

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

02/04/2016 20:01

Interventions

scope of interventions

all systems that apply

- beneficiary
- provider
- caregiver
- pharmacy/pharmacist
- site

Specific beneficiary interventions

scope of systems that apply

medication, specialty, infusion, comprehensive medication review, annual

intervention, patient-specific or adherence consultation

all systems that apply

- face-to-face
- phone
- mail
- text
- other

resource directed to beneficiary after the intervention, patient-to-patient or peer support

intervention, written summary of OHC in OHC standardized format (includes beneficiary name, medication action plan, and patient medication list)

all systems that apply

- mail
- medication guide
- medication history
- patient history
- other

delivery of individualized patient summary of OHC in OHC standardized format

scope of systems that apply

all systems that apply

- face-to-face
- phone
- mail
- text
- other

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

all systems that apply

- patient education materials, beneficiary
- self-monitors, beneficiary
- patient: Disease Management
- patient: Specialty Management
- patient: Case Management
- other

Specific provider interventions

scope of systems that apply

provider consultation to resolve medication-related problems or optimize therapy

all systems that apply

- phone consultation
- mail consultation
- face-to-face consultation
- internet consultation
- electronic consultation/secure consultation
- other

all systems that apply

- face-to-face
- phone
- mail
- text
- other

Note: Selection "Delivery of a copy of beneficiary OHC summary" for Specific Provider Interventions to be added above the General education materials, prevention.

Provide a detailed description of how your program will provide the intervention, including a description of the required site services (interventions, for each beneficiary and provider, an actual comprehensive medication review, which includes an interview, communication or telephone consultation with or without a written summary in OHC standardized format, and quarterly targeted medication review with follow-up interventions when necessary, and any other value-added interventions provided. Provide a detailed description of the MTP intervention your program will offer to both beneficiaries and providers.

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Provide a detailed description of how your program's annual comprehensive medication review, including an interview, communication, or telephone consultation and the provision of an individualized, written summary in OHC standardized format.

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Provide a detailed description of how your MTP program will provide targeted medication reviews, at least quarterly, with follow-up interventions when necessary.

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

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Change Request Description:

Please provide a brief description of the necessary change and justification.

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