CY 2014 MTMP - Review Tool

Contract: Z0001 – Example Contract
Group ID: 325
Version: 4
Cycle: Annual Review Cycle
Submitted Due to: Resubmission Request
Current Status: In Desk Review
Date Submitted: 6/15/2013 9:50:33 AM
Date Due: 6/17/2013

Review Check: Targeting Criteria
MTM Program offered to: Only enrollees who meet the specified targeting criteria per CMS requirements

Multiple Chronic Diseases

Requirement 1: Your MTM program targets beneficiaries who have multiple chronic diseases in order to meet the criteria for the MTM program.

	● Satisfied ● Not Satisfied

Requirement 2: Your MTM program defines the criteria for multiple chronic diseases as no more than 3 chronic diseases as the minimum number of multiple chronic diseases.

Minimum number of chronic diseases: 2	● Satisfied

	● Not Satisfied

Requirement 3: Your MTM program targets at least 5 of the core chronic diseases.

	● Satisfied
Chronic disease(s) that apply: Any chronic disease applies	● Not Satisfied

Multiple Covered Part D Drugs

Requirement 4: Your MTM program targets beneficiaries who are taking multiple Part D drugs to meet the criteria for the MTM program.

	● Satisfied
Minimum number of Covered Part D Drugs: 2	● Not Satisfied

Requirement 5: Your MTM program defines the criteria for multiple Part D drugs as no more than 8 Part D drugs as the minimum number of multiple Part D drugs.

	● Satisfied
Type of Covered Part D Drugs that apply: Any Part D drug applies	● Not Satisfied

Incurred Cost for Covered Part D Drugs

Requirement 6: Your MTM program describes the analytical procedure used to determine if a beneficiary is likely to incur annual costs for covered Part D drugs in accordance with the specified level.

	● Satisfied
Specific Threshold and Frequency Incurred one-fourth of specified annual cost threshold in previous three months	● Not Satisfied

Requirement 6a: Provide a 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 applicable, this should include the specific thresholds and measurement period, the complete formula or statement which may detail a condition that must be met or exceeded, or a detailed description of your model.	● Satisfied ● Not Satisfied

Review Check: Targeting Frequency

Targeting

Requirement 7: Your MTM program targets beneficiaries for enrollment at least quarterly during the program year.

Frequency: Daily Data evaluated for targeting: Drug claims	● Satisfied ● Not Satisfied

Review Check: Opt-out Enrollment

Enrollment/Disenrollment

Requirement 8: Your MTM program enrolls targeted beneficiaries using only an opt-out method.

Method of enrollment: Opt-Out only	● Satisfied ● Not Satisfied

Review Check: Interventions

Interventions

Requirement 9: Your MTM program offers a minimum level of MTM services including interventions for both beneficiaries and prescribers, an annual, comprehensive medication review, which includes an interactive person-to-person or telehealth consultation and an individualized written summary in CMS' standardized format, and quarterly targeted medication reviews with follow-up interventions when necessary.

Recipient of interventions: Beneficiary Prescriber Specific beneficiary interventions: Interactive, Person-to-Person, Comprehensive Medication Review, annual Interactive, person-to-person or telehealth consultation Face-to-face Materials delivered to beneficiary after the interactive, person-to-person CMR consultation Individualized, written summary of CMR in CMS' standardized format (includes beneficiary cover letter, medication action plan, and personal medication list) Wallet card Delivery of individualized written summary of CMR in CMS' standardized format: Mail Targeted medication reviews, at least quarterly, with follow-up interventions when necessary Refill reminder, beneficiary Specific prescriber interventions: Prescriber interventions to resolve medication-related problems or optimize therapy Phone consultation Patient Medication list Description: qwert y	● Satisfied ● Not Satisfied
Requirement 9a: The MTM program requirements state that all targeted beneficiaries should be offered a Comprehensive Medication Review (CMR) and that quarterly targeted medication reviews should be performed for all targeted beneficiaries enrolled in the MTM program. Targeted beneficiaries may refuse the CMR or another follow-up intervention. Even if a beneficiary declines the CMR, sponsors should perform quarterly targeted medication reviews for all targeted beneficiaries to assess medication use on an on-going basis and offer interventions to the prescriber. Your MTM submission contains contradictory language; clarify in your resubmission that your MTM program meets these requirements.	● Satisfied ● Not Satisfied

