

Figure 1. Centers for Medicare and Medicaid Services Medication Action Plan Template

< MTM PROVIDER HEADER >

< PLAN LOGO >

MEDICATION ACTION PLAN FOR < Insert Member's name, DOB: mm/dd/yyyy >

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. Share this with your family or caregivers too.

DATE PREPARED: < INSERT DATE >

What we talked about:

< Insert description of topic >

What I need to do:

< Insert recommendations for beneficiary activities >

What I did and when I did it:

< Leave blank for beneficiary's notes >

My follow-up plan (add notes about next steps):

< Leave blank for beneficiary's notes >

Questions I want to ask (include topics about medications or therapy):

< Leave blank for beneficiary's notes >

If you have any questions about your action plan, call < insert MTM provider contact information, phone number, days/times, etc. >.

Adapted from: Centers for Medicare and Medicaid Services. Medicare Part D Medication Therapy Management Program Standardized Format. Jan. 1, 2013. <https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/mtm-program-standardized-format-.pdf>