



2019 Medication Therapy Management (MTM) Program

Aspire is committed to helping members with chronic disease states and multiple medications manage their healthcare. The Medication Therapy Management (MTM) program is offered to qualifying members to improve medication use and create better outcomes.

The purpose of the MTM program is to help eligible members understand their medications and reinforce their knowledge of how to properly take them. The benefit of the program is to keep members from potentially harmful drug side effects and drug combinations. In addition, medications are reviewed for opportunities to reduce prescription drug costs and to help members get the most from their prescription benefits. **The MTM program is a free service for eligible enrollees. Although the MTM program is a special service offered at no cost to Medicare members, it is not considered a benefit.**

Members enrolled with the Medicare Part D plan will automatically be enrolled in the MTM program if they meet the following three conditions.

Eligibility Requirements:

- Have prescriptions filled for seven (7) or more maintenance Part D medications* within three months
- Have three (3) or more of these chronic health conditions**: Diabetes, Chronic Heart Failure, High Cholesterol, Mental Health/Depression, Alzheimer's Disease, or Respiratory Disease (COPD)
- Spend more than \$4,044 a year on covered Part D medications

How will you know if you qualify?

If you are eligible for the MTM program, you will receive an enrollment letter. Upon receiving this letter, you may call to schedule an appointment for your personalized medication review. You may also receive additional phone calls after enrollment asking you about the MTM program and whether you would like to participate in other programs, such as a personalized medication review. We encourage MTM program members to complete a personalized medication review every year, however, it is voluntary.

If you received notification that you have been enrolled in the MTM program and would like to schedule a comprehensive medication review (CMR), or if you would like more information about the MTM program, call 1 (800) 546-5677, 24 hours a day, 7 days a week [TTY (866) 706-4757]. You may also call this number to opt out of the program.

* Stedman's Medical Dictionary © Wolters Kluwer Health, "Maintenance Part D medication is a chronic medication that is taken to stabilize an illness or symptoms of illness."

** Chronic Health Condition is defined by drug inferred disease state.



MTM program members can also get a Comprehensive Medication Review (CMR) and Targeted Medication Review (TMR)

A **Comprehensive Medication Review (CMR)** offers a one-on-one phone call with a pharmacist or clinical nurse to talk about your medications. This is a great time to ask any questions you have about prescription drugs, over-the-counter medicines, and herbal or dietary supplements.

The CMR takes about 30 minutes to complete, depending on the number of medications you take and topics discussed. A pharmacist or clinical nurse will review your medication history — including prescription and over-the-counter medications — and identify any issues. After the CMR, you will get a follow-up letter in the mail. This will include a Medication Action Plan summarizing any clinical concerns identified, as well as a Personal Medication List of your medication history. Your healthcare provider may also be notified of recommendations for changes in therapy or potential health concerns discussed during the CMR.

Targeting Medication Reviews (TMR) are done quarterly to identify potential drug-drug interactions or other medication concerns. You may receive a letter notifying you of a possible medication concern to discuss with your doctor. We may also contact your doctor by phone or fax.

As always, you and your prescribing doctor will decide what to do about therapy recommendations suggested in CMR and TMR notices. Your medications will not change unless you and your doctor decide to change them.

For your convenience, we have included a blank medication form you can print to keep track of your prescriptions and over-the-counter medications. This form can be found on the last page of this document.

If you have any questions relating to the enrollment process, services offered, or any of the material associated with the MTM program, you can call 1 (800) 546-5677, 24 hours a day, 7 days a week [TTY (866) 706-4757].



Summary of Medication Therapy Management notices a member may receive

1. Introduction and opt-in/opt-out flier (Members targeted quarterly)

The introductory letter is sent to the member if they meet eligibility criteria listed above. This letter notifies the member that they qualify for the MTM program at no charge.

This is an optional program — members can opt-out at any time. To **OPT-OUT** of the MTM program the beneficiary may call 1 (800) 546-5677, [TTY (866) 706-4757], visit www.aspirehealthplan.org/MTM, or complete and return the opt-out portion on the flier.

The introductory letter also includes an offer for a Comprehensive Medication Review (CMR), including a list of the member's prescriptions medications filled for the previous quarter, and any savings or therapy change observations.

2. Comprehensive Medication Review (CMR)

A CMR is a one-on-one consultation between the member (or a member's appointed representative) and a qualified pharmacist. This consultation includes a thorough review of the member's medication use, including prescription, over-the-counter (OTC), and herbal products. This review takes approximately 30 minutes.

If you're interested in receiving a CMR, call 1 (800) 546-5677, [TTY (866) 706-4757], to schedule an appointment for a review. Members that receive a CMR consultation will also receive a personal follow-up letter noting what was discussed during the consultation.

Furthermore, enrollees may contact the Part D Sponsor for additional information. Customer service personnel are prepared to answer questions about the MTM program.

3. Targeted Medication Reviews (TMR)

Enrolled beneficiary prescription claims are reviewed quarterly. Based on this analysis, members may receive notifications about:

- Medication and therapy adherence
- Generic substitution and cost savings opportunities
- Drug-drug interactions
- Therapy recommendations to discuss with the doctor or prescriber

PERSONAL MEDICATION LIST

Name:	DOB:
Primary Physician:	Physician Phone:
Pharmacy:	Pharmacy Phone:

Fill out the sections below to create your own Personal Medication List. If you go to the hospital or emergency room, take this list with you. Share this with your family and caregivers too.

Keep this list up-to-date with all of your prescription medications, over the counter drugs, herbal products, vitamins, and minerals.

- Medication – List the medication name, strength, and dosage form (tablet, capsule, patch, cream, ointment, injection, etc)
- How I use it – Write down the directions your prescriber or pharmacist told you on how you should take your medications
- Why I use it – List the reason you are taking this medication (i.e. for treatment of high blood pressure, diabetes, asthma, etc)
- 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 to update this list at every visit

Allergies or side effects Medications:

Medication:

How I use it:

Why I use it:

Prescriber:

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:

Date I Started using it:

Date I stopped using it:

Why I stopped using it:

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How I use it:

Why I use it:

Prescriber:

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Why I use it:	Prescriber:
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Other Information:
