



## SEGIP Diabetes Medication Therapy Management (MTM) Program Member Participation Agreement

### Program Benefits:

- You work with a trained MTM Pharmacist to improve medication use and health outcomes.
- Your MTM pharmacist partners with you Doctor.
- No cost to you for MTM consultation.
- Copays are waived for formulary diabetic medications and test supplies.

### Program Requirements:

- Member of the Minnesota Advantage Plan and over the age of 18 (Employee or Dependent program).
- Meet with your MTM pharmacist two to three times a year for the first year and twice per year during each subsequent year.
- Keep all appointments with your MTM pharmacist and primary care physician.
- Provide you MTM pharmacist with provider information and lab results.
- Review your current medications and biometric results with your MTM Pharmacist.
- Complete this Participant Agreement and have your MTM pharmacist sign it and fax it to Navitus.

### Member Information:

Name: \_\_\_\_\_ Navitus member ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Advantage Plan Administrator: \_\_\_\_\_ Advantage Plan member ID: \_\_\_\_\_

### Privacy Consent:

**Consent for treatment:** I agree to participate in the Diabetes MTM program and to use the services of my MTM pharmacist. My MTM pharmacist may obtain health information and medical records from my physicians, other health care providers, or health facilities as needed and appropriate for this Diabetes MTM program.

**Use of health records in research:** I agree to let my de-identified health records be used for research and to let researchers contact me about research studies. My name and other personal health information will stay private and not be used without my permission.

Researcher may NOT use my de-identified records.     Researcher may NOT contact me about research studies.

**Consent for release of information:** My MTM pharmacist may share my health information with others involved in treating me through this program. UPlan and my MTM pharmacist may share and use my health information to review and improve the quality of care provided to me. UPlan and my MTM pharmacist may store my health information for as long as required by UPlan policies. I may change or take back this consent for release of information at any time by notifying UPlan in writing. Changes will not apply to information already released. I am not required to agree to release this information but if I do not I will not be able to participate because the program will not be effective.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Give this form to your MTM pharmacist to complete. Your pharmacist will fax form to Navitus**

Pharmacist NPI \_\_\_\_\_ Pharmacist Phone \_\_\_\_\_

Pharmacy NPI (Service location) \_\_\_\_\_ Pharmacy Name \_\_\_\_\_

Pharmacist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MTM Pharmacist: Fax this signed and completed form to Navitus at 920-735-5350**

\* Copay reductions will be effective approximately seven business days after receipt of this signed form by Navitus.