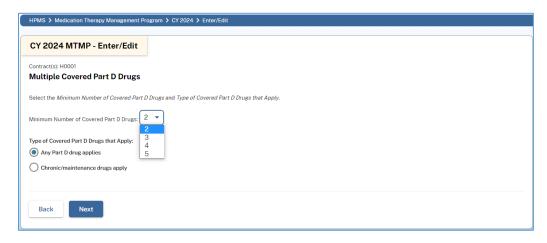
## **CY2024 Submission Changes**

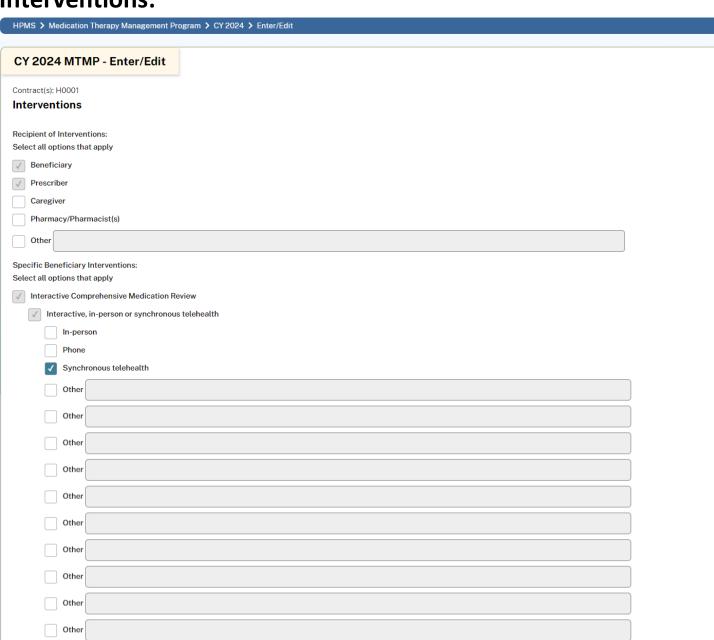
# **Targeting Criteria – Multiple Chronic Diseases:**

HPMS > Medication Therapy Management Program > CY 2024 > Enter/Edit				
CY 2024 MTMP - Enter/Edit				
Contract(s): H0001 MTM Program Information				
MTM Program Web Page URL:				
Policies and Procedures				
Targeting Criteria for Eligibility in the MTMP				
MTM Program offered to: Select one:				
$\begin{tabular}{ll} \hline Only enrollees who meet the specified targeting criteria per CMS requirements \\ \hline \end{tabular}$				
Expanded eligibility: Enrollees who meet the specified targeting criteria per CMS requ	uirements 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	or you to select.			
Minimum Number of Chronic Diseases: 2				
Chronic Disease(s) That Apply:				
Any chronic disease applies				
Specific chronic diseases apply				
Should select Must select all 10 CORE chronic diseases listed below. May select additional on chronic diseases that are not listed below.	diseases in addition to the CORE chronic diseases. Use the "other" field to provide information			
CORE: Alzheimer's Disease	CORE: Bone disease-arthritis (including osteoporosis, osteoarthritis, and rheumatoid arthritis)			
CORE: Chronic Congestive Heart Failure (CHF)	CORE: Diabetes			
CORE: Dyslipidemia	CORE: End-stage renal disease (ESRD)			
CORE: Human Immunodeficiency virus/Acquired immunodeficiency syndrome (HIV/AIDS)	CORE: Hypertension			
CORE: Mental health (including depression, schizophrenia, bipolar disorder, and other chronic/disabling mental health conditions)	CORE: Respiratory Disease (including asthma, chronic obstructive pulmonary disease (COPD), and other chronic lung disorders)			
Acid / Reflux / Ulcers	Anemia			
Anticoagulation	Atrial Fibrillation			
Autoimmune Disorders	Benign Prostatic Hyperplasia (BPH)			
Cancer	Cardiovascular Disorders			
Cerebrovascular Disease	Chronic Alcohol and Other Drug Dependence			
Chronic Noncancer Pain	Dementia			
End-Stage Liver Disease HIV/AIDS	Hepatitis C  Multiple Scierosis			
Neurologic Disorders	Parkinson's Disease			
Severe Hematologic Disorders	Stroke			
Other	Other			
CORE: Bone Disease-Arthritis (including osteoporosis, osteoarthritis, and rheumatoid arthritis)				
Back				

## **Multiple Covered Part D drugs:**



#### **Interventions:**



<b>√</b>	Mat	terials delivered to beneficiary after the interactive CMR consultation	
		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	
		of individualized written summary of CMR in CMS' standardized format:	
Se		ll options that apply	
	Mai		
	Fax		
	Em		
		b Portal Access person Delivery Method	
	Oth	ner en	
	Oth	ner	
	Oth	ner	
	Oth	ner en	
	Oth	ner	
	Oth	ner er e	
	Oth	ner	

<b>/</b>		nedication reviews, at least quarterly, with follow-up interventions when necessary
	General e	ducation newsletter, beneficiary
	Refill rem	nder, beneficiary
	Cost savir	g opportunities
	Referral: I	Disease Management
	Referral: 9	Specialty Management
	Referral: (	Case Management
	Other	
✓ Information on the safe disposal of prescription drugs that are controlled substances  Method(s) of delivery for the safe disposal information		
		ome letter/MTM program enrollment package
		rehensive Medication Review (CMR)
	Other	Medication Review (TMR)
	Other	

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					
Delivery of a copy of beneficiary CMR summary					
General education newsletter, prescriber					
Patient Medication list					
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;					
quarterly targeted medication reviews with follow-up interventions when necessary); information about safe disposal of prescription drugs that are controlled substances, drug take back					
programs, in-home disposal and cost-effective means to safely dispose of such drugs; and any other value added MTM services provided:					
Provide a detailed description of the MTM interventions your program will offer for both beneficiaries and prescribers:					
Provide a detailed description of your MTM program's annual comprehensive medication review, including an interactive, in-person, or synchronous telehealth consultation and the provision of an					
individualized, written summary in CMS' standardized format:					
Provide a detailed description of how your MTM program will perform targeted medication reviews, at least quarterly, with follow-up					
interventions when necessary:					
Provide a detailed description of how your MTM program will provide enrollees with information regarding the safe disposal of prescription					
drugs that are controlled substances, drug take back programs, in-home disposal and cost-effective means to safely dispose of such drugs:					
Provide a detailed description of any other value added MTM services that your MTM program will offer (Optional):					
Trouble declared decemptation of any other value dataset minimatives and your minimatives (explained).					
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### Resources:

HPMS > Medication Therapy Management Program > CY 2024 > Enter/Edit					
CY 2024 MTMP - Enter/Edit					
Contract(s): H0001 Resources					
Provider of MTM Services: Select all options that apply  In-house staff  Outside personnel  Qualified Provider of Interactive CMR with written summaries: Select all options that apply  Local Pharmacist  Long Term Care (LTC) Consultant Pharmacist  Plan Sponsor Pharmacist  Plan Benefit Manager (PBM) Pharmacist  MTM Vendor Local Pharmacist  MTM Vendor In-house Pharmacist  MTM Vendor Long Term Care Consultant Phamacist  Disease Management Pharmacist  Hospital Pharmacist					
Physician  Registered Nurse  Licensed Practical Nurse  Nurse Practitioner  Physician's Assistant  Pharmacy intern under the direct supervision of a pharmacist					
Other Other					
Other Other					
Other Other					
Other					
Other Other					
Other					
Back Next					