

1. Typical annual changes to the Threshold on edit/EditPageA\_3.asp screen.

**HPMS**  
Health Plan Management System

Health Plan Management System  
Home

### CY 2016 MTMP - Enter/Edit

Contract(s): Z0001

#### Incurring 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 (\$3,507). 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 (\$3,507) in previous three months
- Incurred one-twelfth of specified annual cost threshold (\$3,507) in previous month
- Incurred specified annual cost threshold (\$3,507) in previous 12 months
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

Formula

- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

**Change Request Description:**  
Please provide a brief description of Incurring Cost for Covered Part D Drugs change and justification.

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Threshold (typical annual change) are highlighted in yellow on the edit/EditPageA\_3.asp

2. New Selection "Delivery of a copy of beneficiary CMR summary" to be added for Specific Prescriber Interventions on edit/EditPageD.asp screen.

CY 2016 MTMP - Enter/Edit

00004000 20001

Interventions

Scope of Interventions:

Select all options that apply:

- Secondary
- Provider
- Caregiver
- Pharmacy/Pharmacist
- Other

Specific Beneficiary Interventions:

Select all options that apply:

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

Select all options that apply:

- Face-to-face
- Other
- Telephone
- Other
- Other
- Other
- Other
- Other
- Other
- Other

Member advised to beneficiary after the intervention, person to complete OMR consultation

Select all options that apply:

- Identification, written summary of OMR in OMR standardized format (includes beneficiary name before, medication action plan, and person medication list)
- Medication goals
- Medication history
- Lab history
- Pharmacy history
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

Delivery of individualized written summary of OMR in OMR standardized format:

Select all options that apply:

- Mail
- Fax
- Email
- Web portal access
- Other
- Other
- Other
- Other
- Other
- Other
- Other

Equipped medication systems, at least quarterly, with follow-up interventions, when necessary

Select all options that apply:

- Patient education materials, beneficiary
- Self-monitors, beneficiary
- Patient: Disease Management
- Patient: Specialty Management
- Patient: Case Management
- Other
- Other
- Other
- Other
- Other
- Other

Specific Provider Interventions:

Select all options that apply:

- Provider consultation to resolve medication-related problems or optimize therapy
- Home consultation
- Field consultation
- Hospital consultation
- Remote consultation/urgent consultation
- Other
- Other
- Other
- Other
- Other
- Other
- Other

Select all options that apply:

- Patient medication list
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

New Selection: "Follow-up of a copy of beneficiary OMR summary" for Specific Provider Interventions to be added below the General education materials, prevention.

Provide a detailed description of how your program will provide the MTMP interventions, including a description of the required staff services (interventions), for each beneficiary and provider, an actual comprehensive medication review, which includes an interview, assessment and individualized medication plan or individualized written summary in OMR standardized format, and quarterly targeted medication review with follow-up interventions when necessary, and any other value-added MTMP services provided.

Provide a detailed description of the MTMP interventions your program will offer to both beneficiaries and providers.

PART 1: Task 1

Provide a detailed description of how your program's annual comprehensive medication review, including an interview, assessment, or follow-up consultation and the provision of an individualized, written summary in OMR standardized format.

PART 2: Task 2

Provide a detailed description of how your MTMP program will perform targeted medication review, at least quarterly, with follow-up interventions when necessary.

PART 3: Task 3

Provide a detailed description of any other value-added MTMP services that your MTMP program will offer (optional).

PART 4: Task 4

Change Request Description: Have provided a brief description of intervention change and justification.