8183 (MCS Classicare), 1-888-758-1616 (MCS Life) or visit any of our Service Centers (details of the Service Centers is under section). **We are by your side!**

Access digital PHI form:

<https://mcsclassicare.com/SiteAssets/docs/EN/AuthorizationforUseand-orDisclosureofPHI-en.pdf>



**AUTHORIZATION FOR USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

This authorization is:  Initiated by the insured  Requested by MCS

Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephones: Home: \_\_\_\_\_ Cellular: \_\_\_\_\_ Other: \_\_\_\_\_

**(A)** I hereby authorize MCS to:

I. Use and/or disclose the Protected Health Information described below. I understand that otherwise, this information would be protected and not subject to any use and/or disclosure. I understand that this information was compiled from MCS and/or its business associates' data banks. (Please select the applicable option(s))

- Subscriber's complete record  Surgical Procedure (Specify \_\_\_\_\_)
- Pre-authorizations  Other (Specify \_\_\_\_\_)

II. Grant permission to act on my behalf to (if applicable):

- Change my address  Change my PCP

**(B)** I authorize the following persons (or class of persons), at the following address, to receive, use and/or disclose my Protected Health Information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**(C)** My Protected Health Information will be used and/or disclosed for the following purpose: (Please, select one option).

- At the request of the individual  Legal Procedure  Other (Specify: \_\_\_\_\_)

**(D)** This authorization expires (specify an expiration date or event): \_\_\_\_\_

**(E)** If you are the insured authorized representative, please select the option below that provides such authority and present a copy of the document:

- Power of attorney  Certification from the physician  Other: \_\_\_\_\_

I understand that I have the right to revoke this authorization at any time. I understand that my decision to revoke this authorization will be presented in writing, and will be submitted to MCS, where my Protected Health Information is maintained. I understand that if I decide to revoke this authorization, it will not be effective to the extent that the individuals that I have authorized to use and/or disclose my Protected Health Information have taken action in reliance thereon, or the authorization was obtained as a condition of obtaining insurance coverage, or other law provides the insurer with the right to contest a claim under the policy or the policy itself. I understand that I am not obligated to sign this authorization whenever the use and/or disclosure are requested by MCS. If I decline signing this document, my eligibility for coverage or benefits will not be affected. I understand the possibility that the Protected Health Information disclosed with this application might be re-disclosed by the receiver. If the re-disclosure is done to someone who is not obligated to comply with federal privacy protection laws, such information could no longer be protected.

\_\_\_\_\_  
Insured or Authorized Representative Signature Date

\_\_\_\_\_  
Witness (If necessary) Signature Date

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## General Instructions to Complete the Authorization for Use and/or Disclosure of Protected Health Information Form

- The Authorization for Use and/or Disclosure of Protected Health Information Form is used by the insured to authorize a person or entity with access to Protected Health Information.
  - The Authorization may be submitted by the insured or by MCS. In your case, check “Initiated by the subscriber”.
  - Include name, date of birth, contract number, address, and a phone number. **Provide copy of a signed ID (example: driver’s license, voter’s card, passport) to validate your signature on the form.**
- (A)- Select or specify the information that you want to use and/or disclose; and/or the permit to be granted.
- (B)- Include the name of the person, people, or name of the Institution that you want to authorize, with the complete address. **Provide copy of a signed ID (example: driver’s license, voter’s card, passport) of the person, people, or institution representative been authorized.**
- (C)- Select how the Protected Health Information will be used. **If you do not wish to provide information about using the PHI, please select “At the request of the individual”.**
- (D)- Specify an expiration date or event for the authorization (example: “12/31/2050”, valid while insurance policy is active”.
- (E)- In order to act as the insured’s representative, present a legal Power of Attorney, Medical Certificate, and/or other document indicating that you are responsible for the subscriber’s health care. **You must provide a copy of one of these documents, and a signed ID. The Social Security benefits representation document is not accepted for processing this form.**

### Important:

- The signature and the date on this Authorization form are required for the document to be valid.
- If the Authorization form is not completed correctly, it becomes invalid, and therefore it cannot be recorded. This situation may cause delays in our service.

**Please return this form and request assistance for recording this document at your nearest  
MCS Service Center  
MCS Call Center 787-758-2500 (Metro Area), 1-866-627-8183 (Toll Free) and TTY 1-866-627-  
8182  
Service Hours from Monday through Sunday 8:00 a.m. to 8:00 p.m.**

MCS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MCS cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. MCS 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-627-8183 (TTY: 1-866-627-8182). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-627-8183 (TTY: 1-866-627-8182). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-627-8183 (TTY: 1-866-627-8182).

Confidentiality Notice: This communication is privileged and confidential, and/or protected health information (PHI) or electronic protected health information (ePHI), and may be subject to protection under the law, including HIPAA. This communication is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, be advised that any use, disclosure, distribution, copying, or action taken in reliance on the contents of this communication is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for its return.

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## APPOINTMENT OF REPRESENTATIVE

Name of Party	Medicare Number (beneficiary as party) or National Provider Identifier (provider or supplier as party)
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### Section 1: Appointment of Representative

**To be completed by the party seeking representation (i.e., the Medicare beneficiary, the provider or the supplier):**

I appoint the individual named in Section 2 to act as my representative in connection with my claim or asserted right under Title XVIII of the Social Security Act (the "Act") and related provisions of Title XI of the Act. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my claim, appeal, grievance or request wholly in my stead. I understand that personal medical information related to my request may be disclosed to the representative indicated below.

Signature of Party Seeking Representation		Date
Street Address		Phone Number (with Area Code)
City	State	Zip Code
Email Address (optional)		Fax Number (optional)

### Section 2: Acceptance of Appointment

**To be completed by the representative:**

I, \_\_\_\_\_, hereby accept the above appointment. I certify that I have not been disqualified, suspended, or prohibited from practice before the Department of Health and Human Services (HHS); that I am not, as a current or former employee of the United States, disqualified from acting as the party's representative; and that I recognize that any fee may be subject to review and approval by the Secretary.

I am a / an \_\_\_\_\_  
(Professional status or relationship to the party, e.g. attorney, relative, etc.)

Signature of Representative		Date
Street Address		Phone Number (with Area Code)
City	State	Zip Code
Email Address (optional)		Fax Number (optional)

### Section 3: Waiver of Fee for Representation

**Instructions: This section must be completed if the representative is required to, or chooses to, waive their fee for representation.** (Note that providers or suppliers that are representing a beneficiary and furnished the items or services may not charge a fee for representation and **must** complete this section.)

I waive my right to charge and collect a fee for representing \_\_\_\_\_ before the Secretary of HHS.

Signature	Date
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### Section 4: Waiver of Payment for Items or Services at Issue

**Instructions: Providers or suppliers serving as a representative for a beneficiary to whom they provided items or services must complete this section if the appeal involves a question of liability under section 1879(a)(2) of the Act.** (Section 1879(a)(2) generally addresses whether a provider/supplier or beneficiary did not know, or could not reasonably be expected to know, that the items or services at issue would not be covered by Medicare.)

I waive my right to collect payment from the beneficiary for the items or services at issue in this appeal if a determination of liability under §1879(a)(2) of the Act is at issue.

Signature	Date
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## INSTRUCTIONS AND REGULATION REQUIREMENTS

### Instructions

Name of Party (required): This is the name of the person or entity which has standing to file a claim or appeal (the name of the person who has Medicare, or the name of the provider or supplier).

Medicare Number or National Provider Identifier (required): This must be completed when the person or entity appointing a representative has a Medicare number or National Provider Identifier. If not applicable, fill in, "not applicable".

All fields in Sections 1 and 2 are required unless noted as optional within the field. See the regulation at [42 CFR 405.910](#).

### Charging of Fees for Representing Beneficiaries before the Secretary of HHS

An attorney, or other representative for a beneficiary, who wishes to charge a fee for services rendered in connection with an appeal before the Secretary of HHS (i.e., an Administrative Law Judge (ALJ) hearing or attorney adjudicator review by the Office of Medicare Hearings and Appeals (OMHA), Medicare Appeals Council review, or a proceeding before OMHA or the Medicare Appeals Council as a result of a remand from federal district court) is required to obtain approval of the fee in accordance with 42 CFR 405.910(f).

The form, OMHA-118, "Petition to Obtain Approval of a Fee for Representing a Beneficiary" elicits the information required for a fee petition. It should be completed by the representative and filed with the request for ALJ hearing, OMHA review, or request for Medicare Appeals Council review. Approval of a representative's fee is not required if: (1) the appellant being represented is a provider or supplier; (2) the fee is for services rendered in an official capacity such as that of legal guardian, committee, or similar court appointed representative and the court has approved the fee in question; (3) the fee is for representation of a beneficiary in a proceeding in federal district court; or (4) the fee is for representation of a beneficiary in a redetermination or reconsideration. If the representative wishes to waive a fee, he or she may do so. The form, OMHA-118, may be found at: <https://www.hhs.gov/sites/default/files/OMHA-118.pdf>

### Approval of Fee

The requirement for the approval of fees ensures that a representative will receive fair value for the services performed before HHS on behalf of a beneficiary, and provides the beneficiary with a measure of security that the fees are determined to be reasonable. In approving a requested fee, OMHA or Medicare Appeals Council will consider the nature and type of services rendered, the complexity of the case, the level of skill and competence required in rendition of the services, the amount of time spent on the case, the results achieved, the level of administrative review to which the representative carried the appeal and the amount of the fee requested by the representative.

### Conflict of Interest

Sections 203, 205 and 207 of Title XVIII of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the Government or to aid or assist in the prosecution of claims against the United States. Individuals with a conflict of interest are excluded from being representatives of beneficiaries before HHS.

### Where to Send This Form

Send this form to the same location where you are sending (or have already sent) your: appeal if you are filing an appeal, grievance or complaint if you are filing a grievance or complaint, or an initial determination or decision if you are requesting an initial determination or decision. If additional help is needed, contact 1-800-MEDICARE (1-800-633-4227, TTY users call 1-877-486-2048), or your Medicare plan.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit <https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice>, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0950. The time required to prepare and distribute this collection is 15 minutes per notice, including the time to select the preprinted form, complete it and deliver it to the beneficiary. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, PRA Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.



MCS Life Insurance Company  
P.O. Box 9023547  
San Juan, P.R. 00902-3547  
787.758.2500

### Nombramiento de Representante

NOMBRE DEL ASEGURADO	NÚMERO DE CONTRATO
----------------------	--------------------

#### SECCIÓN 1: NOMBRAMIENTO DE REPRESENTANTE

Debe completarla el asegurado:

Nombro a \_\_\_\_\_, para que se desempeñe como mi representante en relación con mi <Querella o Apelación> como asegurado de MCS Life Insurance Company. Autorizo a que esta persona realice toda solicitud, presente u obtenga evidencia, obtenga información sobre Querellas y/o Apelaciones y reciba toda notificación relacionada con mi Querella y/o Apelación, completamente en mi representación. Entiendo que la información médica personal relacionada con mi Querella y/o Apelación podría comunicarse al representante aquí indicado.

Firma del Asegurado		Fecha
Dirección		Número de Teléfono (incluir código de área)
Ciudad	Estado	Código Postal
Correo Electrónico (opcional)		

#### SECCIÓN 2: ACEPTACIÓN DEL NOMBRAMIENTO

Debe completarla el representante:

Yo, \_\_\_\_\_, acepto por este medio el nombramiento antes mencionado. Certifico que no se me ha descalificado, suspendido o prohibido el desempeño profesional ante el Departamento de Salud y Servicios Humanos (HHS en inglés); que no estoy, en calidad de empleado corriente o pasado empleado de los Estados Unidos, descalificado para actuar como representante del asegurado; y que reconozco que todo honorario podría estar sujeto a revisión y aprobación por la Secretaría. Yo soy el/la \_\_\_\_\_.  
(Situación profesional o relación con la parte. Por ejemplo: abogado, pariente, etc.)

Firma del Representante		Fecha
Dirección		Número de Teléfono (incluir código de área)
Ciudad	Estado	Código Postal
Correo Electrónico (opcional)		



MCS Life Insurance Company complies with federal civil rights laws applicable and does not discriminate on grounds of race, color, national origin, age, disability or sex. MCS Life Insurance Company cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. MCS Life Insurance Company 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。ATTENTION: If you speak English, language assistance services, are available to you free of charge. Call 1.888.758.1616 (TTY: 1.866.627.8182). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.758.1616 (TTY: 1.866.627.8182). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.758.1616 (TTY: 1.866.627.8182).

**Aviso de confidencialidad:** esta comunicación es confidencial y privilegiada, y/o información protegida de salud (PHI, por sus siglas en inglés) y puede estar protegida por ley, incluyendo la ley HIPAA. Esta comunicación es para uso exclusivo del individuo o entidad a quien ha sido dirigida. Si usted no es el destinatario indicado, queda advertido que cualquier uso, divulgación, distribución, copia, o acto realizado basado en el contenido de esta comunicación está prohibido. Si usted recibió esta comunicación por error, notifique inmediatamente al remitente y procure su devolución. COM\_G&A\_01\_S\_0520

# References

<https://www.mayoclinic.org/es-es/healthy-lifestyle/stress-management/in-depth/caregiver-stress/art-20044784>

<https://www.alz.org//ayuda-y-apoyo/cuidado/cuidadores-saludables>

<https://www.mayoclinic.org/es-es/healthy-lifestyle/stress-management/in-depth/caregiver-stress/art-20044784>

<https://www.cancer.org/es/tratamiento/personas-que-atienden-a-la-persona-con-cancer/para-la-persona-a-cargo-del-cuidado-de-alguien-con-cancer.html>

<https://www.cancer.org/content/dam/cancer-org/cancer-control/es/booklets-flyers/being-a-caregiver.pdf>

[https://www.scielo.org.mx/scielo.php?script=sci\\_arttext&pid=S1870-72032018000300226](https://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S1870-72032018000300226)

<https://www.fda.gov/consumers/free-publications-women/sepa-como-tomar-sus-medicamentos-use-medicines-wisely>

<https://es.familydoctor.org/como-sacar-el-maximo-provecho-de-su-medicamento/?adfree=true>

Ley Núm. 160 de 17 de noviembre de 2001, <https://www.lexjuris.com/LEXLEX/Leyes2001/lex2001160.htm> <https://opp.pr.gov/MaterialEducativo/Material%20Educativo/Dialogo%20con%20tu%20medico%20-%20Directrices%20Anticipadas.pdf>



# Exercise your mind!

## Caregiver's Word Search

E	M	E	A	C	A	R	E	G	I	V	E	R
E	T	E	N	L	W	E	E	A	I	O	V	H
M	E	S	N	E	P	E	N	E	O	H	C	E
E	A	G	A	T	E	S	L	E	L	D	R	A
L	R	L	F	O	A	T	R	L	U	P	E	L
I	A	L	L	A	R	L	S	I	N	N	N	T
M	L	O	V	E	M	S	H	O	H	E	S	H
N	F	Ñ	A	S	S	I	A	E	D	I	S	Y
P	T	I	E	A	E	Y	L	L	A	R	L	S
S	S	R	H	E	L	P	R	Y	R	L	E	E
V	E	T	A	K	E	C	A	R	E	E	T	N
M	L	L	E	X	E	R	C	I	S	E	S	H
L	H	L	E	R	E	H	P	I	T	U	T	H

**LOVE  
HELP  
WELLNESS  
CAREGIVER  
TAKE CARE**

**REST  
EXERCISES  
FAMILY  
HEALTH  
MENTAL HEALTH**

# We are by **YOUR SIDE!**



## **MCS Plaza Service Center Hato Rey**

MCS Plaza, 1er piso Suite 105, 255 Ave. Ponce de León, San Juan, PR 00916-1919

## **MCS Service Center Aguadilla**

Aguadilla Mall, State Rd. #2 Km. 126.5, Booth 3 Suite 195, Lot #46, Aguadilla, PR 00605

