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Medication Therapy Management Program (MTM Program) – 2025

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?

1) We will automatically enroll you in the Plan's Medication Therapy Management Program at no cost to you if all three (3) conditions apply:

    A. You take eight (8) or more Medicare Part D covered drugs
    B. You have three (3) or more of these long-term health conditions: Alzheimer's disease, bone disease-arthritis (including osteoporosis), congestive heart failure, diabetes, dyslipidemia, end-stage renal disease, HIV/AIDS, hypertension, mental health (including depression, schizophrenia, and bipolar disorder), or respiratory disease (including asthma and chronic obstructive pulmonary disease (COPD))
    C. You incurred drug costs of $1,623 or greater

2) Members who are determined to be at-risk for misuse or abuse of such frequently abused drugs by the Part D plan sponsor under its drug management program (DMP) will also be eligible to receive MTM services.

How will I be contacted if I qualify for the MTM program?

We review for qualified members each month. If you qualify for the program, you will receive a welcome letter that provides an explanation of the MTM program, along with information to request or schedule a Comprehensive Medication Review (CMR). This will be offered as soon as possible after enrollment into the MTM program, but no later than 60 days after enrollment.

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 qualified MTM provider will review all of your prescriptions, over-the-counter medications, herbal therapies, and dietary supplements, and help address any problems or questions you have. This usually takes 15 to 30 minutes.

   Upon completion of the CMR, an individualized written summary in the CMS standard format will be provided within 14 days. 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. You can review a blank copy of the action plan, instructions for safe disposal of unused medications, and medication list at the end of this document.

   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 gaps 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 MTM program, please call us at the number on the back of your Member ID card.

< *MM/DD/YYYY* >

< *Member name* >
< *Member address 1* >
< *Member address 2* >
< *Member city, state, and zip code* >

Dear < *Member name* >,

Thank you for talking with me on < *CMR date* >, about your health and medications. As a follow-up to our conversation, I have included two documents:

1. Your **Recommended To-Do List** has steps you should take to get the best results from your medications.

2. Your **Medication List** will help you keep track of your medications and how to take them.

If you want to talk about these documents, please call < *MTM provider* > at 1-844-277-6422 (TTY 711), between the hours of 8 AM to 9 PM ET, Monday through Friday, and 10 AM to 3 PM ET on Saturday.

I look forward to working with you and your doctors to make sure your medications work well for you.

Sincerely,

<MTM provider name>
<MTM provider title>
Texas Independence Health Plan

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

Recommended To-Do List

Prepared on: < *Insert CMR date* >

You can get the best results from your medications by completing the items on this **"To-Do List."**

Bring your **To-Do List** when you go to your doctor. And, share it with your family or caregivers.

My To-Do List

What we talked about:	**What I should do:**
	❑ ❑

What we talked about:	**What I should do:**
	❑ ❑

What we talked about:	**What I should do:**
	❑ ❑

What we talked about:	**What I should do:**
	❑ ❑

Information on the safe disposal of unused prescription medications for < M*ember name* >, DOB: < *MM/DD/YYYY* >

How to Safely Dispose of Unused Prescription Medications

Prepared on: < *MM/DD/YYYY* >

Medication List

Prepared on: < *MM/DD/YYYY* >

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

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: