

MTMP Screenshots

CY 2011 MTMP Submission Start Page

HPMS **Health Plan Management System**
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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 2011 MTMP - Enter/Edit screen

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

Select contract(s)

Select one or more contracts to associate with the MTMP submission.

- ALL CONTRACTS -

- Z0001 - TEST CONTRACT 1
- Z0002 - TEST CONTRACT 2
- Z0003 - TEST CONTRACT 3
- Z0004 - TEST CONTRACT 4
- Z0005 - TEST CONTRACT 5
- Z0006 - TEST CONTRACT 6
- Z0007 - TEST CONTRACT 7
- Z0008 - TEST CONTRACT 8
- Z0009 - TEST CONTRACT 9
- Z0010 - TEST CONTRACT 10
- Z0011 - TEST CONTRACT 11
- Z0012 - TEST CONTRACT 12
- Z0013 - TEST CONTRACT 13
- Z0014 - TEST CONTRACT 14

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CY 2011 MTMP - Enter/Edit - Multiple Chronic Diseases screen

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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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CY 2011 MTMP - Enter/Edit - Multiple Covered Part D Drugs screen

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	Home

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

HIPMS Health Plan Management System
Home

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.

Eg: xprp

Enrollment/Disenrollment

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

Provide methods of enrollment and disenrollment

Eg: xxprp

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 intervencor(s):

Eg: opre

Resources

Provider of MTM services (select all that apply):

In-house Staff
 Outside Personnel

FBM
 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 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.

Eg: rmpgtpreka

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CY 2011 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 2011 – Verify Submission

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 Submission	John Test	test@test.com

Multiple Chronic Diseases

Minimum number of chronic diseases: 2
 Chronic disease(s) that apply: Specific chronic diseases apply
 Chronic disease(s) selected: CORE: Bone Disease-Arthritis-Osteoporosis
 CORE: Respiratory Disease-Asthma
 CORE: Hypertension
 CORE: Mental Health-Chronic and disabling
 Alzheimer's disease

Multiple Covered Part D Drugs

Minimum number of Covered Part D Drugs: 2
 Type of Covered Part D Drugs that apply: Specific Part D drug classes apply
 Part D Drugs(s) selected: ACE-Inhibitors
 Alpha blockers
 Insulins

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
 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

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MTMP CY 2011 – Submission Confirmation

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.

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