

**Medication Therapy Management Program Standardized
Format – English
Form CMS-10396 (Expires: 02/29/2024)**



< Insert letter date >

< Insert member name >

< Insert member address 1 >

< Insert member address 2 >

< Insert member city, state, and zip code

>

< Additional space for optional plan/provider use, such as barcodes, document reference numbers, beneficiary identifiers, case numbers or title of document >

Dear < Insert member name >,

Thank you for talking with me on < Insert 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 < Insert MTM provider/department name > at < Insert contact information for MTM provider/plan, phone number, days/times, TTY, etc. >.

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

Sincerely,

< Insert MTM provider name >

< Insert MTM provider title>, < Insert Part D plan/pharmacy name/organization name >

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,

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Y0118_22_903A_C 12222022

Recommended To-Do List

Prepared on: < Insert 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: < Insert summary of discussion for topic 1 >	What I should do: <input type="checkbox"/> < Insert action item for topic 1 > <input type="checkbox"/> < Insert action item for topic 1 >
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What we talked about: < Insert summary of discussion for topic 2 >	What I should do: <input type="checkbox"/> < Insert action item for topic 2 > <input type="checkbox"/> < Insert action item for topic 2 >
--	--

What we talked about: < Insert summary of discussion for topic 3 >	What I should do: <input type="checkbox"/> < Insert action item for topic 3 > <input type="checkbox"/> < Insert action item for topic 3 >
--	--

What we talked about: < Insert summary of discussion for topic 4 >	What I should do: <input type="checkbox"/> < Insert action item for topic 4 > <input type="checkbox"/> < Insert action item for topic 4 >
--	--

Information on the safe disposal of unused prescription medications for < *Insert member name* >, DOB: < *Insert member DOB* >

How to Safely Dispose of Unused Prescription Medications

Prepared on: < *Insert CMR date* >

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
< <i>Insert generic name and brand name, strength, and dosage form for current/active medications</i> >	< <i>Insert regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate</i> >	< <i>Insert indication or intended medical use</i> >	< <i>Insert prescriber name</i> >



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:



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Blue Shield of California provides:

- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



MULTI-LANGUAGE INSERT

English We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Mandarin 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-776-4466。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Cantonese 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-776-4466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-776-4466. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-776-4466. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-776-4466 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-776-4466. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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Hindi हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब अब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-776-4466 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-776-4466. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-776-4466. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.



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