

Welcome to the Community Care Family Care Partnership Program (HMO SNP)(Community Care) Medication Therapy Management Web Page

Some members who have several complex medical conditions may need to take many drugs at the same time or have very high drug costs. The Medication Therapy Management (MTM) program can help members in these situations. This is a free and voluntary service for eligible members and is not considered a benefit.

The goal of the Medication Therapy Management program is to be sure members are using the drugs that will treat their medical conditions best and are getting the desired results from their medications. The MTM program also tries to reduce medication problems that may occur.

Community Care is pleased to work with the Centers for Medicare & Medicaid Services (CMS) to provide this program to eligible members.

Who is eligible for the Medication Therapy Management Program?

A member must meet all of the following criteria to be eligible for the program:

- Be a member of Community Care's Family Care Partnership Program (HMO SNP) (Community Care).
 - Be enrolled in Medicare Parts A, B and D.
 - Take a minimum of six (6) prescription drugs covered by Medicare Part D.
 - Have two (2) of the targeted diagnoses as documented in their electronic medical record on the Community Care system. The targeted diagnoses for 2018 are:
 - o Hypertension
 - o Diabetes
 - o End stage renal disease (ESRD)
 - o Asthma
 - o Bi-polar disorder.
 - Have Medicare Part D covered drug costs equal to or greater than \$991.75 per calendar quarter.
- Members who meet the above criteria will automatically be enrolled in the 2018 MTM program. Members will be contacted by mail and/or telephone and informed of their enrollment in MTM. They will also be offered an opportunity to schedule an annual comprehensive medication review (CMR). This is a free and voluntary service for eligible members, so they may choose not to participate at that time.

What services are provided by the MTM Program?

- Each quarter a pharmacist or other health professional will review the member's medications.
- The review will consider the following criteria:
 - Is the member taking appropriate medications for the targeted diagnoses?
 - Has laboratory testing been done to monitor for those diagnoses?
 - Is the member taking their prescribed drugs as assessed by how often they fill their prescriptions?
 - Are there possible significant drug to-drug interactions for the targeted diagnoses?
 - Are there are other drug concerns that should be looked at?
- An annual comprehensive medication review (CMR) will also be offered. The CMR is conducted by a pharmacist or other health professional and may be done in person or on the phone. It takes about 30 to 60 minutes to complete. A member may refuse this review.
- If the member agrees to the CMR, it will include the member's medications (prescription and non-prescription), an evaluation for a high number of medications (more than three (3) drugs used to treat the same condition and greater than or equal to fifteen (15) Medicare Part D medications) and an assessment for high risk medications identified on the Beer's Criteria 2012.
- A written summary of the completed CMR will be mailed to the member, including a list of current medications, issues discussed with the member and a plan for the member to address these issues. The summary will be written in a standardized way provided by Medicare.
- Therapy recommendations will be sent to the member's primary care physician or nurse practitioner for follow-up.

A blank copy of the Personal Medication List is at the end of this document.

For more information or to request MTM service documents, please contact:

- Richard Mueller, Pharm D at (414)902-2397 or
- Joe Simons, Pharm D at (414)902-2531
- Community Care Inc. Pharmacy; 1555 S Layton Blvd, Milwaukee, WI 53215

Community Care is a Coordinated Care Plan with a Medicare Advantage contract and a contract with the Wisconsin Medicaid Program. Enrollment with Community Care depends on contract renewal.

Page 2 of 5 **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 we talked about:

What I need to do:

What I did and when I did it:

< *Leave blank for beneficiary's notes* >

What I did and when I did it: