2019 Medication Therapy Management Program Information

What is the Medication Therapy Management Program?
The Medication Therapy Management Program is a service for members with multiple health conditions who take multiple medicines. This program can help you and your doctor feel confident that your medicines are working effectively to improve your health.

To qualify for the Medication Therapy Management Program, you must be eligible (see information below). If you qualify, we’ll automatically enroll you into the program, which we provide at no additional cost to you. You may choose not to participate in the program, but we recommend that you take advantage of this opportunity.

We offer the Medication Therapy Management Program through our partnership with Outcomes MTM™.

Who is eligible for the Medication Therapy Management Program?
You may qualify if:
1. You have three or more chronic health problems, which may include:
   - Asthma
   - Chronic Heart Failure (CHF)
   - Chronic Obstructive Pulmonary Disease (COPD)
   - Diabetes
   - High Blood Pressure
   - Osteoporosis
   - Increased Cholesterol/Lipids
2. You take eight or more daily medicines covered by Medicare Part D.
3. You are likely to use more than $4,044 worth of Part D-covered drugs in a year.

How does the Medication Therapy Management Program help me?
If you qualify for the program, your local community and consultant pharmacists who are part of the Outcomes MTM™ network receive notification that you are eligible for MTM services. These pharmacists also receive alerts for drug therapy issues or gaps in therapy. Pharmacists will take steps to resolve these issues by making recommendations to your physician to help you receive the most benefit from your medications. Pharmacists may also offer to complete a comprehensive medication review of your medicines including:
   - Addressing any questions or concerns you may have about your prescription or over-the-counter medicines, such as drug safety or cost
   - Reviewing how and when to take your medicines
   - Explaining how you can get the most benefit from your medicines
What will I receive?
If you qualify for the Medication Therapy Management Program, you will receive:

- A welcome letter introducing you to the program with information on how to schedule an appointment with a pharmacist. You may also receive direct or automated calls from pharmacists to provide you more information about MTM services.
- Comprehensive medication review (each year you’re enrolled in the program)
  - This review is provided as a person-to-person visit with a pharmacist which is typically conducted face-to-face but may also be done by phone. During this visit you’ll discuss any issues with your medication. The visit takes 20–30 minutes and is typically provided by appointment.
  - After you complete the full medication review, you will be given a summary that includes a cover letter, medication action plan and personal medication list that will be provided to you by the pharmacist or by mail. View or print a sample medication action plan.
- Ongoing targeted medication reviews
  - At least once every three months, we’ll review your medicines and contact you and your doctor if changes are advised.
  - You may receive a consultation at the pharmacy or a phone call regarding this review.

How can I learn more about the Medication Therapy Management Program?
For information about the program, or to see if you qualify, call Customer Services at 612-676-3310 or 1-855-260-9707 toll free. TTY users call 612-676-6810 or 1-800-688-2534 toll free. We are available to take your calls from 8 a.m. to 8 p.m., seven days a week.

UCare Connect + Medicare (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare Connect + Medicare depends on contract renewal.
Attention. If you need free help interpreting this document, call the above number.

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Attention. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.
Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:
- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services. UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services. UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints
You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)
You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:
- race
- color
- national origin
- age
- disability
- sex
Contact the OCR directly to file a complaint:
  Director
  U.S. Department of Health and Human Services’ Office for Civil Rights
  200 Independence Avenue SW
  Room 509F
  HHH Building
  Washington, DC 20201
  800-368-1019 (Voice)
  800-537-7697 (TDD)
  Complaint Portal – https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

**Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the MDHR directly to file a complaint:
  Minnesota Department of Human Rights
  Freeman Building, 625 North Robert Street
  St. Paul, MN 55155
  651-539-1100 (voice)
  800-657-3704 (toll free)
  711 or 800-627-3529 (MN Relay)
  651-296-9042 (Fax)
  Info.MDHR@state.mn.us (Email)

**Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact DHS directly to file a discrimination complaint:
Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

UCare Complaint Notice
You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

- medical condition
- health status
- receipt of health care Services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Toll free: 1-800-203-7225
TTY: 1-800-688-2534
Fax: 612-884-2021
Email: cag@ucare.org