

# Medication Therapy Management

Our free telephonic program targets Medicare Advantage Part D members taking multiple medications for multiple chronic conditions and projected to have high drug spend. The program includes comprehensive medication review (CMR) and discussion with the member to assess their medication therapies, along with frequent monitoring and follow-up. The goal of the program is to reduce the risk of adverse events and improve medication adherence.



## Who is eligible for the program?

- Members with:
  - Select Medicare Advantage prescription drug plans likely to exceed the annual drug spend set by Medicare (prescription medications covered by a Part D plan).\*
  - Seven or more maintenance prescription medications covered under a Part D plan.
  - Multiple chronic conditions (3 of 7 specific chronic conditions).

## How do members enroll?

Qualifying members are automatically enrolled. The member receives a welcome letter when they are identified that explains the program and provides Care Management's phone number if they want to call in; however, a pharmacist will place an outbound call to them.

## How does the program benefit the member?

- Entitles members to a full medication review with an EmblemHealth clinical pharmacist, including prescriptions, over-the-counter drugs, herbal therapies, and dietary supplements.

- Imparts members with an understanding of how to take medications, facilitates discussions about possible side effects and reactions, and addresses questions or concerns.
- Provides members with suggestions on how to save money on their prescriptions.
- After their discussion with the pharmacist, the member is provided, via mail, with a personal medication list and action plan.

**How can you support members/your patients in the program?**

- You may receive a letter informing you of possible issues or suggested improvements uncovered during the medication review, which may require action on your part.
- Members are encouraged to share their personal medication list and medication action plan with you. Please take the time to go over these documents with your patients and reinforce important points.

**Are there additional considerations?**

- Members can opt out of the program at any time.
- Telephone discussion could take up to 30 minutes.
- Depending on need, review may occur every four months.

**How long is the program?**

One year. Qualified members will remain in the program for the calendar year and will have to requalify for the next calendar year. New members are enrolled monthly throughout the year.

**How do I find out more?**

Call Pharmacy Services at **888-447-0321** (TTY: **711**), Monday to Friday, 9 a.m. to 5 p.m. Members can find out more at: [emblemhealth.com/resources/pharmacy/medicare-mtm-program](http://emblemhealth.com/resources/pharmacy/medicare-mtm-program).

\* Some managing entities (delegates) offer their own care management programs for EmblemHealth members under their care. For more information about their care management programs, go to [emblemhealth.com/providers/manual/health-promotion-and-care-management](http://emblemhealth.com/providers/manual/health-promotion-and-care-management), under the "Care Management Programs" drop-down, at the bottom.

