



ITASCA MEDICAL CARE (IMCare)
IMCare Classic (HMO SNP)
ITASCA RESOURCE CENTER
1219 SE 2nd Avenue
Grand Rapids, MN 55744-3983

Toll Free Number: 1-800-843-9536
Hearing Impaired Number TDD: 1-800-627-3529
Visit us at: www.imcare.org

For Minnesota Senior Health Options (MSHO) Members Medication Therapy Management Program (MTMP)

Last Updated 09/21/2015

Medication Therapy Management Program (MTM Program)

The IMCare Classic (HMO SNP) Medication Therapy Management (MTM) program helps you get the greatest health benefit from your medications by:

- Preventing or reducing drug-related risks
- Increasing your awareness
- Supporting good habits

Who qualifies for the MTM Program?

We will automatically enroll you in the IMCare Classic (HMO SNP) Medication Therapy Management Program at no cost to you if all three (3) conditions apply:

1. You take eight or more Medicare Part D covered maintenance drugs, and
2. You have three or more of these long term health conditions:
 - Asthma
 - COPD
 - Diabetes
 - Depression
 - Osteoporosis
 - Chronic Heart Failure
 - Cardiovascular Disorders such as High Blood Pressure, High Cholesterol, or Coronary Artery Diseaseand
3. You reach \$3,919 in yearly prescription drug costs paid by you and the plan.

Your participation is voluntary, and does not affect your coverage. This program is free of charge and is open only to those who are invited to participate. The MTM program is not considered a benefit for all members.

What services are included in the Medication Therapy Management Program (MTM Program)?

The MTM Program provides you with a:

- Comprehensive Medication Review (CMR), and a
- Targeted Medication Review (TMR)

Comprehensive Medication Review (CMR).

A CMR is a one-on-one discussion with a pharmacist, to answer questions and address concerns you have about the medications you take, including:

- Prescription drugs
- Over-the-counter (OTC) medicines
- Herbal therapies
- Dietary supplements and vitamins

The pharmacist will offer ways to manage your conditions with the drugs you take. If more information is needed, the pharmacist may contact your prescribing doctor. A CMR review takes about 30 minutes and usually offered once each year—if you qualify. At the end of your discussion, the pharmacist will give you a *Personal Medication List* of the medications you discussed during your CMR.

You will also receive a *Medication Action Plan*. Your plan may include suggestions from the pharmacist for you and your doctor to discuss during your next doctor visit.

Here is a blank copy of the *MTM Personal Medication List* for tracking your prescriptions.

Targeted Medication Review (TMR).

A TMR is where we mail or fax suggestions to your doctor every three months about prescription drugs that may be safer, or work better than your current drugs. As always, your prescribing doctor will decide whether to consider our suggestions. Your prescription drugs will not change unless you and your doctor decide to change them.

How will I know if I qualify for the Medication Therapy Management Program (MTM Program)?

If you qualify, we will mail you a letter letting you know that you qualify for the MTM program. Afterward, you may receive a call from a partner pharmacy, inviting you to schedule a one-on-one medication review at a convenient time.

Will the Medication Therapy Management Program (MTM Program) pharmacist be calling from my regular pharmacy?

Yes, the MTM program pharmacist may be calling from your regular pharmacy if your regular pharmacy chooses to participate in the MTM Program as a service provider. You will be given the option to choose an in-person review or a phone review.

If your regular pharmacy does not participate in the program, you may be contacted by a Call Center pharmacist to provide your MTM review, and ensure that you have access to the service if you want to participate. Call center reviews are conducted by phone.

Why is a review with a pharmacist important?

Different doctors may write prescriptions for you without knowing all the prescription drugs and/or OTC medications you take. For that reason, a pharmacist will:

- Discuss how your prescription drugs and OTC medications may affect each other.
- Identify any prescription drugs and OTC medications that may cause side effects, and offer suggestions to help.
- Help you get the most benefit from all of your prescription drugs and OTC medications.
- Review opportunities to help you reduce your prescription drug costs.

How do I benefit from talking with a pharmacist?

- Discussing your medications can result in real peace of mind knowing that you are taking your prescription drugs and OTC medications safely.
- The pharmacy can look for ways to help you save money on your out-of-pocket prescription drug costs.
- You benefit by having a *Personal Medication List* to keep and share with your doctors and health care providers.

How can I get more information about the Medication Therapy Management Program (MTM Program)?

Please contact us if you would like additional information about our MTM Program, or if you do not want to participate after being enrolled in the program. Our toll free number 218-327-6188 (voice), or 1-800-843-9536, 24 hours a day, 7 days a week. TTY users call 1-800-627-3529 or 7-1-1, or through the Minnesota Relay.

IMCare Classic (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 IMCare Classic (HMO SNP) depends on contract renewal

This information is available in other forms to people with disabilities by calling 218-327-6188 (voice), or 1-800-843-9536 (toll-free), or 1-800-627-3529 (TDD) , or 7-1-1, or through the Minnesota Relay direct access numbers at 1-800-627-3529 (TTY, Voice, ASCII, hearing carry over, or 1-877-627-3848 (Speech to Speech relay service).

IHS and Tribal facilities/clinics: American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older, this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your health plan primary care provider prior to the referral.

IMCare Classic will accept all eligible people who choose the Plan. We will not discriminate in regard to your physical or mental condition, health status, need for or receipt of health services, claims experience, medical history, genetic information, disability, marital status, age, sex, sexual orientation, national origin, race, color, religion, or political beliefs. IMCare Classic will not use any policy or practice that has the effect of such discrimination.

Itasca Medical Care (IMCare):

218-327-6188 (Voice) 1-800-843-9536 (Toll free), 1-800-627-3529 (TTY).

Attention. If you need free help interpreting this document, call the above number.

የስተውሉ፡ ካለምንም ክፍያ ይህንን ዶክመንት የሚተረጎም ለከተረጎሙ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

గំណత់សំజాల 1. బేజుగట్రుగకారచేస్తుయకుగవకట్రుగకసంగనఃఘయతతతీతతేత్ర సుఖహిగ్రుగసత్తతాఖలెఖజాగలె 1

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဂ်ဟ်သးဘဂ်တက့ၢ်. ဝဲနမ့ၢ်လိဂ်ဘဂ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒုဂ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဂ်လီတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໄປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. 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.

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

Civil Rights Notice

Discrimination is against the law. Itasca Medical Care 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. Itasca Medical Care 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** Itasca Medical Care at 218-327-6188 or toll-free 1-800-843-9536 for more information.

Language Assistance Services. Itasca Medical Care 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** Itasca Medical Care at 218-327-6188 or toll-free 1-800-843-9536 for more information.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human service agency. You may contact any of the following three 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 (including sex stereotypes and gender identity)

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 a 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 period. 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 administration actions.

Contact **DHS** directly to file a discrimination complaint:

ATTN: 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

Itasca Medical Care

You have the right to file a complaint with Itasca Medical Care (IMCare) 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
- Medical Condition
- Health Status
- Receipt of Health Care Services
- Claims Experience
- Medical History
- Genetic Information

You have the right to file a complaint with IMCare or IMCare Classic if you believe you have been discriminated against because of any of the items listed above. You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

ATTN: Leah Huso, Performance Improvement Compliance Coordinator
Itasca Medical Care (IMCare)
1219 SE 2nd Ave
Grand Rapids, MN 55744-3983
218-327-6183 (voice)
1-800-843-9536 (toll free) ext.2183
711 or 800-627-3529 (MN Relay)
218-327-5545 (Fax)
Email: imcareoffice@co.itasca.mn.us

