



## **2020 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: End Stage Renal Disease, Bone Disease-Arthritis-Osteoporosis, Diabetes, Dyslipidemia, or Hypertension
3. You incurred one-fourth of specified annual cost threshold (\$4,255) 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, 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. **A blank copy of the medication list 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 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 9 am to 5 pm Eastern Standard Time.

Dr. Jane Doe  
1500 Main Street  
Anytown, MD 21201



January 30, 2017

Mr. John Smith  
999 Straight Road  
Washington, DC 80008

Dear Mr. Smith:

Thank you for talking with me on January 20, 2017 about your health and medications. Medicare's MTM (Medication Therapy Management) program helps you understand your medications and use them safely.

This letter includes an action plan (Medication Action Plan) and medication list (Personal Medication List). **The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.**

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team.
- Ask your doctors, pharmacists, and other healthcare providers to update the action plan and medication list at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call Dr. Jane Doe at 1-800-222-3333 between the hours of 9am and 5pm, Monday through Friday. I look forward to working with you, your doctors, and other healthcare providers to help you stay healthy through the Birchwood Medicare Plus MTM program.

Sincerely,

*Jane Doe*

Jane Doe, PharmD  
Pharmacy Manager



**MEDICATION ACTION PLAN FOR Mr. John Smith, DOB: 07/04/1940**

This action plan will help you get the best results from your medications if you:

1. Read “What we talked about.”
2. Take the steps listed in the “What I need to do” boxes.
3. Fill in “What I did and when I did it.”
4. Fill in “My follow-up plan” and “Questions I want to ask.”

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team. Share this with your family or caregivers too.

**DATE PREPARED: 01/20/2017**

**What we talked about:**

- High Cholesterol

**What I need to do:**

- Monitor diet; eat fewer high cholesterol foods (see dietary handout for healthier options).
- Get your cholesterol checked.

**What I did and when I did it:**

**What we talked about:**

- High Blood Pressure - at visit on 1/14/2013 it was 154/92 mmHg

**What I need to do:**

- Check blood pressure at least 3 times a week and record on log.
- Maintain blood pressure less than 130/80 mmHg.
- Monitor salt in my diet and increase daily exercise.
- Make an appointment with physician to have blood pressure rechecked and share log.

**What I did and when I did it:**

|   |                                      |
|---|--------------------------------------|
| <b>What we talked about:</b>  |                                      |
| <ul style="list-style-type: none"> <li>• Diabetes</li> </ul>  |                                      |
| <b>What I need to do:</b>   | <b>What I did and when I did it:</b> |
| <ul style="list-style-type: none"> <li>• Continue to check blood sugar once a day.</li> <li>• Maintain fasting blood sugar less than 120 and greater than 70.</li> <li>• Make an appointment to see the podiatrist within one month.</li> </ul> |                                      |

|  |                                      |
|--|--------------------------------------|
| <b>What we talked about:</b>   |                                      |
| <ul style="list-style-type: none"> <li>• How to use your Metered Dose Inhaler - Albuterol</li> </ul>   |                                      |
| <b>What I need to do:</b>  | <b>What I did and when I did it:</b> |
| <ul style="list-style-type: none"> <li>• Refer to the attached handout on proper inhaler technique.</li> <li>• Always use spacer with inhaler.</li> <li>• Keep this medication with me at all times – “rescue inhaler”.</li> </ul> |                                      |

**My follow-up plan** (add notes about next steps):

**Questions I want to ask** (include topics about medications or therapy):

If you have any questions about your action plan, call Dr. Jane Doe at 1-800-222-3333 between the hours of 9am and 5pm, Monday through Friday.

Dr. Jane Doe  
1500 Main Street  
Anytown, MD 21201



**PERSONAL MEDICATION LIST FOR Mr. John Smith, DOB: 07/04/1940**

This medication list was made for you after we talked. We also used information from Medicare Part D claims data.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:

- ┆ prescription medications
- ┆ over the counter drugs
- ┆ herbals
- ┆ vitamins
- ┆ minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

**DATE PREPARED: 01/20/2017**

**Allergies or side effects:** Penicillin - hives and difficulty swallowing

|   |                                 |
|---|---------------------------------|
| <b>Medication:</b> Simvastatin 20 mg tablet   |                                 |
| <b>How I use it:</b> Take one tablet (20 mg) by mouth every night   |                                 |
| <b>Why I use it:</b> High Cholesterol   | <b>Prescriber:</b> Dr. Joe Anne |
| <b>Goals:</b> <ul style="list-style-type: none"><li>• LDL (Low Density Lipoproteins) &lt; 100 mg/dL</li><li>• HDL (High Density Lipoproteins) &gt; 40 mg/dL</li></ul> |                                 |
| <b>Date I started using it:</b> January 2013  | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>  |                                 |

|  |                                 |
|--|---------------------------------|
| <b>Medication:</b> Glipizide XL (Glucotrol XL) 5 mg tablet     |                                 |
| <b>How I use it:</b> Take one tablet (5mg) by mouth once daily |                                 |
| <b>Why I use it:</b> Type 2 Diabetes                           | <b>Prescriber:</b> Dr. Joe Anne |
| <b>Date I started using it:</b> June 2014                      | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>                                 |                                 |

**PERSONAL MEDICATION LIST FOR Mr. John Smith, DOB: 07/04/1940**

(Continued)

|   |                                 |
|---|---------------------------------|
| <b>Medication:</b> Acetaminophen 325 mg tablet  |                                 |
| <b>How I use it:</b> Take one tablet (325 mg) by mouth as needed for pain (3-4 tablets usually each day)  |                                 |
| <b>Why I use it:</b> Knee Pain  | <b>Prescriber:</b> Self         |
| <b>Reminder:</b> <ul style="list-style-type: none"><li>• Taking more than 3000mg of Acetaminophen a day can increase your chance of liver toxicity.</li><li>• Do not drink alcohol with this medication. It can increase your risk of liver problems.</li></ul> |                                 |
| <b>Date I started using it:</b>   | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>  |                                 |

|   |                                 |
|---|---------------------------------|
| <b>Medication:</b> Albuterol Sulfate Inhalation Solution (Ventolin HFA)   |                                 |
| <b>How I use it:</b> Use 2 puffs every 6 hours as needed for shortness of breath  |                                 |
| <b>Why I use it:</b> Breathing  | <b>Prescriber:</b> Dr. Joe Anne |
| <b>Reminder:</b> <ul style="list-style-type: none"><li>• Refer to leaflet on proper technique.</li><li>• Keep with you at all times - "rescue inhaler."</li></ul> |                                 |
| <b>Date I started using it:</b> Early 2015  | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>  |                                 |

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Medication:</b>              |                                 |
| <b>How I use it:</b>            |                                 |
| <b>Why I use it:</b>            | <b>Prescriber:</b>              |
| <b>Notes:</b>                   |                                 |
| <b>Date I started using it:</b> | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>  |                                 |

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Medication:</b>              |                                 |
| <b>How I use it:</b>            |                                 |
| <b>Why I use it:</b>            | <b>Prescriber:</b>              |
| <b>Notes:</b>                   |                                 |
| <b>Date I started using it:</b> | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>  |                                 |

**PERSONAL MEDICATION LIST FOR Mr. John Smith, DOB: 07/04/1940**

(Continued)

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Medication:</b>              |                                 |
| <b>How I use it:</b>            |                                 |
| <b>Why I use it:</b>            | <b>Prescriber:</b>              |
| <b>Notes:</b>                   |                                 |
| <b>Date I started using it:</b> | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>  |                                 |

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Medication:</b>              |                                 |
| <b>How I use it:</b>            |                                 |
| <b>Why I use it:</b>            | <b>Prescriber:</b>              |
| <b>Notes:</b>                   |                                 |
| <b>Date I started using it:</b> | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>  |                                 |

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Medication:</b>              |                                 |
| <b>How I use it:</b>            |                                 |
| <b>Why I use it:</b>            | <b>Prescriber:</b>              |
| <b>Notes:</b>                   |                                 |
| <b>Date I started using it:</b> | <b>Date I stopped using it:</b> |
| <b>Why I stopped using it:</b>  |                                 |

|                           |
|---------------------------|
| <b>Other Information:</b> |
|---------------------------|

If you have any questions about your medication list, call Dr. Jane Doe at 1-800-222-3333 between the hours of 9am and 5pm, Monday through Friday.

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.