## **MCS Service Center Arecibo**

Galería Pacífico Carr. 10 Km. 85.7, Bo. Tanamá Arecibo, PR 00612

## **MCS Service Center Bayamón**

San Miguel Plaza Building 2 Las Rosas Street Santa Cruz Corner Bayamón, PR 0096100612

## **MCS Service Center Caguas**

Calle Marginal Carr. 1 Km. 33.3 Bo. Bairoa (al lado de McDonald's) Entrada Angora Industrial Park 00725

## **MCS Service Center Carolina**

Escorial Office Building I. Parque Escorial Ste. 100. Bo. San Antón Ave. Sur 1400, Carolina, PR 00987

## **MCS Service Center Fajardo**

Local 1 Ralph Food Warehouse, Carr.3, Esq. Calle Igualdad, Km 45.5, Bo. Quebrada, Fajardo, PR 00738

## **MCS Service Center Guayama**

Condominio Commerce Plaza #1 Carr. 3, Int. Carr.54, Local 101 D Guayama, PR 00784

## **MCS Service Center Manatí**

Manatí Plaza PR149 int. PR2, Local 6 Manatí, PR 00674

## **MCS Service Center Mayagüez**

Santander Securities Plaza Bldg., #349 Hostos Ave., Suite 103 Mayagüez, PR 00680

## **MCS Service Center Ponce**

MCS Building Ave. Tito Castro 601 Carr. 14 Km. 4.2, Ste. 105 Bo. Machuelo Abajo Ponce, PR 00716

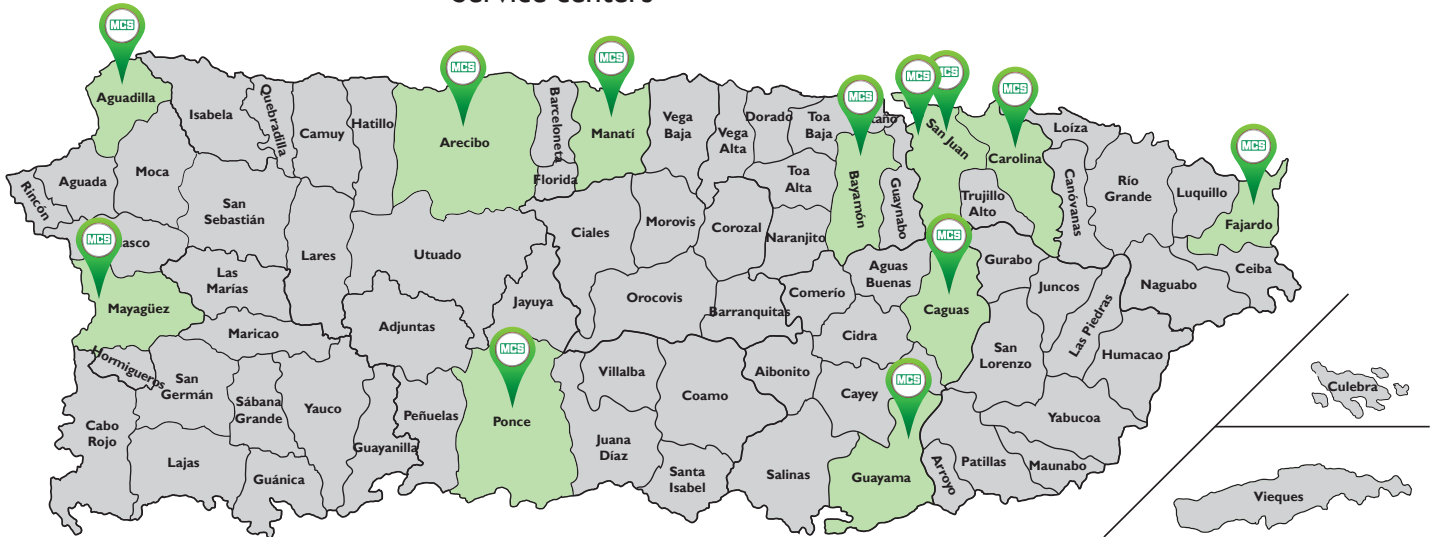
## **Club Te Paga Plaza Las Américas**

2do nivel centro comercial Plaza Las Américas, 252 Av. Franklin Delano Roosevelt, San Juan, Puerto Rico 00918

