

Health Plan Management System Home

CY 2014 MTMP - Enter/Edit

vendor:

Contract(s): Z0001 Resources **Provider of MTM Services:** Select all options that apply In-house staff Outside personnel V **PBM** $\overline{\mathsf{v}}$ Name of PBM: Disease Management vendor Name of vendor: Medication Therapy Management vendor $\overline{\mathbf{v}}$ Name of $\overline{\mathbf{v}}$ vendor: In-house Pharmacists **Local Pharmacists** Physician Registered Nurse Licensed Practical Nurse **Nurse Practitioner** Physician's Assistant Other Name of

		□ Name of					
		vendor: Name of					
		vendor:					
		Name of vendor:					
		Local pharmacists					
		Long Term Care (LTC) Consultant Pharmacists					
		Hospital Pharmacists					
		Physician					
		Registered Nurse					
		Licensed Practical Nurse					
	33	Nurse Practitioner					
		Physician's Assistant					
		Other					
		Other					
		Other					
		Other					
		Other					
		Other					
		Other					
		Other					
		Other					
		Other					
		vider of Interactive, Person-to-Person CMR with written summaries:					
Sele	ct all opt Local Ph	ions that apply armacist					
	Long Ter	ng Term Care (LTC) Consultant Pharmacist					
	Plan Spo	Sponsor Pharmacist					
	Plan Ben	Benefit Manager (PBM) Pharmacist					
	MTM Ver	1TM Vendor Local Pharmacist					
	MTM Ver	M Vendor In-house Pharmacist					
	Hospital	ospital Pharmacist					
	Physicia	Physician					
	Registered Nurse						
	Licensed Practical Nurse						
	Nurse Practitioner						
	Physician's Assistant						

Name of

	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
	Other							
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For each "Name of Vendor" under the MTM Vendor and or "Name of PBM" under the PBM is checked, the sub-elements – In-house Pharmacists, Local Pharmacists, Physician, Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician's Assistant and 10 Other fields will be displayed.