

MEDICATION THERAPY MANAGEMENT (MTM)

If you're in a Medicare drug plan and you have complex health needs, you may be able to participate in a MTM program. MTM is a service offered by VillageCareMAX 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 and include 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 VillageCareMAX's MTM program, you must meet one of the two following criteria:

1. Be an At-Risk Beneficiary or
2. Meet ALL of the following criteria:
 - a. Have at least 3 of the following conditions or diseases: Alzheimer's Disease, Bone disease-arthrititis (including osteoporosis, osteoarthritis, and rheumatoid arthritis), Chronic 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), or Respiratory Disease (including asthma, chronic obstructive pulmonary disease (COPD), and other chronic lung disorders), AND
 - b. Take at least 8 covered Part D maintenance drugs, AND
 - c. Are likely to have medication costs of covered Part D medications greater than \$1,340 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 and/or your doctor if we detect a potential problem.
- **Comprehensive medication review:** at least once per year, we offer a free discussion and review of all your medications by a pharmacist to help you use your medications safely. This review, or CMR, is provided to you confidentially via telephone operated by Aspen RxHealth. These services are provided on behalf of VillageCareMAX Medicare Advantage. 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:
 - Recommended To-Do List: The list has steps you should take to help you get the best results from your medications.
 - Medication List: The medication list will help you keep track of your medications and how to use them the right way.

We have included a blank copy of the Personal Medication List (PML) that can help you and your health care providers keep track of the medications you are taking.

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 1-855-296-8800.

To find out more information about MTM through our partner, Aspen RxHealth:
www.aspenrxhealth.com.

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

Medication List for < *Insert member name* >, DOB: < *Insert member DOB* >



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: