Abilis Health Plan

Abilis Health Community Plan

2026 MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM

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. The Abilis MTM 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. Your participation is voluntary and does not affect your coverage.

Who qualifies for the MTM program?
We will automatically enroll you in the Plan's Medication Therapy Management Program at no cost to you (unless you opt out): if all the first three (3) conditions apply or if you have been identified as an at-risk beneficiary (ARB):

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, 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 other chronic/disabling mental health conditions), or Respiratory Disease (including asthma, chronic obstructive pulmonary disease (COPD), and other chronic lung disorders).
3) You incurred one-fourth of specified annual cost threshold ($1,276) in previous three months
4) Are at-risk beneficiaries (ARBs) as defined at 42 CFR § 423.100.

What services are included in the MTM program?
The MTM Program provides you with:

- Annual Comprehensive Medication Review (CMR), and
- Quarterly Targeted Medication Review (TMR)

What is the Comprehensive Medication Review (CMR)?
A CMR is a one-on-one discussion facilitated by your Nurse Practitioner with our MTM Pharmacy team to review all your medications including prescription medications, over the counter (OTC) medicines, herbal therapies and dietary supplements and vitamins. Following the CMR completion, the pharmacist will give you an individualized written summary called a Personal Medication List of the medications you discussed. Your list will be mailed within 14 calendar days of the CMR along with a Medication Action Plan, if applicable. See below for a blank copy of the Personal Medication List.

How does the Targeted Medication Review (TMR) work?
Once a quarter, our MTM Pharmacy team will review your medications to ensure there are no safety concerns, missed opportunities, or other issues. Any recommendations will be sent to your prescriber. As always, your prescribing doctor will decide whether to consider recommendations. Your prescription medications will not change unless you and your doctor decide to change them.

How will I know if I qualify for the Medication Therapy Management (MTM) Program? We will automatically enroll you and send you a Welcome Letter if you are eligible for the program.

How will MTM Program affect my Abilis plan coverage?
The MTM program is a clinical program provided by our Plan and is not considered a plan benefit. Your participation is voluntary and does not affect your coverage.

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 would like to opt out of the MTM program, please contact our Member Services at 844-214-8633. Hours are seven (7) days a week from 8:00 a.m. to 8:00 p.m., October 1 – March 31 (excluding Thanksgiving and Christmas) and Monday – Friday from 8:00 a.m. to 8:00 p.m. from April 1 – September 30 (excluding federal holidays). TTY users should call 711. You can also find more information at https://www.aspenrxhealth.com.

Medication Therapy Management Program Standardized Format – English
Form CMS-10396 (Expires: 12/31/2027)

< Insert letter date >

< Insert member name >
< Insert member address 1 >
< Insert member address 2 >
< Insert member city, state, and zip code >

< Additional space for optional plan/provider use, such as barcodes, document reference numbers, beneficiary identifiers, case numbers or title of document >

Dear < *Insert member name* >,

Thank you for talking with me on < *Insert 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 < *Insert MTM provider/department name* > at < *Insert contact information for MTM provider/plan, phone number, days/times, TTY, etc.* >.

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

Sincerely,

< Insert MTM provider name >
< Insert MTM provider title>, *< Insert Part D plan/pharmacy name/organization name >*

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:**
< Insert summary of discussion for topic 1 >	❑ *< Insert action item for topic 1 >* ❑ *< Insert action item for topic 1 >*

What we talked about:	**What I should do:**
< Insert summary of discussion for topic 2 >	❑ *< Insert action item for topic 2 >* ❑ *< Insert action item for topic 2 >*

What we talked about:	**What I should do:**
< Insert summary of discussion for topic 3 >	❑ *< Insert action item for topic 3 >* ❑ *< Insert action item for topic 3 >*

What we talked about:	**What I should do:**
< Insert summary of discussion for topic 4 >	❑ *< Insert action item for topic 4 >* ❑ *< Insert action item for topic 4 >*

How to Safely Dispose of Unused Prescription Medications

Prepared on: < *Insert CMR date* >

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:

Medication Therapy Management Program Standardized Format – Spanish
Form CMS-10396 (Vence: 12/31/2027)

FORMATO ESTANDARIZADO PARA EL PROGRAMA DE CONTROL DE LA TERAPIA DE MEDICAMENTOS DE LA PARTE D DE MEDICARE

< Opcional: Ingrese MTM proveedor/plan logo > *< Opcional: Ingrese MTM proveedor/plan logo >*

< Ingrese la fecha >

< Ingrese el nombre del beneficiario >
< Ingrese la dirección del beneficiario 1 >
< Ingrese la dirección del beneficiario 2 >
< Ingrese la ciudad, estado, código postal del beneficiario >

< Espacio adicional para uso optativo del plan/proveedor para códigos de barra, número de referencia del documento, título o número del caso >

Saludo < *Ingrese el nombre del beneficiario* >,

Gracias por hablar conmigo el día <*ingrese fecha de CMR* > acerca de su salud y medicamentos. Para hacer seguimiento a nuestra conversación, le adjunto dos documentos:

1. Su **Lista de Cosas Para Hacer** incluye los pasos que usted debe seguir para obtener los mejores resultados de sus medicamentos.

2. Su **Lista de Medicamentos** le ayudará a monitorear sus medicamentos y saber cuándo y cómo tomarlos.

Si usted quiere hablar acerca de estos documentos adjuntos, por favor llámme/nos <*ingrese el nombre del proveedor del MTM/departamento*> al *< ingrese la información de contacto del proveedor del MTM/plan, el número de teléfono, fechas/horas, TTY, etc. >*.

Espero poder trabajar con usted y sus doctores para asegurarnos que sus medicamentos son efectivos.

Muchas gracias por su atención,

< Ingrese el nombre del MTM proveedor >
< Ingrese el título del MTM proveedor >, *< Ingrese el nombre del plan de la Parte D/ la farmacia/ organización >*

Lista de Cosas Por Hacer

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

Usted podrá obtener los mejores resultados de sus medicamentos completando todos los pasos en esta **"Lista de Cosas por Hacer."**

Lleve su **"Lista de Cosas por Hacer"** cuando visite su médico. Y compártala con su familia y cuidadores.

Mi Lista de Cosas por Hacer

Acerca de lo que hablamos:	**Lo que debo hacer:**
< Ingrese resumen de discusión para el tema 1 >	❑ *< Inserte acción a seguir para el tema 1 >* ❑ *< Inserte acción a seguir para el tema 1 >*

Acerca de lo que hablamos:	**Lo que debo hacer:**
< Ingrese resumen de discusión para el tema 2 >	❑ *< Inserte acción a seguir para el tema 2 >* ❑ *< Inserte acción a seguir para el tema 2 >*

Acerca de lo que hablamos:	**Lo que debo hacer:**
< Ingrese resumen de discusión para el tema 3 >	❑ *< Inserte acción a seguir para el tema 3 >* ❑ *< Inserte acción a seguir para el tema 3 >*

Acerca de lo que hablamos:	**Lo que debo hacer:**
< Ingrese resumen de discusión para el tema 4 >	❑ *< Inserte acción a seguir para el tema 4 >* ❑ *< Inserte acción a seguir para el tema 4 >*

Cómo desechar de forma segura los medicamentos recetados no utilizados

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

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 >	*< Ingrese la terapia que le ordenaron (por ejemplo, 1 tableta por vía oral diaria), los aparatos para usarla e instrucciones adicionales si correspondiera >*	*< Ingrese indicaciones o el uso médico >*	*< Ingrese nombre del médico >*

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:

< *Opcional* >

Mis notas y preguntas: