



KERN HEALTH SYSTEMS POLICY AND PROCEDURES

Policy Title	Medicare Medication Therapy Management (MTM)	Policy #	13.28-P
Policy Owner	Pharmacy	Original Effective Date	1/1/2026
Revision Effective Date		Approval Date	1/22/2026
Line of Business	<input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

To define the process for identifying, enrolling, and managing Part D Members who qualify for Kern Health Systems (KHS) Medication Therapy Management (MTM) program for Members enrolled in the KHS Dual Eligible Special Needs Plan (DSNP).

II. POLICY

The MTM Program is designed to ensure covered Part D drugs prescribed to targeted beneficiaries are appropriately used to optimize therapeutic outcomes through improved medications use, and to reduce the risk of adverse events.

III. DEFINITIONS

TERMS	DEFINITIONS
At-Risk Beneficiary (ARB)	An ARB is a beneficiary identified to be at-risk by the health plan under its drug management program (DMP), or by the sponsor of the beneficiary's immediately prior Part D plan under its DMP and such identification has not been terminated before disenrollment.
Comprehensive Medication Review (CMR)	A CMR is a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the patient, caregiver and/or prescriber. A CMR is an interactive in person or synchronous telehealth consultation conducted in real-time between the patient and/or other authorized individual, such as prescriber or caregiver, and the pharmacist or other qualified provider and is designed to improve patients' knowledge of their

	prescriptions, over-the-counter (OTC) medications, herbal therapies and dietary supplements, identify and address problems or concerns that patients may have, and empower patients to self-manage their medications and their health condition(s).
Drug Management Program (DMP)	A DMP is a program established by Part D sponsors for beneficiaries at-risk for misuse or abuse of frequently abused drugs (FADs). DMPs address overutilization of FADs while maintaining access to such drugs as medically necessary.
D-SNP/SNP	Dual Special Needs Plan or Special Needs Plan. Medicare Advantage coordinated care plans that serve the special needs of certain groups of individuals including institutionalized individuals (as defined by Centers for Medicare and Medicaid Services (CMS)), those entitled to Medical Assistance under a State Plan under Title XIX and individuals with severe or disabling chronic conditions, as defined by CMS.
Frequently Abused Drugs (FADs)	Opioids (except buprenorphine for medication-assisted treatment {MAT} and injectables) and benzodiazepines are FADs for the purposes of the Part D DMP.
Medication Action Plan (MAP)	A personalized plan to assist the targeted MTM beneficiary in getting the best results from their medications.
Medication Therapy Management (MTM)	MTM is a patient-centric and comprehensive approach to improve medication use, reduce the risk of adverse events, and improve medication adherence. MTM Programs include high-touch interventions to engage the beneficiary and their prescribers.
Personal Medication List (PML)	A medication list provided for the MTM beneficiary after the pharmacist-patient discussion to include prescription medications, over-the-counter drugs, herbs, vitamins, and minerals. It addresses why and how the patient used the medication, the date started, prescriber, and if applicable, the reasons why and when a medication was stopped.
Targeted Medication Review (TMR)	A TMR is performed at least quarterly to assess medication use, monitor whether any unresolved issues need attention, new drug therapy problems have arisen, or if the beneficiary has experienced a transition in care. This assessment can be person-to-person and/or system generated.

IV. PROCEDURES

A. Medication Therapy Management (MTM) Program and Program Eligibility

1. KHS's MTM Program is available for Members who meet the criteria set forth by the Centers for Medicare and Medicaid Services (CMS).
 - a. More information on how to qualify for KHS's MTM Program may be found on our website, www.kernfamilyhealthcare.com.

2. On a quarterly basis, KHS and/or its Pharmacy Benefit Manager (PBM) identifies Members who meet the criteria for inclusion in the MTM Program through pharmacy and medical claims data.
3. KHS and/or its MTM partner will notify qualifying Members by sending an MTM invitation letter.

B. Member Participation

1. Qualified Members are auto enrolled into the KHS MTM Program and will remain enrolled through the contract year unless the Member opts out of the MTM Program entirely.
 - a. The MTM Program is voluntary. Enrollment or disenrollment from the program will not affect a Member's access to prescription drugs under Medicare.
2. Qualified Members may refuse or decline individual services (TMR, CMR) without having to disenroll from the MTM Program.
3. Members will be screened for eligibility for the MTM Program every year. KHS shall auto-enroll the Member each contract year when he or she meets the eligibility criteria, and the Member is considered enrolled, unless he or she declines enrollment or requests to be disenrolled by the opt-out methodology.
 - a. A Member enrolled in KHS's MTM Program may refuse or decline services without having to disenroll from the MTM Program.
 - b. Should an identified Member desire to permanently opt-out of the MTM Program, KHS honors the request and does not re-target the Member in future contract years.
 - i. If the Member actively seeks enrollment in the MTM Program at a later time, KHS allows the Member to participate as long as he or she meets the necessary MTM requirements.
4. Opt-outs shall be recorded.

C. KHS's MTM Program

1. The MTM Program is designed to optimize therapeutic outcomes through improved medication use and reduce the risk of adverse events, including adverse drug interactions.
2. The MTM Program was developed in cooperation with licensed and practicing pharmacists and physicians.
3. The MTM Program includes, but is not limited to, the following components:
 - a. Interventions for both Members and Prescribers.
 - b. Annual Comprehensive Medication Review (CMR):
 - i. Medication review, at a minimum, on an annual basis.
 - ii. Interactive, person-to-person or telehealth consultation.
 - iii. Individualized, written summary of consultation or recommended medication action plan.

- c. Quarterly Targeted Medication Review (TMR):
 - i. Individualized with written “take-away” materials and follow-up interventions as necessary after the initial TMR.
- d. Information about safe disposal of prescription drugs that are controlled substances, drug take back programs, in-home disposal and cost-effective means to safely dispose of such drugs.

D. Delegated Oversight

1. KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other CMS guidelines and regulations. These requirements must be communicated by KHS to all delegated entities and subcontractors.

V. ATTACHMENTS

Attachment A:	MTM Program Welcome Letter
Attachment B:	Personal Medication List (PML) English/Spanish
Attachment C:	Written Summary Following CMR

VI. REFERENCES

Reference Type:	Specific Reference:
Regulatory	§423.153(d) Medication Therapy Management Program requirements
Regulatory	Prescription Drug Benefit Manual, Ch. 7 – Medication Therapy Management and Quality Improvement Program (Rev. 11, 02-19-10)
Regulatory	HPMS Memo – Contract Year 2026 Part D Medication Therapy Management Program Guidance and Submission Instructions – May 6, 2025
Regulatory	HPMS Memo-Contract Year 2025 Part D Medication Therapy Management Program Guidance and Submission Instructions-May 06, 2024
Regulatory	Relevant federal regulations for MTM Programs may include Federal Communications Commission requirements for accessibility, as defined in 47 CFR Part 64 Subpart F; Americans with Disabilities Act (ADA): Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities, 28 CFR Part 36; Nondiscrimination on the Basis of Race, Color, National Origin, Sex, Age, or Disability in Health Programs or Activities Receiving Federal Financial Assistance and Programs or Activities Administered by the Department of Health and Human Services Under Title I of the Patient Protection and Affordable Care Act or by Entities Established Under Such Title, 45 CFR Part. 92; Section 504 of the Rehabilitation Act, Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, 45 CFR Part 84; and 21st Century Communications and Video Accessibility Act (CVAA). Part D sponsors should also refer to the standards for communications and marketing found at 42 CFR § 423.2267(a).
Other	www.kernfamilyhealthcare.com

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective	01/01/2026	New policy created to comply with D-SNP	M.C Pharmacy

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Aspen RxHealth
P.O. Box 1606
Tarpon Springs, FL 34688

{Client Logo}

ALAN RODRIGUEZ
1234 BROADWAY
NEW YORK, NY 10031

This Great Service Is Covered 100% By Your Health Insurance

Medications can do you a lot of good. But they can also cause harm when not used right. Good news: There's a service that will help you with both and more. Even better news: It is free and you get it over the phone, so you do not need to leave your home.

