

CY 2014 MTMP - Enter/Edit

Verify Submission

Your data has not yet been submitted.

Contracts included with Submission	
Contract Number	Contract Name
Z0001	Contract Example

Individuals that will be Notified of Submission			
Contract Number	Role	Name	Email
All	MTMP Submission	John Doe	Test1@Test.com
Z0001	Medicare Compliance Officer	Mary Hue	Test2@Test.com

Targeting Criteria for Eligibility in the MTMP

MTM Program offered 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: Any chronic disease applies

Multiple Covered Part D Drugs

Minimum number of Covered Part D Drugs: 2
Type of Covered Part D Drugs that apply: Chronic/maintenance drugs apply

Incurred Cost for Covered Part D Drugs

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

Targeting

Frequency: Daily
Data evaluated for targeting: Drug claims

Enrollment/Disenrollment

Method of enrollment: Opt-Out only

Interventions

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)

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

Mail

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

Specific prescriber interventions:

Prescriber interventions to resolve medication-related problems or optimize therapy

Phone consultation

Description: Test

Resources

Provider of MTM services:

Outside personnel

Medication Therapy Management vendor: Test Vendor 1

In-house Pharmacists

Medication Therapy Management vendor: Test Vendor 2

Local Pharmacists

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

Physician

Fees

Fees priced out separately

Test PBM Vendor 1

\$12.00 Flat rate per service

\$5.00 Capitated rate

Test MTM Vendor 2

\$12.00 Flat rate per service

\$5.00 Capitated rate

Outcomes Measured

Part D Reporting Requirements

Drug-drug interactions measure

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