

MTMP Screenshots

CY 2013 MTMP Submission Start Page

The screenshot shows the 'MTMP Submission Start Page' within the 'Health Plan Management System' (HPMS). The page has a red header with the HPMS logo and 'Health Plan Management System' text, and a dark blue navigation bar with a 'Home' link. A left sidebar contains links for 'Submission' (with sub-links 'Enter/Edit' and 'User Guide'), 'Reports' (with sub-link 'MTMP Reports'), 'Top of Page', and 'Back'. The main content area is titled 'MTMP Submission Start Page' and contains the following text:

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
- MTMP Reports** - Access and View the MTMP reports.

At the bottom, there is a 'Go To:' link pointing to 'Select Contract Year'.

CY 2013 MTMP - Enter/Edit screen

The screenshot shows the 'MTMP - Enter/Edit' screen. It features the same HPMS header and navigation bar as the previous page. The main content area is titled 'MTMP - Enter/Edit' and contains the following text:

Select contract(s)

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

Below this text is a scrollable list box containing the following items:

- 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

At the bottom of the list box are 'Back' and 'Next' buttons. Below the list box, there is a 'Go To:' link pointing to 'MTMP_Start_Page' and 'Select Contract Year'.

MTMP - Enter/Edit

Contract(s):

Policies and Procedures

Targeting Criteria for Eligibility in the MTMP

MTM Program offered to:

Select one

- Only enrollees who meet the specified targeting criteria per CMS requirements
- All enrollees (in addition to enrollees who meet the specified targeting criteria per CMS requirements)

Multiple Chronic Diseases

Select the *Minimum Number of Chronic Diseases* and *Chronic Diseases that Apply*.

For the *Specific chronic diseases apply* option, a list of specific diseases will be displayed for you to select.

Minimum Number of Chronic Diseases:

- Chronic Disease(s) That Apply:
- Any chronic disease applies
 - Specific chronic diseases apply

Select at least **four distinct** CORE associated diseases and all specific chronic diseases that apply. Use the "Other" field to provide information on chronic disease(s) that are not listed below.

Select	Chronic Disease	Select	Chronic Disease
<input checked="" type="checkbox"/>	CORE: Alzheimer's Disease	<input checked="" type="checkbox"/>	CORE: Bone Disease-Arthritis-Osteoarthritis
<input checked="" type="checkbox"/>	CORE: Bone Disease-Arthritis-Osteoporosis	<input checked="" type="checkbox"/>	CORE: Bone Disease-Arthritis-Rheumatoid Arthritis
<input checked="" type="checkbox"/>	CORE: Chronic Heart Failure (CHF)	<input checked="" type="checkbox"/>	CORE: Diabetes
<input checked="" type="checkbox"/>	CORE: Dyslipidemia	<input checked="" type="checkbox"/>	CORE: End-Stage Renal Disease Requiring Dialysis
<input type="checkbox"/>	CORE: Hypertension	<input type="checkbox"/>	CORE: Mental Health-Bipolar Disorder
<input type="checkbox"/>	CORE: Mental Health-Chronic / Disabling Mental Health Conditions	<input type="checkbox"/>	CORE: Mental Health-Depression
<input type="checkbox"/>	CORE: Mental Health-Schizophrenia	<input type="checkbox"/>	CORE: Respiratory Disease-Asthma
<input type="checkbox"/>	CORE: Respiratory Disease-Chronic Lung Disorders	<input type="checkbox"/>	CORE: Respiratory Disease-Chronic Obstructive Pulmonary Disease (COPD)
<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Anticoagulation
<input type="checkbox"/>	Autoimmune Disorders	<input type="checkbox"/>	Benign Prostatic Hyperplasia (BPH)
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Cardiovascular Disorders
<input type="checkbox"/>	Cerebrovascular disease	<input type="checkbox"/>	Chronic alcohol and other drug dependence
<input type="checkbox"/>	Chronic pain	<input type="checkbox"/>	Dementia
<input type="checkbox"/>	End-Stage Liver Disease	<input type="checkbox"/>	Acid / Reflux / Ulcers
<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	HIV/AIDS
<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	Neurologic Disorders
<input type="checkbox"/>	Parkinson's Disease	<input type="checkbox"/>	Severe Hematologic Disorders
<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

Go To: [MTMP Start Page](#) | [Select Contract Year](#)

CY 2013 MTMP - Enter/Edit - Multiple Covered Part D Drugs screen

MTMP - Enter/Edit

Contract(s):

Multiple Covered Part D Drugs

Select the *Minimum Number of Covered Part D Drugs* and *Type of Covered Part D Drugs* that Apply.

For the *Specific Part D drug classes apply* option, a list of specific drug classes will be displayed for you to select.

Minimum Number of Covered Part D Drugs:

Type of Covered Part D Drugs that Apply: Any Part D drug applies
 Chronic/maintenance drugs apply
 Specific Part D drug classes apply

Select all specific Part D drug classes that apply and use the "Other" field to provide information on specific Part D drug classes that are not listed below. You must select multiple specific Part D drug classes.

Select	Part D Drug Class	Select	Part D Drug Class
<input checked="" type="checkbox"/>	ACE-Inhibitors	<input checked="" type="checkbox"/>	Alpha Blockers
<input checked="" type="checkbox"/>	Angiotensin II Receptor Blockers (ARBs)	<input checked="" type="checkbox"/>	Antiarrhythmics
<input type="checkbox"/>	Anticoagulants	<input type="checkbox"/>	Anticonvulsants
<input type="checkbox"/>	Antidepressants	<input type="checkbox"/>	Antiemetics
<input type="checkbox"/>	Antihyperlipidemics	<input type="checkbox"/>	Antihypertensives
<input type="checkbox"/>	Antineoplastics	<input type="checkbox"/>	Antiplatelets
<input type="checkbox"/>	Antipsychotics	<input type="checkbox"/>	Antiretroviral Therapy
<input type="checkbox"/>	Beta Blockers	<input type="checkbox"/>	Bisphosphonates
<input type="checkbox"/>	Bronchodilators	<input type="checkbox"/>	Calcium Channel Blockers
<input type="checkbox"/>	Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	<input type="checkbox"/>	Diuretics
<input type="checkbox"/>	Inhaled Corticosteroids	<input type="checkbox"/>	Insulins
<input type="checkbox"/>	Interferons	<input type="checkbox"/>	Oral Hypoglycemics
<input type="checkbox"/>	Proton Pump Inhibitors	<input type="checkbox"/>	Selective Serotonin Reuptake Inhibitors (SSRIs)
<input type="checkbox"/>	Tumor Necrosis Factors (TNFs)	<input type="checkbox"/>	Other <input type="text"/>
<input type="checkbox"/>	Other <input type="text"/>	<input type="checkbox"/>	Other <input type="text"/>
<input type="checkbox"/>	Other <input type="text"/>	<input type="checkbox"/>	Other <input type="text"/>
<input type="checkbox"/>	Other <input type="text"/>	<input type="checkbox"/>	Other <input type="text"/>
<input type="checkbox"/>	Other <input type="text"/>	<input type="checkbox"/>	Other <input type="text"/>
<input type="checkbox"/>	Other <input type="text"/>	<input type="checkbox"/>	Other <input type="text"/>

Go To: [MTMP Start Page](#) | [Select Contract Year](#)

CY 2013 MTMP - Enter/Edit screen: Incurred Cost for Covered Part D Drugs

MTMP - Enter/Edit

Contract(s):

Incurred Cost for Covered Part D Drugs

Provide description of the analytical procedure used to determine if the total annual cost of a beneficiary's covered Part D drugs is likely to equal or exceed the specified annual cost threshold. When selecting "Other" or "Formula", include the specific thresholds or formula.

Select all options that apply:

Specific Threshold and Frequency

Incurred one-fourth of specified annual cost threshold in previous three months

Incurred one-twelfth of specified annual cost threshold in previous month

Incurred specified annual cost threshold in previous 12 months

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Formula _____

Other _____

Other _____

Other _____

Other _____

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Other _____

Go To: [MTMP Start Page](#) | [Select Contract Year](#)

CY 2013 MTMP - Enter/Edit screen: Targeting

MTMP - Enter/Edit

Contract(s):

Targeting

Select only one option for *Frequency for Targeting*. Select one or more options for *Data Evaluated for Targeting*.