The service is called Medication Therapy Management or MTM. It is part of your prescription drug coverage from **{PLAN NAME / CLIENT NAME}**. It is provided by the medication expert pharmacists at Aspen RxHealth, a partner of your health insurance plan.

This no-cost service will help you avoid problems and get the best results from your drugs. It can help you spend less on the drugs you need and make it easier to get your medications.

Scheduling your call with a drug expert, or opting out of this program, is easy. Call 1-888-843-5779 (TTY: 711) Monday – Friday, 8:00 a.m. – 8:00 p.m. Eastern Time. You may leave a voicemail if calling after hours and your call will be returned the next business day.

Our pharmacists look forward to talking with you!

SAFE DISPOSAL OF UNUSED OR EXPIRED MEDICINES

What I should know:

- You should dispose of unused or expired medicines as soon as possible. This is very important for “controlled substances” like opioids.
- **The best way to get rid of medicines is to drop them off at an official community drug take back site immediately.**

What I should do:

- To locate a local drug take back site: Ask your local law enforcement agency, ask your pharmacist, call the DEA Drug Diversion Division at (800) 882-9539, or visit one of the websites below.
 - www.deatakeback.com
 - <https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main>
- If you are unable to get to a take back site, you should follow the safe disposal rules for disposing of medicines at home. You can ask your pharmacist, visit www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html, or follow the instructions below.
- To discard medicine in the trash:
 - Remove or conceal personal information.
 - Remove the medicine from its original container.
 - Mix it with an undesirable substance like dirt, used coffee grounds, or kitty litter, and place the mixture in a sealed container.
 - Do not toss needles into the trash or recycle. Put them in a strong plastic container that can be sealed.
- The FDA flush list for medication(s) that can't be discarded in the trash:
 - Any drug that contains the following word(s): Buprenorphine, Meperidine, OxyMORPHONE, Diazepam Gel, Methadone, Xywav or Xyrem, Fentanyl, Daytrana, Nucynta, HydroCODONE, Morphine, OxyCODONE, BenzHYDROCODONE. For a full list please visit the FDA website.
- The US DEA allows certain pharmacies and take back sites to receive unused medicines in the mail. You can call a take back site and ask if they offer a mailing service.

HERE ARE 2 TAKE BACK SITES RECENTLY AVAILABLE IN YOUR LOCATION:



139 PHARMACY INC 3415 BROADWAY NEW YORK, NY 10031



DUANE READE DUANE READE 3387 BROADWAY NEW YORK, NY 10031

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>	<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:

[Customer Logo]

Aspen RxHealth
P.O. Box 1606
Tarpon Springs, FL 34688

[Date]

[Patient First Name Last name]
[Address line 1]
[Address line 2]
[City, State Zip code]

Dear [Patient 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 [Provider] at [Provider Phone Number] between the hours of [Provider start time] and [Provider end time] [Provider time zone], [Provider start day] through [Provider end day].
TTY users call 711.

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

Sincerely,

[Pharmacist First Name Last Name]
[Pharmacist Job Title], [Provider]

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 for [Patient First Name Last Name] DOB: mm/dd/yyyy

Recommended To-Do List

Prepared on: [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: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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What we talked about:	What I should do: <input type="checkbox"/>
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What we talked about:	What I should do: <input type="checkbox"/>
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Medication List

Prepared on: [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

Medication List for [Patient First Name Last Name] DOB: mm/dd/yyyy



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:

! Side effects I have had:

! Other information:

**My notes and questions:**

[Optional Customer Disclaimer Page]