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**MTMP - Enter/Edit**

**Contract(s):**

**MTM Program Information**

MTM Program Web Page URL:

**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
- Expanded eligibility: Enrollees who meet the specified targeting criteria per CMS requirements and enrollees who meet other plan-specific targeting criteria

**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

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**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

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**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
- Formula
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

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### 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

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**Contract(s):**

**Enrollment/Disenrollment**

Opt-Out only

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### CY 2015 MTMP - Enter/Edit

**Contract(s):** 20001

#### Interventions

**Recipient of Interventions:**  
**Select all options that apply**

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

**Specific Beneficiary Interventions:**  
**Select all options that apply**

- Interactive, Person-to-Person, Comprehensive Medication Review, annual
  - Interactive, person-to-person or telehealth consultation
    - Select all options that apply**
    - Face-to-face
    - Phone
    - Telehealth
    - Other
    - Other
    - Other
    - Other
    - Other
    - Other
    - Other
    - Other
    - Other
- Materials delivered to beneficiary after the interactive, person-to-person CMR consultation
  - Select all options that apply**
  - Individualized, written summary of CMR 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

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

**Select all options that apply**

Individualized, written summary of CMR 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

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

**Select all options that apply**

- Mail
- Fax
- Email
- Web Portal Access
- In-person Delivery Method
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

*A plan user may select a new option by selecting the checkbox for "In-person Delivery Method"*

- Targeted medication reviews, at least quarterly, with follow-up interventions when necessary
- General education newsletter, beneficiary
- Refill reminder, beneficiary
- Referral: Disease Management
- Referral: Speciality Management

**Specific Prescriber Interventions:**

**Select all options that apply**

Prescriber interventions to resolve medication-related problems or optimize therapy

- Phone consultation
- Mailed consultation
- Faxed consultation
- Emailed consultation
- Electronic data interchange consultation
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

- General education newsletter, prescriber
- Patient Medication list
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

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, 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) and any other value added MTM services provided:

CMR with Summary in Standard Format:

*A Plan user is required to enter intervention description for CMR with summary in Std Format with a maximum of 4,000 characters.*

TMR:

*A Plan user is required to enter intervention description for TMR with a maximum of 4,000 characters.*

Prescriber Interventions:

Other Interventions:

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A Plan user is required to enter Intervention description for Prescriber Interventions with a maximum of 4,000 characters.

A Plan user is required to enter Intervention description Other Interventions with a maximum of 4,000 characters.

### CY 2015 MTMP - Enter/Edit

Contract(s): Z0001

#### Resources

**Provider of MTM Services:**  
Select all options that apply

- In-house staff
- Outside personnel
  - PBM
  - Disease Management vendor
    - Name of Disease Management vendor: 
      - Pharmacist
      - Physician
      - Registered Nurse
      - Licensed Practical Nurse
      - Nurse Practitioner
      - Physician's Assistant
      - Other
      - Other
      - Other
      - Other
      - Other
      - Other
      - Other
      - Other
      - Other
      - Other
    - Name of Disease Management vendor:
    - Name of Disease Management vendor:

A Plan user may select In-house Pharmacists, Local Pharmacists, Physician, Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician's Assistant, and up to 10 "Other" fields with information entered for each "Other" field selected for each "Name of Disease Management Vendor" is selected.

A Plan user may enter up to 5 "Name of Disease Management Vendor."

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**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 Surveys/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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**Contract(s):**

**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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### CY 2015 MTMP - Enter/Edit

Contract(s): Z0001

#### 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 - Associates one fee table with all selected Outside Personnel Resources
- Fees priced out separately - Associates a fee table for each selected Outside Personnel Resources

Disease Management vendor  
Name of Disease Management vendor: DMV1

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

Specific fee	Billing Method	Description (optional)			
\$					
\$					
\$					
\$					
\$					
\$					
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\$					
\$					
\$					
\$					
\$					
\$					
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Each Name of Disease Management Vendor entered in the CY2015/edit/EditPageE.asp (Resources page) will be displayed with a fee table if a Plan user selected the option "Fees priced out separately - Associates a fee table for each selected Outside Personnel Resources."

Name of Disease Management vendor: DMV2

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

Specific fee	Billing Method	Description (optional)			
\$					
\$					
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