

## MTMP CY2020 Enhancement Mockups

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**CY 2020 MTMP - Enter/Edit**

Contract(s): Z0001

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MTMP 2020

Contract Number	Contract Name
Z0001	Example Contract 1

Contract Number	Role	Name	Email
Z0001	MTMP Attention Submission	Ben Johnson	test@test.com
Z0001	Medicare Compliance Officer	Scott McAdams	test@test.com
Z0001	Medication Therapy Management Contact	Hollie Wilson	test@test.com

**MTM Program Information**

MTM Program Web Page URL: [www.url-test.com](http://www.url-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

Chronic disease(s) selected:

**Data Evaluated to Identify Chronic Conditions:** Drug claims

**Multiple Covered Part D Drugs**

Minimum number of Covered Part D Drugs: 2

Type of Covered Part D Drugs that apply: Any Part D drug applies

Data Evaluated to Identify the Number of Covered Part D Drugs: Medical claims

**Incurred Cost for Covered Part D Drugs**

Specific Threshold and Frequency: Incurred one-fourth of specified annual cost threshold (\$4,044) in previous three months

**Targeting**

Frequency: Daily

Data evaluated for targeting: Lab data

**Enrollment/Disenrollment**

Method of enrollment: Opt-Out only

**Interventions**

Recipient of interventions: Beneficiary  
Prescriber

Intervention: Interactive, Person-to-Person, Comprehensive Medication Review, annual  
Interactive, person-to-person or telehealth consultation  
Face-to-face

Specific beneficiary interventions: 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

Detailed description of the MTM interventions your program will offer for both beneficiaries and prescribers: MTM interventions example 1.

Detailed description of your MTM program's annual MTM interventions example 2.  
Comprehensive medication review, including an interactive, person-to-person, or telehealth consultation and the provision of an individualized, written summary in CMS' standardized format.

Detailed description of how your MTM program will perform targeted medication reviews, at least quarterly, with follow-up interventions when necessary: MTM interventions example 3.

Detailed description of any other value added MTM services that your MTM program will offer:

**Resources**

Provider of MTM services:  
In-house staff  
Pharmacist

**Qualified Provider of Interactive, Person-to-Person CMR with written summaries:**  
Plan Sponsor Pharmacist

**Outcomes Measured**

Part D Reporting Requirements  
Drug-Drug Interactions measure

**Additional Information 1**

Description:

**Additional Information 2**

Description:

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