# SERVICE CENTERS



Service centers



## AGUADILLA

Aguadilla Mall  
Carr. #2 Km 126.5  
Local 3, Suite 195, Lote #46  
Aguadilla, PR 00603

## ARECIBO

Galería Pacífico  
Carr. 10 Km. 85.7, Bo. Tanamá  
Arecibo, 00612

## BAYAMÓN

Edificio San Miguel Plaza  
Calle Las Rosas #2  
Esquina Santa Cruz  
Bayamón, PR 00961

## CAGUAS

Angora Block, sector Bairoa  
Marginal frente a  
Ralph Food Warehouse  
Carr. #1 km 33.3 Caguas, PR 00725

## CAROLINA

Escorial Office Building I  
Parque Escorial Ste. 100  
Carr. #1, Esq. 172, Store 41 B  
Bo. San Antón, Ave. Sur 1400  
Carolina, PR 00987

## FAJARDO

Local I Ralph Food Warehouse  
Carr #3, Esq. Calle Igualdad,  
Km 45.5, Bo. Quebrada  
Fajardo, PR 00784

## GUAYAMA

Condominio Commerce Plaza #1  
Carr #3, Int. Carr #54  
Local 101 D  
Guayama, PR 00784

## MANATÍ

Centro Plaza  
Carr #2, Local 6  
Manatí, PR 00674

## MAYAGÜEZ

Edificio Santander Security Plaza  
349 Ave. Hostos  
Suite 103  
Mayagüez, PR 00680

## PONCE

Edificio MCS  
601 Ave. Tito Castro, Suite 105  
Carr. 14 Km 4.2, Bo. Machuelo Abajo  
Ponce, PR 00716

## OFICINA CENTRAL

MCS Plaza, 1er piso  
Suite 105  
255 Ave. Ponce de León  
San Juan, PR 00916-1919

## SAN JUAN

Plaza Las Américas,  
525 Ave. Franklin Delano  
Roosevelt  
San Juan, PR 00918

**1.888.758.1616 | 787.281.2800**

The purpose of this sheet is to provide information about MCS Life Insurance Company's Service Centers. For more information about these, you may contact us through the appropriate contact number, or you may visit our Service Centers. Certain restrictions, conditions or terms may apply. Subscribed by MCS Life Insurance Company. (Rev: Feb. 2023).

# Solution

E	M	E	A	C	A	R	E	G	I	V	E	R
E	T	E	N	L	W	E	E	A	I	O	V	H
M	E	S	N	E	P	E	N	E	O	H	C	E
E	A	G	A	T	E	S	L	E	L	D	R	A
L	R	L	F	O	A	T	R	L	U	P	E	L
I	A	L	L	A	R	L	S	I	N	N	N	T
M	L	O	V	E	M	S	H	O	H	E	S	H
N	F	Ñ	A	S	S	I	A	E	D	I	S	Y
P	T	I	E	A	E	Y	L	L	A	R	L	S
S	S	R	H	E	L	P	R	Y	R	L	E	E
V	E	T	A	K	E	C	A	R	E	E	T	N
M	L	L	E	X	E	R	C	I	S	E	S	H
L	H	L	E	R	E	H	P	I	T	U	T	H





# IMPORTANT PHONES NUMBERS

## FAMILY MEMBERS TO CONTACT IN CASE OF EMERGENCIES

Name	Relation	Contact Numbers

## LEGAL DOCUMENTS

Document type	Yes	No	Storage Location
Health Plan Card			
Social Security Card			
Photo ID			
Medicare Card (Red & Blue)			
Bank accounts			
Power of Attorney			
Will and Testament			
Passport			
Birth Certificate			
Divorce Decree			
Life Insurance			
Spouse or Parent's Death Certificate			
Home and other property deeds			
Funeral Pre-arrangement or Advance directives			
Other documents.....			



# NOTES

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# Complete Health

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