

June 2, 2023

Test R Patient  
12 Cranberry Lane  
Apt 2a  
Madison, WI 53717

NOTE: A review of your medications was done on *<date of CMR>* with *<name of beneficiary's representative>* who served on your behalf. Here is a summary of your medication review.

Dear Test Patient,

Thank you for talking with me on November 2, 2021 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 the Liberty Medicare Advantage MTM program at 1-910-807-0827, Monday – Thursday, 9 am – 8 pm Eastern Time, and Friday, 9 am – 6 pm, ET. TTY users can reach our team through the National Relay Service 711. We have free language interpreter services available for non-English speakers. You can also visit our website at <http://www.libertymedicareadvantage.com/member-resources> to learn more.

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

Sincerely,

Kristin Crosby, PharmD  
Pharmacist, Navitus Clinical Engagement Center

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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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Recommended To-Do List for < *Insert member name* >, DOB: < *Insert member DOB* >

## 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

<p><b>What we talked about:</b>          &lt; <i>Insert summary of discussion for topic 1</i> &gt;</p>	<p><b>What I should do:</b></p> <p><input type="checkbox"/> &lt; <i>Insert action item for topic 1</i> &gt;</p> <p><input type="checkbox"/> &lt; <i>Insert action item for topic 1</i> &gt;</p>
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<p><b>What we talked about:</b>          &lt; <i>Insert summary of discussion for topic 2</i> &gt;</p>	<p><b>What I should do:</b></p> <p><input type="checkbox"/> &lt; <i>Insert action item for topic 2</i> &gt;</p> <p><input type="checkbox"/> &lt; <i>Insert action item for topic 2</i> &gt;</p>
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<p><b>What we talked about:</b>          &lt; <i>Insert summary of discussion for topic 3</i> &gt;</p>	<p><b>What I should do:</b></p> <p><input type="checkbox"/> &lt; <i>Insert action item for topic 3</i> &gt;</p> <p><input type="checkbox"/> &lt; <i>Insert action item for topic 3</i> &gt;</p>
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Recommended To-Do List for < *Insert member name* >, DOB: < *Insert member DOB* >

<p><b>What we talked about:</b></p> <p>&lt; <i>Insert summary of discussion for topic 4</i> &gt;</p>	<p><b>What I should do:</b></p> <p><input type="checkbox"/> &lt; <i>Insert action item for topic 4</i> &gt;</p> <p><input type="checkbox"/> &lt; <i>Insert action item for topic 4</i> &gt;</p>
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Information on the safe disposal of unused prescription medications for  
[PATIENT\_FIRST] [PATIENT\_LAST], DOB: [PATIENT\_DOB]

## How to Safely Dispose of Unused Prescription Medications

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Prepared on: [CURRENT\_DATE]

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### Safe Disposal of Prescription Drugs

Unneeded, unused, or expired medications should be disposed of as soon as possible. This is especially important for Controlled Substance medications to avoid accidental poisoning, misuse, or abuse. The best way to dispose of most types of medications is to take them to a local Drug Take Back Site or Program.

### Drug Take Back Sites

The U.S. Drug Enforcement Administration (DEA) and its partners collect and safely dispose of medications as a service to communities. Based on your address, we have provided two sites in your community; we suggest visiting the DEA website for more locations that may be convenient for you at:

<https://www.deatakeback.com>

#### **Site 1**

\*[SITE\_NAME1]  
[SITE\_ADDRESS1]  
[SITE\_CITY1], [SITE\_STATE1] [SITE\_ZIP1]

#### **Site 2**

\*[SITE\_NAME2]  
[SITE\_ADDRESS2]  
[SITE\_CITY2], [SITE\_STATE2] [SITE\_ZIP2]

Sites collected on [CURRENT\_DATE] from  
<https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1>

Information on the safe disposal of unused prescription medications for  
[PATIENT\_FIRST] [PATIENT\_LAST], DOB: [PATIENT\_DOB]

## **Drug Take Back Programs**

The U.S. Drug Enforcement Administration (DEA) sponsors National Prescription Drug Take Back Days in communities nationwide, usually in April and October. Many communities also have their own Drug Take Back Programs. Local law enforcement officials and pharmacies are a good source of information on Drug Take Back Days. More information is available online at:

<https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines> or  
[https://www.deadiversion.usdoj.gov/drug\\_disposal/takeback/](https://www.deadiversion.usdoj.gov/drug_disposal/takeback/)

## **How to Dispose of Medicines at Home**

When a take back option is not readily available, two options for disposing of medications at home are:

**Flush the medication** down a sink or toilet if the drug is on the FDA Flush List.

The FDA Flush List is available online at:

<https://www.fda.gov/media/85219/download>

**Trash Disposal** if the drug is **not** on the FDA Flush List, follow these steps:

1. Remove the drugs from their original containers and mix them with something undesirable, such as used coffee grounds, dirt, or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.
2. Put the mixture in something you can close (a re-sealable zipper storage bag, empty can, or other container) to prevent the drug from leaking or spilling out.
3. Throw the container in the garbage.
4. Scratch out all your personal information on the empty medicine

Information on the safe disposal of unused prescription medications for  
[PATIENT\_FIRST] [PATIENT\_LAST], DOB: [PATIENT\_DOB]

packaging to protect your identity and privacy. Throw the  
packaging away.

More information on the safe disposal of medications is available from the U.S.  
Department of Health and Human Services online at:  
<https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>. Other  
options may be available for safe disposal of medications, such as disposal packets  
and addressed envelopes for mailing. Ask your pharmacist or other health care  
provider for more information.

## 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:**

## Multi-Language Insert

### Multi-language Interpreter Services

**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 1-844-854-6884. Someone who speaks English/Language 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 1-844-854-6884. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese 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 1-844-854-6884。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese 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 1-844-854-6884。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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-854-6884. 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 1-844-854-6884. 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 1-844-854-6884 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 1-844-854-6884. 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 1-844-854-6884 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 1-844-854-6884. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية1-844-854-6884 على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-854-6884 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 1-844-854-6884. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** 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 1-844-854-6884. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-854-6884. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-854-6884. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-854-6884 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。