Requirement 9b: Your MTM program submission indicates a method for the CMR consultation that is a non-interactive method. The MTM program requirements state that sponsors must offer to provide to each targeted beneficiary enrolled in the MTM program an interactive, person-to-person or telehealth consultation performed by a qualified provider. This real-time interaction may be face-to-face or through other interactive methods such as the telephone or through telehealth technologies. Mail-based or other non-interactive interventions may be a part of your overall MTM program, but do not satisfy the interactive CMR requirement. Correct your selection for method of providing the interactive CMR consultation. This correction could include removing your non-interactive selection as a method for the interactive CMR consultation and adding additional information in the Intervention description.	● Satisfied ● Not Satisfied
Requirement 9c: A detailed description of how your program will provide the MTM interventions, describing interventions for both beneficiaries and prescribers, an annual comprehensive medication review, which includes an interactive, person-to-person or telehealth consultation and an individualized, written summary in CMS' standardized format, and quarterly targeted medication reviews with follow-up interventions when necessary, was not included. Revise your MTM program Intervention description and provide more details about your program.	● Satisfied ● Not Satisfied

Review Check: Fees Established

Requirement 10: Your MTM program establishes fees for pharmacists and other resources. The fee or payment structure takes into account the resources used and the time required for providing MTM services.

Resources	
Provider of MTM services: In-house staff Pharmacist **Qualified Provider of Interactive, Person-to-Person CMR with written summaries:** Local Pharmacist	● Satisfied ● Not Satisfied
Outcomes Measured	
Part D Reporting Requirements Diabetes medication dosing measure	

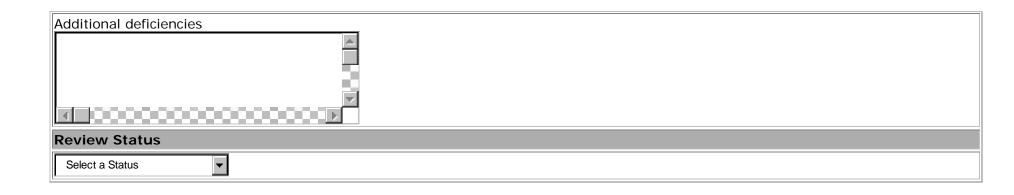| Requirement 10a: A detailed description of fees was not provided for pharmacists or other providers of MTM program services. A description of fees is required if using outside personnel. This description should include the specific amount of management, fees or other payment such as fee ($X) per hour, per service, per diem, per member per month (PMPM), etc.	● Satisfied ● Not Satisfied

Review Check: Description

No Additional Information 1	

No Additional Information 2	

Review Check: Additional Deficiencies

Additional Deficiency Code	Requirement	Additional Deficiency Code Text	Select
AD1	Spans 1-6, include as Additional deficiency	Your MTM program describes more than one set of eligibility criteria. Plans must establish one set of eligibility criteria per program. A minimum level of MTM must be offered to each beneficiary that meets the 3 eligibility criteria.	● Satisfied ● Not Satisfied
AD2	Spans 1-6, include as Additional deficiency	Your MTM program described more than one set of eligibility criteria based on the beneficiary's setting. Plans must establish one set of eligibility criteria per program. A minimum level of MTM must be offered to each beneficiary that meets the 3 eligibility criteria.	● Satisfied ● Not Satisfied
AD3	Additional deficiency	Your MTM program indicates that a beneficiary may qualify for MTM based on a referral. Per the CMS statutory requirements for MTM, a beneficiary must meet all three eligibility criteria to be targeted for the MTM program. Therefore, a self-referral or a provider referral alone is not sufficient for qualification in the MTM program.	● Satisfied ● Not Satisfied

Additional deficiencies

Review Status

Select a Status ▼

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There are dependencies between the parent (6,9,10) and the child (6a, 9a, 9b, 9c, 10a). If "Satisfied" is selected, the child element(s) will be disabled.