Frequency for Targeting:

- Daily
- Weekly
- Every other week
- Monthly
- Every other month
- Quarterly

Data Evaluated for Targeting:

- Drug claims
- Medical claims
- Lab data
- Information collected from beneficiaries
- Health Risk Assessment
- Reconciled medication list due to transition of care
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

Go To: [MTMP Start Page](#) | [Select Contract Year](#)

CY 2013 MTMP - Enter/Edit screen: Enrollment/Disenrollment

MTMP - Enter/Edit

Enrollment/Disenrollment

Opt-Out only

Go To: [MTMP Start Page](#) | [Select Contract Year](#)

CY 2013 MTMP - Enter/Edit screen: Interventions

MTMP - Enter/Edit

Contract(s):

Interventions

Recipient of Interventions:

Select all options that apply

- Beneficiary
- Prescriber
- Caregiver
- Pharmacy/Pharmacist(s)
- Other list

Specific Beneficiary Interventions:

Select all options that apply

Interactive, Person-to-Person, Comprehensive Medication Review, annual

Review of medications

Interactive, person-to-person consultation

Select all options that apply

Face-to-face

Phone

Telehealth

Other _____

Other _____

Other _____

Other _____

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Materials delivered to beneficiary after the interactive, person-to-person CHR consultation

Select all options that apply

Individualized, written summary of CHR in CMS' standardized format (includes beneficiary cover letter, medication action plan, and personal medication list)

Wallet card

Medication Guide

Medication History

Lab History

Alternative language translations

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Delivery of individualized written summary of CHR in CMS' standardized format:

Select all options that apply

Mail

Fax

Email

Web Portal Access

Other _____

Other _____

Other _____

Other _____

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Other _____

Targeted medication reviews, at least quarterly, with follow-up interventions when necessary

General education newsletter, beneficiary

Refill reminder, beneficiary

Referral: Disease Management

Referral: Specialty Management

Referral: Case Management

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General education newsletter, prescriber

Patient Medication list

Other _____

Other _____

Other _____

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Other _____

Specific Caregiver Interventions:

Select all options that apply

Same as beneficiary interventions designated above

Same as prescriber interventions designated above

Other _____

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Provide a detailed description of how your program will provide the MTM Interventions, including a description of the required MTM services (interventions, for both beneficiaries and prescribers; an annual comprehensive medication review for the beneficiary, which includes a review of medications, interactive, person-to-person consultation, and an individualized, written summary of interactive consultation in OIG standardized format; and targeted medication reviews) and any other value-added MTM services provided:

Text area for providing a detailed description of how the program will provide MTM interventions, including a description of required MTM services and any other value-added services provided.

[Go To: MTM Start Page](#) | [Select Contract Year](#)

MTMP - Enter/Edit

Contract(s):

Resources

Provider of MTM Services:

Select all options that apply

- In-house staff
 - Pharmacist
 - Physician
 - Registered Nurse
 - Case Manager
 - Other
 - Other
 - Other
 - Other
 - Other
 - Other
 - Other
 - Other
 - Other
 - Other

- Outside personnel

- PBM
- Disease Management vendor
- Medication Therapy Management vendor
- Community pharmacists
- Long Term Care pharmacists
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

Name of PBM:
Name of vendor:
Name of vendor:

Qualified Provider of Interactive, Person-to-Person CMR with written summaries:

Select all options that apply

- Pharmacists
- Physician
- Registered Nurse
- Case Manager
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

Go To: [MTMP Start Page](#) | [Select Contract Year](#)

MTMP - Enter/Edit

Contract(s):

Fees

For the Fees priced out separately option, provide additional information.

- Fees are covered as part of the services of the global PBM or vendor contract without being priced out separately
- Fees priced out separately

Complete the information for one or more Specific fee, Billing Method, and/or Description:

Specific fee	Billing Method	Description (optional)
\$ 100	Capitated rate	
\$		
\$		
\$		
\$		

Back Next

Go To: [MTMP Start Page](#) | [Select Contract Year](#)

CY 2013 MTMP – Enter/Edit: Outcomes Measured

MTMP - Enter/Edit

Contract(s):

Outcomes Measured

Select all options that apply

- Part D Reporting Requirements
- Drug-drug interactions measure
- High risk medications (drugs to be avoided in elderly) measure
- Diabetes medication dosing measure
- Diabetes (suboptimal) treatment measure
- Medication adherence measure (Proportion of Days Covered)
- Medication persistence
- Polypharmacy
- Overutilization
- Underutilization
- Medication issues resolved
- Overall prescription drug costs
- Overall medical costs
- Overall healthcare costs
- Emergency department visits
- Hospital admissions
- Length of hospital stay
- Health Status Survey/Improvements
- Cost avoidance savings
- Patient understanding
- Self-management
- Member satisfaction
- Provider satisfaction
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

