

# MTMP Screenshots

## CY 2010 MTMP Submission Start Page

**HPMS** **Health Plan Management System**  
Home

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Submission  
Enter/Edit  
User Guide

Reports  
MTMP Reports

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### MTMP Submission Start Page

You will use this module to perform the following:

- Enter/Edit** - Submit the Medication Therapy Management Program (MTMP) Information.
- User Guide** - Access and View the User Guide for CY 2009.
- MTMP Reports** - Access and View the MTMP reports.

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## CY 2010 MTMP - Enter/Edit screen

**HPMS** **Health Plan Management System**  
Home

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### MTMP - Enter/Edit

Select one or more contracts

— ALL CONTRACTS —

- X0001- CONTRACT EXAMPLE 1
- X0002- CONTRACT EXAMPLE 2
- X0003- CONTRACT EXAMPLE 3
- X0004- CONTRACT EXAMPLE 4
- X0005- CONTRACT EXAMPLE 5
- X0006- CONTRACT EXAMPLE 6
- X0007- CONTRACT EXAMPLE 7
- X0008- CONTRACT EXAMPLE 8
- X0009- CONTRACT EXAMPLE 9
- X0010- CONTRACT EXAMPLE 10
- X0011- CONTRACT EXAMPLE 11
- X0012- CONTRACT EXAMPLE 12
- X0013- CONTRACT EXAMPLE 13
- X0014- CONTRACT EXAMPLE 14

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## CY 2010 MTMP - Enter/Edit - Multiple Chronic Diseases screen

<b>HPMS</b>	<b>Health Plan Management System</b>
	<a href="#">Home</a>

  

### MTMP - Enter/Edit

#### Multiple Chronic Diseases

Minimum number of chronic diseases:

Chronic disease(s) that apply:  Any chronic disease applies  
 Specific chronic diseases apply

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The minimum number of chronic conditions must be 2 or 3.

## CY 2010 MTMP - Enter/Edit - Multiple Covered Part D Drugs screen

<b>HPMS</b>	<b>Health Plan Management System</b>
	<a href="#">Home</a>

  

### MTMP - Enter/Edit

#### Multiple Covered Part D Drugs

Minimum number of covered Part D drugs:

Type of Covered Part D Drugs that apply:  Any Part D drug applies  
 Chronic/maintenance drugs apply  
 Disease-specific drugs apply related to chronic diseases  
 Specific Part D drug classes apply

#### Incurred Cost for Covered Part D Drugs

Description of the analytical procedure used to determine if a beneficiary is **likely to incur** annual costs of at least \$4,000 for all covered Part D drugs:

eg 4r4tg

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The minimum number of Part D drugs covered must be at least 2 and no greater than 8.

# CY 2010 MTMP - Enter/Edit screen: Identification, Enrollment/Disenrollment and Interventions

**HPMS**
**Health Plan Management System**
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### MTMP - Enter/Edit

**Identification**

Provide the procedure and frequency of identifying beneficiaries for your MTMP. This may include the type and source of the data used in the identification procedure.

**Enrollment/Disenrollment**

Method of enrollment:  Opt-In  
 Opt-Out  
 Combination of opt-in/opt-out  
 Other:

Provide methods of enrollment and disenrollment

**Interventions**

Recipient of Interventions (select all that apply):

- Beneficiary
- Provider
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

Provide a description of the type, frequency and recipient of intervention(s):

**Resources**

Provider of MTM services (select all that apply):

- In-house Staff
- Outside Personnel
  - PBM
  - Disease Management Vendor
    - Pharmacist
    - Physician
    - Registered Nurse
    - Other
    - Other
    - Other
    - Other
    - Other
    - Other
    - Other
    - Other
    - Other
    - Other
    - Other
  - Medication Therapy Management Vendor
  - Community Pharmacists
  - Long Term Care Pharmacists
  - Other
  - Other
  - Other
  - Other
  - Other
  - Other
  - Other
  - Other
  - Other
  - Other
  - Other Resource:

Provide a description of who will provide MTM services. If using personnel outside of your company, describe how you will take into account resources used and time required to provide the prescribed MTMP service.

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**CY 2010 MTMP – Enter/Edit Fees, Outcomes Measured, and Other Information**

## MTMP - Enter/Edit

### Fees

Describe how fees will be established. If establishing fees for pharmacists or others, provide the amount of fee respective to MTMP management and the fee paid for the provider of the MTM.

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### Outcomes Measured

Describe the methods of documenting and measuring outcomes of interventions.

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### Additional Information

Provide other information related to your MTMP policies and procedures including coordination with care management plans established for a targeted beneficiary under a chronic care improvement program CCIP, if applicable.

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### Additional Information (section 2)

If there is any additional information that was not included in the other sections, please include it here.

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### Additional Information (section 3)

If there is any additional information that was not included in the other sections, please include it here.

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## MTMP CY 2010 – Verify Submission

## Enter/Edit

### Verify Submission

Please note that your data has not yet been submitted.

Contracts included with Submission	
Contract Number	Contract Name
X0001	CONTRACT EXAMPLE 1

Individuals that will be Notified of Submission			
Contract Number	Role	Name	Email
All	MTMP Submission	PLAN ORGANIZATION USER	test@test.com
X0001	Medicare Compliance Officer	Joe Jeter	test@test.com
X0001	Medication Therapy Management Contact	Joe Jeter	test@test.com

#### Multiple Chronic Diseases

Minimum number of chronic diseases: 10  
 Chronic Diseases that apply: Any chronic disease applies

#### Multiple Covered Part D Drugs

Minimum number of covered Part D drugs: 12  
 Type of covered Part D drugs that apply: Any Part D drug applies  
 Incurred Cost for Part D Covered Drugs: eg 4r4tg

#### Identification

Description: fg rgrg

#### Enrollment/Disenrollment

Method of Enrollment: Opt-In  
 Enrollment/Disenrollment Description: reg erger

#### Interventions

Recipient of Interventions: Beneficiary  
 Intervention Description: dfg dgre

#### Resources

Outside Personnel  
 Disease Management Vendor  
 Physician  
 Resource Description: erg rwrgrgergerg

#### Fees

Description: ergerger

#### Outcomes Measured

Description: gergeg

#### Additional Information

Description: erge ge

#### Additional Information (section 2)

Description: erg egre

#### Additional Information (section 3)

Description: egre rger

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## MTMP CY 2010 – Submission Confirmation

## MTMP - Enter/Edit

### Submission Confirmation

Contracts included with this submission	
Contract Number	Contract Name
X0001	CONTRACT EXAMPLE 1

Thank you for submitting your MTMP Information. An email will be sent verifying your submission.

OK

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