

## 2020 Medication Therapy Management (MTM) Program

If you're in a Medicare drug plan and you have complex health needs, you may be able to participate in a Medication Therapy Management (MTM) program. **MTM is a service offered by Aspire Health Plan at no additional cost to you. The MTM program is required by the Centers for Medicare and Medicaid Services (CMS) and is not considered a benefit.** This program helps you and your doctor make sure that your medications are working. It also helps us identify and reduce possible medication problems.

To take part in this program, you must meet certain criteria set forth in part by CMS. These criteria are used to identify people who have multiple chronic diseases and are at risk for medication-related problems. If you meet these criteria, we will send you a letter inviting you to participate in the program and information about the program, including how to access the program. Your enrollment in MTM is voluntary and does not affect Medicare coverage for drugs covered under Medicare.

### To qualify for Aspire Health Plan's MTM program, you must meet ALL of the following criteria:

- Have at least three (3) of the following conditions or diseases: Chronic Heart Failure, diabetes, dyslipidemia, hypertension, asthma, or Chronic Obstructive Pulmonary Disease AND
- Take at least eight (8) covered Part D medications, AND
- Are likely to have medication costs of covered Part D medications greater than \$4,255 per year

### To help reduce the risk of possible medication problems, the MTM program offers two types of clinical review of your medications:

- **Targeted medication review:** at least quarterly, we will review all your prescription medications and contact you, your caregiver, your pharmacist, and/or your doctor if we detect a potential problem.
- **Comprehensive medication review (CMR):** at least once per year, we offer a free discussion and review of all of your medications by a pharmacist or other health professional to help you use your medications safely. This review, or CMR, is provided to you confidentially via telephone by pharmacies operated by SinfoníaRx. The CMR may also be provided in person or via telehealth at your provider's office, pharmacy, or long-term care facility. If you or your caregiver are not able to participate in the CMR, this review may be completed directly with your provider. These services are provided on behalf of Aspire Health Plan. This review requires about 30 minutes of your time. Following the review, you will get a written summary of this call, which you can take with you when you talk with your doctors. This summary includes:
  - » **Medication Action Plan (MAP):** The action plan has steps you should take to help you get the best results from your medications.
  - » **Personal Medication List (PML):** The medication list will help you keep track of your medications and how to use them the right way.

**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 take many medications for more than one chronic health condition contact your drug plan to see if you're eligible for MTM, or for more information, please contact customer service at (888) 495-3160.

**PERSONAL MEDICATION LIST FOR:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_

This medication list was made for you after we talked. We also used information from prescription 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:**

**Allergies or side effects:**

**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:**

<b>PERSONAL MEDICATION LIST FOR:</b> _____
<b>DOB:</b> _____

(Continued)

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

<b>Medication:</b>	
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<b>Why I use it:</b>	<b>Prescriber:</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>	
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<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
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<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>PERSONAL MEDICATION LIST FOR:</b> _____
<b>DOB:</b> _____

(Continued)

<b>Medication:</b>	
<b>How I use it:</b>	
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<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 SinfoníaRx toll free at 1-844-866-3735, Monday through Friday, 7 a.m. to 5 p.m. Pacific Time, TTY/TDD users, please call 1-800-367-8939.

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.