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[Go To: MTMP Start Page](#) | [Select Contract Year](#)

CY 2013 MTMP – Enter/Edit: Additional Information 1 (Optional)

MTMP - Enter/Edit

Additional Information 1 (Optional)

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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MTMP CY 2013 – Verify Submission

MTMP - Enter/Edit

Verify Submission

Your data has not yet been submitted.

Contracts Included with Submission			
Contract Number	Contract Name		
	2011 - ED PFFS		

Individuals that will be Notified of Submission			
Contract Number	Role	Name	Email
All	MTMP Submission	ICPNY	

Targeting Criteria for Eligibility in the MTMP

MTMP Program applied to: Only enrollees who meet the specified targeting criteria per CMS requirements

Multiple Chronic Diseases

Minimum number of chronic diseases: 2
 Chronic disease(s) that apply: Specific chronic diseases apply
 Chronic disease(s) selected: CORE: Alzheimer's Disease
 CORE: Bone Disease-Arthritis-Osteoarthritis
 CORE: Bone Disease-Arthritis-Osteoporosis
 CORE: Bone Disease-Arthritis-Rheumatoid Arthritis
 CORE: Chronic Heart Failure (CHF)
 CORE: Diabetes
 CORE: Dyslipidemia
 CORE: End-Stage Renal Disease Requiring Dialysis

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 Drug(s) selected: ACE Inhibitors
 Alpha Blockers
 Angiotensin II Receptor Blockers (ARBs)
 Antihypertensives

Incurred Cost for Covered Part D Drugs

Specific Threshold and Frequency: Incurred one-fourth of specified annual cost threshold in previous three months
 Incurred specified annual cost threshold in previous 12 months

Targeting

Frequency: Weekly
 Data evaluated for targeting: Drug claims
 Medical claims

Enrollment/Disenrollment

Method of enrollment: Opt-out only

Interventions

Recipient of interventions: Beneficiary
 Prescriber
 Caregiver
 Pharmacy/Pharmacist(s)
 Other: test
 Specific beneficiary interventions:
 Interactive, Person-to-Person, Comprehensive Medication Review, annual
 Review of medications
 Individualized, written summary of CME in CMS' standardized format (includes beneficiary cover letter, medication action plan, and personal medication list)
 Face-to-face
 Medication delivered to beneficiary after the interactive, person-to-person CME consultation
 Individualized, written summary of CME in CMS' standardized format (includes beneficiary cover letter, medication action plan, and personal medication list)
 Wallet card
 Delivery of individualized written summary of CME in CMS' standardized format:
 Mail
 Fax
 Targeted medication review, at least quarterly, with follow-up interventions when necessary
 General education newsletter, beneficiary
 Specific prescriber interventions:
 Prescriber interventions to resolve medication-related problems or optimize therapy
 Phone consultation
 Mail consultation
 General education newsletter, prescriber
 Specific caregiver interventions:
 Same as beneficiary interventions designated above
 Specific pharmacy/pharmacist(s) interventions:
 Same as beneficiary interventions designated above
 Specific other recipient interventions:
 Other: test
 Description: test

Resources

Provider of MTMP services:
 In-house staff
 Pharmacist
 Outside personnel
 Community pharmacists
 Qualified Provider of Interactive, Person-to-Person CME with written summaries:
 Pharmacists

Fees

Fees priced out separately
 \$100.00 Capitated rate

Outcomes Measured

Part D Reporting Requirements
 Drug-drug interactions measure
 High risk medications (drugs to be avoided in elderly) measure

[Back](#) [Save](#)

Go To: [Home](#) | [Start Page](#) | [Select Contract Year](#)

MTMP CY 2013 – Submission Confirmation

MTMP - Enter/Edit

Submission Confirmation

Contracts included with Submission	
Contract Number	Contract Name
	2011 - ED-PFFS

Individuals that will be Notified of Submission			
Contract Number	Role	Name	Email
All	MTMP Submission	TOMMY	

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

Go To: [MTMP Start Page](#) | [Select Contract Year](#)