2025 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-rated 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 (including osteoporosis, osteoarthritis, and rheumatoid arthritis)
    - Chronic congestive heart failure (CHF)
    - Diabetes
    - Dyslipidemia
    - End-stage renal disease (ESRD)
    - Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
    - Hypertension
    - Mental health (including depression, schizophrenia, bipolar disorder, and other chronic/disabling mental health conditions)
    - Respiratory Disease (including asthma, chronic obstructive pulmonary disease (COPD), and other chronic lung disorders)
3. You incurred one-fourth of specified annual cost threshold ($1,623) in previous 90 days

We will also automatically enroll you in the Plan's Medication Therapy Management Program at no cost to you if you have an active coverage limitation under our drug management program (DMP) to help safely manage medications such as opioids. You will be notified separately if the Drug Management Program applies to you.

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

We review for qualified members each month. 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, and 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 gap and mail or fax suggestions to the healthcare professional that prescribed the medication. Prescribers will be re-notified regarding any unresolved therapy care gaps when appropriate. 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 Member Services at 1-844-321-1763. TTY users may call 1-833-312-0046.

Medication Therapy Management Program Standardized Format – English
Form CMS-10396 (Expires: 12/31/2027)

< *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* >

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:	**What I should do:**
< Insert summary of discussion for topic 1 >	❑ *< Insert action item for topic 1 >* ❑ *< Insert action item for topic 1 >*

What we talked about:	**What I should do:**
< Insert summary of discussion for topic 2 >	❑ *< Insert action item for topic 2 >* ❑ *< Insert action item for topic 2 >*

What we talked about:	**What I should do:**
< Insert summary of discussion for topic 3 >	❑ *< Insert action item for topic 3 >* ❑ *< Insert action item for topic 3 >*

What we talked about:	**What I should do:**
< Insert summary of discussion for topic 4 >	❑ *< Insert action item for topic 4 >* ❑ *< Insert action item for topic 4 >*

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

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:

Medication Therapy Management Program Standardized Format – Spanish
Form CMS-10396 (Vence: 12/31/2027)

FORMATO ESTANDARIZADO PARA EL PROGRAMA DE CONTROL DE LA TERAPIA DE MEDICAMENTOS DE LA PARTE D DE MEDICARE

< Opcional: Ingrese MTM proveedor/plan logo > *< Opcional: Ingrese MTM proveedor/plan logo >*

< Ingrese la fecha >

< Ingrese el nombre del beneficiario >
< Ingrese la dirección del beneficiario 1 >
< Ingrese la dirección del beneficiario 2 >
< Ingrese la ciudad, estado, código postal del beneficiario >

< Espacio adicional para uso optativo del plan/proveedor para códigos de barra, número de referencia del documento, título o número del caso >

Saludo < *Ingrese el nombre del beneficiario* >,

Gracias por hablar conmigo el día <*ingrese fecha de CMR* > acerca de su salud y medicamentos. Para hacer seguimiento a nuestra conversación, le adjunto dos documentos:

1. Su **Lista de Cosas Para Hacer** incluye los pasos que usted debe seguir para obtener los mejores resultados de sus medicamentos.

2. Su **Lista de Medicamentos** le ayudará a monitorear sus medicamentos y saber cuándo y cómo tomarlos.

Si usted quiere hablar acerca de estos documentos adjuntos, por favor llámme/nos <*ingrese el nombre del proveedor del MTM/departamento*> al *< ingrese la información de contacto del proveedor del MTM/plan, el número de teléfono, fechas/horas, TTY, etc. >*.

Espero poder trabajar con usted y sus doctores para asegurarnos que sus medicamentos son efectivos.

Muchas gracias por su atención,

< Ingrese el nombre del MTM proveedor >
< Ingrese el título del MTM proveedor >, *< Ingrese el nombre del plan de la Parte D/ la farmacia/ organización >*

Lista de Cosas Por Hacer

Preparado el: < *Fecha de la Revisión Integral de Medicamentos (CMR)*>

Usted podrá obtener los mejores resultados de sus medicamentos completando todos los pasos en esta **"Lista de Cosas por Hacer."**

Lleve su **"Lista de Cosas por Hacer"** cuando visite su médico. Y compártala con su familia y cuidadores.

Mi Lista de Cosas por Hacer

Acerca de lo que hablamos:	**Lo que debo hacer:**
< Ingrese resumen de discusión para el tema 1 >	❑ *< Inserte acción a seguir para el tema 1 >* ❑ *< Inserte acción a seguir para el tema 1 >*

Acerca de lo que hablamos:	**Lo que debo hacer:**
< Ingrese resumen de discusión para el tema 2 >	❑ *< Inserte acción a seguir para el tema 2 >* ❑ *< Inserte acción a seguir para el tema 2 >*

Acerca de lo que hablamos:	**Lo que debo hacer:**
< Ingrese resumen de discusión para el tema 3 >	❑ *< Inserte acción a seguir para el tema 3 >* ❑ *< Inserte acción a seguir para el tema 3 >*

Acerca de lo que hablamos:	**Lo que debo hacer:**
< Ingrese resumen de discusión para el tema 4 >	❑ *< Inserte acción a seguir para el tema 4 >* ❑ *< Inserte acción a seguir para el tema 4 >*

Cómo desechar de forma segura los medicamentos recetados no utilizados

Preparado el: < *Fecha de la Revisión Integral de Medicamentos (CMR)* >

Lista de Medicamentos

Preparado el: < *Fecha de la Revisión Integral de Medicamentos (CMR)* >

Lleve su Lista de Medicamentos cuando vaya al médico, hospital, o sala de emergencia. Y compártala con su familia o cuidadores.

Anote cualquier cambio en la forma como toma sus medicamentos.
Tache los medicamentos que ya no toma.

Medicamento	**Cómo lo tomo**	**Por qué lo tomo**	**Médico**
< Ingrese el nombre genérico y de marca del medicamento, la potencia, y la dosis de los medicamentos que toma actualmente >	*< Ingrese la terapia que le ordenaron (por ejemplo, 1 tableta por vía oral diaria), los aparatos para usarla e instrucciones adicionales si correspondiera >*	*< Ingrese indicaciones o el uso médico >*	*< Ingrese nombre del médico >*

Añada nuevos medicamentos de receta, medicamentos de venta libre, productos herbarios, vitaminas, y minerales en las líneas en blanco abajo.

Medicamento	Cómo lo tomo	Por qué lo tomo	Médico

Alergias:

< *Ingrese información sobre alergias* >

Efectos secundarios que he tenido:

< *Ingrese información sobre efectos secundarios* >

Otra Información:

< *Opcional* >

Mis notas y preguntas: