2021 Medication Therapy Management (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. The Signature Advantage MTM 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. Your participation is voluntary and does not affect your coverage.

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 the following 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,
    - Diabetes
    - Dyslipidemia
    - Hypertension
3) You incurred one-fourth of specified annual cost threshold ($4,376) in previous three months

What services are included in the MTM program?
The MTM Program provides you with:

- Annual Comprehensive Medication Review (CMR), and
- Quarterly Targeted Medication Review (TMR)

What is the Comprehensive Medication Review (CMR)?
A CMR is a one-on-one discussion facilitated by your Nurse Practitioner with our MTM Pharmacy team to review all your medications including prescription medications, over the counter (OTC) medicines, herbal therapies and dietary supplements and vitamins. Following the CMR completion, the pharmacist will give you an individualized written summary called a Personal Medication List of the medications you discussed. You will receive your Personal Medication List within 14 days of the CMR along with a Medication Action Plan, if applicable. Click here to see a blank copy of the Personal Medication List.

How does the Targeted Medication Review (TMR) work?
Once a quarter, our MTM Pharmacy team will review your medications to ensure there are no safety concerns, missed opportunities, or other issues. Any recommendations will be sent to your prescriber. As always, your prescribing doctor will decide whether to consider recommendations. Your prescription medications will not change unless you and your doctor decide to change them.

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How will I know if I qualify for the Medication Therapy Management (MTM) Program?
We will automatically enroll you and send you a Welcome Letter if you are eligible for the program.

How will MTM Program affect my Signature Advantage plan coverage?
The MTM program is a clinical program provided by our Plan and is not considered a plan benefit. Your participation is voluntary and does not affect your coverage.

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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 MTM program, please contact our MTM department at 1-866-342-2183, Monday through Friday, 9 a.m. to 5 p.m. Eastern Time. TTY users may call 711.

< MTM PROVIDER HEADER or OPTIONAL LOGO >

< Insert date >

< Insert inside address >

< Insert salutation >:

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

Thank you for talking with me on *< insert date of service >* 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 *<insert contact information for MTM provider, phone number, days/times, TTY, etc. >*. *< I/We >* look forward to working with you, your doctors, and other healthcare providers to help you stay healthy through the *< insert name of Part D Plan >* MTM program.

< Insert closing, MTM provider signature, name, title, enclosure notations, etc. >

< MTM PROVIDER HEADER or OPTIONAL LOGO >

< MTM PROVIDER HEADER or OPTIONAL LOGO >

MEDICATION ACTION PLAN FOR < *Insert Member's name*, DOB: *mm/dd/yyyy* >

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: < *INSERT DATE* >

What we talked about: < *Insert description of topic* >	
What I need to do: < *Insert recommendations for beneficiary activities* >	**What I did and when I did it:** < *Leave blank for beneficiary's notes* >

What we talked about:	
What I need to do:	**What I did and when I did it:**

What we talked about:	
What I need to do:	**What I did and when I did it:**

What we talked about:	
What I need to do:	**What I did and when I did it:**

What we talked about:	
What I need to do:	**What I did and when I did it:**

My follow-up plan (add notes about next steps):
< Leave blank for beneficiary's notes >

Questions I want to ask (include topics about medications or therapy):
< Leave blank for beneficiary's notes >

If you have any questions about your action plan, call *< insert MTM provider contact information, phone number, days/times, etc. >*.

PERSONAL MEDICATION LIST FOR < *Insert Member's name*, DOB: *mm/dd/yyyy* >

This medication list was made for you after we talked. We also used information from < *insert sources of information* >.

- 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: < *INSERT DATE* >

Allergies or side effects: < *Insert beneficiary's allergies and adverse drug reactions including the medications and their effects* >

Medication: < *Insert generic name and brand name, strength, and dosage form for current/active medications.* >	
How I use it: < *Insert regimen, including strength, dose and frequency (e.g., 1 tablet (20 mg) by mouth daily), use of related devices and supplemental instructions as appropriate* >	
Why I use it: < *Insert indication or intended medical use* >	**Prescriber:** < *Insert prescriber's name* >
< Insert other title(s) or delete this field >: < *Use for optional product-related information, such as additional instructions, product image/identifiers, goals of therapy, pharmacy, etc., and change field title accordingly. This field may be expanded or divided. Delete this field if not used.* >	
Date I started using it: < *May be estimated by Plan or entered based upon beneficiary-reported data, or leave blank for beneficiary to enter start date* >	**Date I stopped using it:** < *Leave blank for beneficiary to enter stop date* >
Why I stopped using it: < *Leave blank for beneficiary's notes* >	

PERSONAL MEDICATION LIST FOR < *Insert Member's name*, DOB: *mm/dd/yyyy* >

(Continued)

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
< *Insert other title(s) or delete this field* >:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
< *Insert other title(s) or delete this field* >:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
< *Insert other title(s) or delete this field* >:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
< *Insert other title(s) or delete this field* >:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
< *Insert other title(s) or delete this field* >:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
< Insert other title(s) or delete this field >:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
< Insert other title(s) or delete this field >:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
< Insert other title(s) or delete this field >:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

Other Information:

If you have any questions about your medication list, call < *insert MTM provider contact information, phone numbers, days/times, etc.* >.