

## Model Part D Drug Management Program Sponsor Information Transfer Memorandum

*Instructions: This memorandum could be used by a former sponsor to respond to a new sponsor that has requested case management information about a potential at-risk beneficiary or at-risk beneficiary who disenrolled from the former sponsor's plan. It is intended to convey information about the former sponsor's findings about the beneficiary's prior opioid and/or benzodiazepine utilization and/or history of opioid-related overdose, and to provide the new sponsor with the records and actions generated by the former sponsor's review of the beneficiary under its Drug Management Program. This is a model document; therefore, its use is optional and sponsors may modify content or use an alternate letter in order to transfer the requested information.*

**DATE:** <Date>

**TO:** New Sponsor

**FROM:** Former Sponsor

**RE:** Drug Management Program Information for <Beneficiary Name>

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The purpose of this memo is to highlight certain information that <Former Sponsor Plan Name> is providing in response to a request that we received on <Date> from <New Sponsor Plan Name> to transfer case management information and associated records for <Beneficiary Name> from our Drug Management Program. <New Sponsor> received notice from <Former Sponsor> on <Date, if known by Former Sponsor> through MARx that <Beneficiary Name> had an Active CARA Status when they disenrolled from <Former Sponsor Plan Name> and enrolled in <New Sponsor Plan Name> effective <Date>.

<Beneficiary Name> had the status of [*Select one as applicable:* <potential at-risk beneficiary> <at-risk beneficiary>] under <Former Sponsor Plan Name's> Drug Management Program. [*Select one, as applicable:* <We notified this potential at-risk beneficiary of their status> <We implemented a coverage limitation on frequently abused drugs for this at-risk beneficiary>] on <date>.

The limitation(s) that <Former Sponsor> [*Select one, as applicable:* <intended to implement> <implemented>] on <Beneficiary Name's> access to coverage for [*Select as applicable:* <opioids> <and> <benzodiazepines>] is:

[[*Select if applicable:* a Prescriber Limitation for [*Select as applicable:* <opioids> <and> <benzodiazepines>].] The selected prescriber is <Prescriber Name> and their individual NPI is <NPI #>. The contact information we have for the prescriber is <FILL IN>.]

[[*Select if applicable:* a Pharmacy Limitation for [*Select as applicable:* <opioids> <and> <benzodiazepines>]. The selected pharmacy is <Pharmacy Name> and its organizational NPI is <NPI #>. The address we have for the pharmacy is <FILLIN>.]

[[*Select if applicable*: a Beneficiary-specific POS claim edit such that [*Select as applicable*: Only <Drug Name> <drug strength> <quantity> is covered every <number> days.]]

More detail is included in the documents accompanying this memorandum, which contain copies of the applicable beneficiary notice(s) and of the records from the case management that was conducted under <Former Sponsor's> Drug Management Program upon which the decision to implement the coverage limitation(s) was based. Specifically, the following minimum necessary records are permitted to be transferred under applicable law and include:

*[List the records that are included. Examples of records that could be included are:*

- a) notation whether the beneficiary met the minimum or supplemental OMS criteria;
- b) copies of medical records;
- c) beneficiary drug utilization history;
- d) correspondence with prescribers and the beneficiary;
- e) notes documenting telephone conversations; and
- f) documentation of the decision arrived at through case management.

If you have any questions concerning this memorandum, please contact <Name> <Title> at <Contact Information.>

*[Insert beneficiary identifying information]*

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