MTMP Screenshots

CY 2011 MTMP Submission Start Page



CY 2011 MTMP - Enter/Edit screen



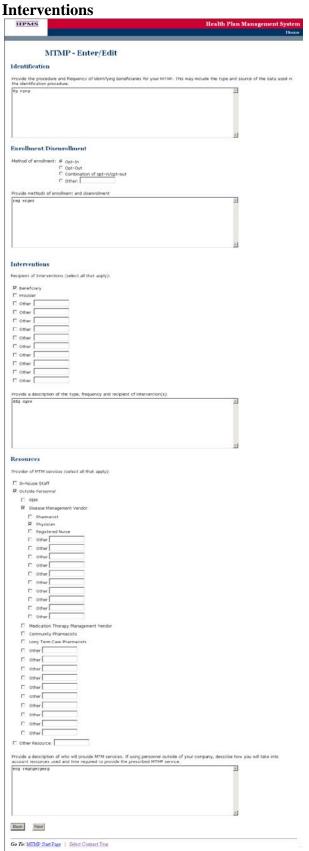
CY 2011 MTMP - Enter/Edit - Multiple Chronic Diseases screen HPMS Health Plan Management System Home MTMP - Enter/Edit **Multiple Chronic Diseases** Minimum number of chronic diseases: [Chronic disease(s) that apply: • Any chronic disease applies ${\mathbb C}$ Specific chronic diseases apply Next Go To: MTMP Start Page | Select Contract Year CY 2011 MTMP - Enter/Edit - Multiple Covered Part D Drugs screen Health Plan Management System HPMS Home MTMP - Enter/Edit **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 C Chronic/maintenance drugs apply C Disease-specific drugs apply related to chronic diseases C 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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Next

Go To: MTMP Start Page | Select Contract Year

CY 2011 MTMP - Enter/Edit screen: Identification, Enrollment/Disenrollment and



CY 2011 MTMP - Enter/Edit Fees, Outcomes Measured, and Other Information

HPMS	Health Plan Management System
	Home
MTM	P - Enter/Edit
Fees	
	established. If establishing fees for pharmacists or others, provide the amount of fee respective to MTMP Daid for the provider of the MTM.
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Outcomes Measure	d
Describe the methods of d	ocumenting and measuring outcomes of interventions.
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Additional Informa	tion
	related to your MTMP policies and procedures including coordination with care management plans established for
erge ge	er a chronic care improvement program CCIP, if applicable.
	Y
Additional Informa	tion (section 2)
	nformation that was not included in the other sections, please include it here.
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Additional Informa	tion (section 3)
	formation that was not included in the other sections, please include it here.
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Go To: MTMP Start Page	Select Contract Year

MTMP - Enter/Edit

Verify Submission

Your data has not yet been submitted.

Contracts included with Submission				
Contract Number	Contract Name			
Z0001	TEST CONTRACT 1			

Individuals that will be Notified of Submission					
Contract Number	Role	Name	Email		
All	MTMP Summission	John Test	test@test.com		

Multiple Chronic Diseases

Minimum number of chronic diseases:

Chronic disease(s) that apply: Specific chronic diseases apply CORE: Bone Disease-Arthritis-Osteoporosis
CORE: Respiratory Disease-Asthma
CORE: Hypertension
CORE: Mental Health-Chronic and disabling
Alzheimer's disease Chronic disease(s) selected:

Multiple Covered Part D Drugs

Minimum number of Covered Part D Drugs: Type of Covered Part D Drugs that apply:

Specific Part D drug classes apply

ACE-Inhibitors Alpha blockers Insulins Part D Drugs(s) selected:

Incurred Cost for Covered Part D Drugs

Specific Threshold and Frequency \$750 previous quarter

Targeting

Frequency: Daily

Data evaluated for targeting: Information collected from beneficiaries

Enrollment/Disenrollment

Method of enrollment: Opt-Out only

Interventions

Recipient of interventions:

Beneficiary Prescriber

Specific beneficiary interventions:

Comprehensive Medication Review, annual

Comprehensive Medication Review, annual
Review of medications
Interactive, person-to-person consultation
Phone
Individualized, written summary of interactive consultation
Recommendations
Targeted medication reviews, at least quarterly
Referral: Case Management

Specific prescriber interventions:

Prescriber interventions to resolve medication-related problems or optimize therapy
Phone consultation

Description: Detailed description of the type, frequency and recipient of interventions

Resources

Provider of MTM services: In-house staff

Pharmacist
Outside personnel
Community pharmacists

Fees

Fees priced out separately \$50.00 Per member

Outcomes Measured

Part D Reporting Requirements Medication adherence Medication persistence





Go To: MTMP Start Page | Select Contract Year

HPMS

Health Plan Management System Home

MTMP - Enter/Edit

Submission Confirmation

Contracts included with Submission				
Contract Number	Contract Name			
Z0001	TEST CONTRACT 1			

 $Thank \ you \ for \ submitting \ your \ MTMP \ Information. \ An \ email \ will \ be \ sent \ to \ confirm \ your \ submission.$

OK

Go To: MTMP Start Page | Select Contract Year