

2024 Medication Therapy Management Program (MTM program)

We have a program that can help our members with complex health needs. For example, some members have several medical conditions, take different drugs at the same time, and have high drug costs.

A team of pharmacists and doctors developed the program for us. This program can help make sure you get the most benefit from the drugs you take such as including increasing your awareness regarding your medications and preventing or minimizing drug-related risk. This program is free of charge and is open only to those who qualify. The MTM program is a clinical program provided by our Plan and is not considered a plan benefit.

Who qualifies for the MTM program?

We will automatically enroll you in the Plan's Medication Therapy Management Program at no cost to you if all three (3) conditions apply:

1. You take eight (8) or more Medicare Part D covered drugs
2. You have three (3) or more of these long-term health conditions: Alzheimer's Disease, Bone Disease-Arthritis-Osteoporosis, Dyslipidemia, End-Stage Renal Disease (ESRD), and Hypertension
3. You incurred one-fourth of specified annual cost threshold (\$5,330) in previous three months

How will I be contacted if I qualify for the MTM program?

We review for qualified members each quarter. If you qualify for the program, you will receive an initial letter indicating you are enrolled in the MTM program along with a personal medication record (PMR). The PMR contains a list of drugs covered by the Plan in the previous 4 months of the calendar year.

What services are included in the MTM program?

1. Comprehensive Medication Review (CMR). In the initial letter you receive, you will be offered a telephonic CMR with a member of our clinical staff. During the CMR, the personal medication record mailed initially to you will be verified and you can

talk about how best to take your medications, your costs, and any problems or questions you have about your prescription and over-the-counter medications.

Upon completion of the CMR, an individualized written summary in the CMS standard format will be provided within 14 days of the CMR. The summary has a medication action plan that recommends what you can do to make the best use of your medications, with space for you to take notes or write down any follow-up questions. You will also get a personal medication list that will include all the medications you are taking and why you take them. There is also direction on how to dispose of unused medications. **A blank copy of the medication list and instructions for safe disposal of unused medications begins on page 3.**

All MTM enrollees will receive follow-up mailings on a quarterly basis to remind them of their opportunity for the CMR and to provide general member education materials.

2. Targeted Medication Review (TMR). A TMR is where we review your claims on a quarterly basis to identify therapy care gaps and mail or fax suggestions to the healthcare professional that prescribed the medication. Prescribers will be re-notified regarding any unresolved therapy care gaps no more frequently than every 6 months. As always, your prescribing doctor will decide whether to consider our suggestions. Your prescription drugs will not change unless you and your doctor decide to change them.

How can I get more information about the MTM program?

If you would like additional information about this program, would like to receive copies of MTM materials, or you do not wish to take part in the MTMP, please contact our MTM Department at 1-866-342-2183. TTY users may call 711. The MTM department is available Monday through Friday 8:30am to 6:00pm Eastern Standard Time.

**Medication Therapy Management Program Standardized
Format – English
Form CMS-10396 (Expires: 02/29/2024)**

< Optional: Insert MTM provider/plan logo >

< Optional: Insert MTM provider/plan logo >

< Insert letter date >

< Insert member name >

< Insert member address 1 >

< Insert member address 2 >

< Insert member city, state, and zip code

>

< Additional space for
optional plan/provider use,
such as barcodes, document
reference numbers, beneficiary
identifiers, case numbers or
title of document >

Dear < Insert member name >,

Thank you for talking with me on < Insert CMR date >, about your health and medications. As a follow-up to our conversation, I have included two documents:

1. Your **Recommended To-Do List** has steps you should take to get the best results from your medications.
2. Your **Medication List** will help you keep track of your medications and how to take them.

If you want to talk about these documents, please call < Insert MTM provider/department name > at < Insert contact information for MTM provider/plan, phone number, days/times, TTY, etc. >.

I look forward to working with you and your doctors to make sure your medications work well for you.

Sincerely,

< Insert MTM provider name >

< Insert MTM provider title>, < Insert Part D plan/pharmacy name/organization name >

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 number for this information collection is 0938-1154. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850

Recommended To-Do List

Prepared on: < Insert CMR date >

You can get the best results from your medications by completing the items on this “**To-Do List.**”



Bring your **To-Do List** when you go to your doctor. And, share it with your family or caregivers.

My To-Do List

What we talked about: < Insert summary of discussion for topic 1 >	What I should do: <input type="checkbox"/> < Insert action item for topic 1 > <input type="checkbox"/> < Insert action item for topic 1 >
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What we talked about: < Insert summary of discussion for topic 2 >	What I should do: <input type="checkbox"/> < Insert action item for topic 2 > <input type="checkbox"/> < Insert action item for topic 2 >
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What we talked about: < Insert summary of discussion for topic 3 >	What I should do: <input type="checkbox"/> < Insert action item for topic 3 > <input type="checkbox"/> < Insert action item for topic 3 >
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What we talked about: < Insert summary of discussion for topic 4 >	What I should do: <input type="checkbox"/> < Insert action item for topic 4 > <input type="checkbox"/> < Insert action item for topic 4 >
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Information on the safe disposal of unused prescription medications for < *Insert member name* >, DOB: < *Insert member DOB* >

How to Safely Dispose of Unused Prescription Medications

Prepared on: < *Insert CMR date* >

Medication List

Prepared on: < *Insert CMR date* >



Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.



Note any changes to how you take your medications.
Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber
< <i>Insert generic name and brand name, strength, and dosage form for current/active medications</i> >	< <i>Insert regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate</i> >	< <i>Insert indication or intended medical use</i> >	< <i>Insert prescriber name</i> >



Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber

! Allergies:
< Insert allergy information >

 **Side effects I have had:**

< *Insert side effect information* >

 **Other information:**

< *Optional* >



My notes and questions: