



<Date>

<Beneficiary Name>

<Approval Code>

<Street Address>

<City, State, Zip>

Dear <Beneficiary Name>:

Thank you for talking with me on <Month Day, Year> about your health and medications. Medicare's MTM (Medication Therapy Management) program helps you understand your medications and use them safely.

This letter includes an action plan (Medication Action Plan) and medication list (Personal Medication List). **The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.**

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team.
- Ask your doctors, pharmacists, and other healthcare providers to update the action plan and medication list at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call SinfoníaRx toll free at 1.844.866.3730, Monday through Friday, 9 a.m.-7 p.m., Central (TTY/TDD 1.800.367.8939). We look forward to working with you, your doctors, and other healthcare providers to help you stay healthy through the Express Scripts Medicare® (PDP) for Network Health Medicare Advantage Plans MTM program.

Sincerely,

<Pharmacist Signature>

<Pharmacist Name>, Pharmacist

<b>MEDICATION ACTION PLAN FOR &lt;Beneficiary Name&gt;, DOB: &lt;Beneficiary DOB&gt;</b>
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This action plan will help you get the best results from your medications if you:

1. Read “What we talked about.”
2. Take the steps listed in the “What I need to do” boxes.
3. Fill in “What I did and when I did it.”
4. Fill in “My follow-up plan” and “Questions I want to ask.”

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team. Share this with your family or caregivers too.

**DATE PREPARED:**

<b>What we talked about:</b>	
<b>What I need to do:</b>	<b>What I did and when I did it:</b>

<b>What we talked about:</b>	
<b>What I need to do:</b>	<b>What I did and when I did it:</b>

<b>What we talked about:</b>	
<b>What I need to do:</b>	<b>What I did and when I did it:</b>

<b>What we talked about:</b>	
<b>What I need to do:</b>	<b>What I did and when I did it:</b>

<b>My follow-up plan</b> (add notes about next steps):
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<b>Questions I want to ask</b> (include topics about medications or therapy):
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If you have any questions about your action plan, call SinfoníaRx toll free at 1.844.866.3730, Monday through Friday, 9 a.m. to 7 p.m. Central; TTY/TDD users, please call 1.800.367.8939.

**PERSONAL MEDICATION LIST FOR <Beneficiary Name>, DOB: <Beneficiary DOB>**

This medication list was made for you after we talked. We also used information from prescription claims data.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

**DATE PREPARED:**

**Allergies or side effects:**

**Medication:**

**How I use it:**

**Why I use it:**

**Prescriber:**

**Date I started using it:**

**Date I stopped using it:**

**Why I stopped using it:**

**Medication:**

**How I use it:**

**Why I use it:**

**Prescriber:**

**Date I started using it:**

**Date I stopped using it:**



**EXPRESS SCRIPTS®**  
Medicare (PDP)



**PERSONAL MEDICATION LIST FOR <Beneficiary Name>, DOB: <Beneficiary DOB>**

**Why I stopped using it:**

**PERSONAL MEDICATION LIST FOR <Beneficiary Name>, DOB: <Beneficiary DOB>**

(Continued)

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

**PERSONAL MEDICATION LIST FOR <Beneficiary Name>, DOB: <Beneficiary DOB>**

(Continued)

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Other Information:</b>
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If you have any questions about your medication list, call SinfoníaRx toll free at 1.844.866.3730, Monday through Friday, 9 a.m. to 7 p.m. Central; TTY/TDD users, please call 1.800.367.8939.

Network Health Medicare Advantage Plans include MSA, HMO and PPO plans with a Medicare contract. NetworkCares is a PPO SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.

**PERSONAL MEDICATION LIST FOR <Beneficiary Name>, DOB: <Beneficiary  
DOB>**

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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.

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