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Medication Therapy Management Program (MTM program) 2026

We have a program that can help our members with complex health needs. Our program is called Medication Therapy Management (MTM) program. This program is voluntary and free. A team of pharmacists and doctors developed the program for us to help make sure that our members get the most benefit from the drugs they take.

Some members who take medications for different medical conditions and have high drug costs or are in a drug management program (DMP) to help members use their opioids safely or are determined to be at-risk for misuse or abuse of such frequently abused drugs by a Part D plan sponsor under its DMP, may be able to get services through an MTM program. A pharmacist or other health professional will give you a comprehensive review of all your medications. During the review, which typically takes 15 to 30 minutes, you can talk about your medications, your costs, and any problems or questions you have about your prescription and over-the-counter medications. You'll get a written summary which has a recommended to-do list that includes steps you should take to get the best results from your medications. You'll also get a medication list that will include all the medications you're taking, how much you take, and when and why you take them. In addition, members in the MTM program will receive information on the safe disposal of prescription medications that are controlled substances.

It's a good idea to talk to your doctor about your recommended to-do list and medication list. Bring the summary with you to your visit or anytime you talk with your doctors, pharmacists, and other health care providers. Also, keep your medication list up to date and with you (for example, with your ID) in case you go to the hospital or emergency room.

If we have a program that fits your needs, we will automatically enroll you in the program and send you information. If you decide not to participate, please notify us and we will withdraw you. If you have any questions about this program, please contact Member Services.

Who qualifies for the MTM program?

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

1. You take eight (8) or more Medicare Part D covered drugs

2. You have three (3) or more of these long-term health conditions:
Alzheimer's disease, Bone disease-arthritis (including osteoporosis, osteoarthritis, and rheumatoid arthritis), Chronic congestive 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 chronic/disabling mental health conditions), and Respiratory disease (including asthma, chronic obstructive pulmonary disease (COPD), and chronic lung disorders).
3. Incurred one-fourth of specified annual cost threshold (\$1,623) in previous 90 days

Additionally, members who are determined to be at-risk for misuse or abuse of such frequently abused drugs by a Part D plan sponsor under its DMP may be eligible to get MTM services.

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

We review for qualified members each quarter. If you qualify for the program, you will receive an initial letter indicating you are enrolled in the MTM program along with a personal medication record (PMR). The PMR contains a list of drugs covered by the Plan in the previous 4 months of the calendar year.

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, which typically takes 15 to 30 minutes, the personal medication record mailed initially to you will be verified and you can talk about how best to take your medications, your costs, and any problems or questions you have about your prescription and over-the-counter medications. Upon completion of the CMR and individualized written summary in the CMS standard format will be provided within 14 days of the CMR. 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. 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 gap and mail or fax suggestions to the healthcare professional that prescribed the medication. Prescribers will be renotified 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 MTMP, please call us at the number on the back of your Member ID card.

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: <i><Insert summary of discussion for topic 1></i>	What I should do: <input type="checkbox"/> <i><Insert action item for topic 1></i> <input type="checkbox"/> <i><Insert action item for topic 1></i>
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What we talked about: <i><Insert summary of discussion for topic 2></i>	What I should do: <input type="checkbox"/> <i><Insert action item for topic 2></i> <input type="checkbox"/> <i><Insert action item for topic 2></i>
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What we talked about: <i><Insert summary of discussion for topic 3></i>	What I should do: <input type="checkbox"/> <i><Insert action item for topic 3></i> <input type="checkbox"/> <i><Insert action item for topic 3></i>
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What we talked about: <i><Insert summary of discussion for topic 4></i>	What I should do: <input type="checkbox"/> <i><Insert action item for topic 4></i> <input type="checkbox"/> <i><Insert action item for topic 4></i>
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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
<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:

Lista de Medicamentos

Preparado el: <Fecha de la Revisión Integral de Medicamentos (CMR)>



Lleve su Lista de Medicamentos cuando vaya al médico, hospital, o sala de emergencia. Y compártala con su familia o cuidadores.



Anote cualquier cambio en la forma como toma sus medicamentos.
Tache los medicamentos que ya no toma.

Medicamento	Cómo lo tomo	Por qué lo tomo	Médico
<Ingrese el nombre genérico y de marca del medicamento, la potencia, y la dosis de los medicamentos que toma actualmente>	<i><Ingrese la terapia que le ordenaron (por ejemplo, 1 tableta por vía oral diaria), los aparatos para usarla e instrucciones adicionales si correspondiera></i>	<i><Ingrese indicaciones o el uso médico></i>	<i><Ingrese nombre del médico></i>



Añada nuevos medicamentos de receta, medicamentos de venta libre, productos herbarios, vitaminas, y minerales en las líneas en blanco abajo.

Medicamento	Cómo lo tomo	Por qué lo tomo	Médico

! **Alergias:**

<Ingrese información sobre alergias>

! **Efectos secundarios que he tenido:**

<Ingrese información sobre efectos secundarios>

! **Otra Información:**

<Optional>



Mis notas y preguntas: