

MTM Program Information

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

Plans must target at least all of the CORE chronic diseases listed below. Use the 'other' field to provide information on chronic diseases that are not listed below.

- | | |
|--|---|
| <input checked="" type="checkbox"/> CORE: Alzheimer's Disease and other dementia | <input checked="" type="checkbox"/> CORE: Bone disease-arthritis (including osteoporosis, osteoarthritis, and rheumatoid arthritis) |
| <input checked="" type="checkbox"/> CORE: Cancer | <input checked="" type="checkbox"/> CORE: Chronic Congestive Heart Failure (CHF) |
| <input checked="" type="checkbox"/> CORE: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) | <input checked="" type="checkbox"/> CORE: Diabetes |
| <input checked="" type="checkbox"/> CORE: Dyslipidemia | <input checked="" type="checkbox"/> CORE: End-Stage Renal Disease (ESRD) |
| <input checked="" type="checkbox"/> CORE: Hypertension | <input checked="" type="checkbox"/> CORE: Mental Health (including Depression, Schizophrenia, Bipolar Disorder, and other chronic/disabling mental health conditions) |
| <input checked="" type="checkbox"/> CORE: Respiratory Disease (including Asthma, Chronic Obstructive Pulmonary Disease (COPD), and other chronic lung disorders) | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Acid / Reflux / Ulcers | <input type="checkbox"/> Atrial Fibrillation |
| <input type="checkbox"/> Anticoagulation | <input type="checkbox"/> Benign Prostatic Hyperplasia (BPH) |
| <input type="checkbox"/> Autoimmune Disorders | <input type="checkbox"/> Cardiovascular Disorders |
| <input type="checkbox"/> Cerebrovascular Disease | <input type="checkbox"/> Chronic Alcohol and Other Drug Dependence |
| <input type="checkbox"/> Chronic Noncancer Pain | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> End-Stage Liver Disease | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Neurologic Disorders | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Severe Hematologic Disorders | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Other <input type="text"/> |
| | <input type="checkbox"/> Other <input type="text"/> |

Multiple Covered Part D Drugs

Contract(s): H0001

Multiple Covered Part D Drugs

Select the *Minimum Number of Covered Part D Drugs* and *Type of Covered Part D Drugs that Apply*.

Minimum Number of Covered Part D Drugs:

Type of Covered Part D Drugs that Apply:

- All Part D Maintenance Drugs
- Any Part D Drug Applies

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Targeting

Contract(s): H0105

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 Group 1 (multiple chronic diseases, multiple Part D drugs, and meets cost threshold):

- 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
- Other

Data Evaluated for Targeting Group 2 (ARBS):

- Medicare Advantage Prescription Drug System (MARx) data
- Internal drug management program data
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

Interventions

Contract(s): H0001

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 Comprehensive Medication Review

Interactive, in-person or synchronous telehealth

Face-to-face

Phone

Synchronous telehealth

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Materials 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

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Information on the safe disposal of prescription drugs that are controlled substances

Method(s) of delivery for the safe disposal information

Welcome letter/MTM program enrollment package

Comprehensive Medication Review (CMR)

Targeted Medication Review (TMR)

Other

Other

Other

Other

Other

Other

Other

Other

Other

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

Other

Other

Other

Other

- Delivery of a copy of beneficiary CMR summary
- General education newsletter, prescriber
- Patient Medication list
- Other
- Other
- 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; 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. or 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):

Resources

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