

MTM Program Backlog Items 05/28/2024

1. Collect Database Information:

In Plan Enter/Edit page if select "All Part D maintenance drugs", please add an additional selection to collect what database they use (Medi-Span, First Databank, or Other - Fill In).

CY2026 MTM Program - Enter/Edit

Contract(s): Z0001

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:

2

Type of Covered Part D Drugs that Apply:

☐ Any Part D drug applies

☒ All Part D maintenance drugs

Type of database used:

☒ Medi-Span

☒ First Databank

☐ Other

☐ Additional drug classes

2. Interventions Screen Text Updates:

On the Interventions screen, apply the following text updates:

- Change "Interactive, in-person or synchronous telehealth consultation" to "Interactive, in-person or synchronous telehealth consultation conducted in real-time"
- Change "Individualized, written summary of CMR in CMS’ standardized format (includes beneficiary cover letter, recommended to-do list, and personal medication list)" to “Individualized, written summary of CMR in CMS’ standardized format (includes beneficiary cover letter, recommended to-do list, and medication action plan)”

Add language to [] Alternative language translations. After translations add “(Plan sponsors must provide translated materials when the 5 percent language threshold under 42 CFR § 423.2267(a)(2) has

been reached.)”

3. MTM: Add Save Functionality to Submission Pages:

Provide the ability for plan users to save data on the MTM submission pages. Add a save button to each page of the submissions process. On the last submission page, provide a submit button.

This item is added to the backlog, per Dan Summers request received on 2/13/2024, to be implemented for CY2026 submissions.

CY2026 MTM Program - Enter/Edit

Jame.Doe

Contract(s):Z0001

Verify Submission

Your data will not be submitted until you click the "Submit" button at the bottom of the page.

Contracts included with Submission

Contract Number	Contract Name
Z0001	SERENITY CARE, INC.

Individuals that will be Notified of Submission			
Contract Number	Role	Name	Email
Z0001	MTM Program Attestation Submission	James doe	Jame.Doe@test.com
Z0001	MTM Program Attestation Submission	James doe	Jame.Doe@test.com
Z0001	MTM Program Attestation Submission	James doe	Jame.Doe@test.com
Z0001	MTM Program Attestation Submission	James doe	Jame.Doe@test.com
Z0001	MTM Program Attestation Submission	James doe	Jame.Doe@sofram.com
Z0001	MTM Program Attestation Submission	James doe	Jame.Doe@test.com

MTM Program Information

MTM Program Web Page URL:www.google.com

Targeting Criteria for Eligibility in the MTM Program

MTM Program offered to:Expanded eligibility: Enrollees who meet the specified targeting criteria per CMS requirements and enrollees who meet other plan-specific targeting criteria

Multiple Chronic Diseases

Minimum number of chronic diseases:2

Chronic disease(s) that apply:Specific chronic diseases apply

Chronic disease(s) selected: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)

Multiple Covered Part D Drugs

Minimum number of Covered Part D Drugs:2

Type of Covered Part D Drugs that apply:All Part D maintenance drugs

Incurred Cost for Covered Part D Drugs

Specific Threshold and Frequency

Incurred one-twelfth of specified annual cost threshold (\$1.623) in previous month

Targeting

Frequency:Monthly

Data Evaluated for Targeting group 1 (multiple chronic diseases, multiple Part D drugs, and meets cost threshold):Drug claims

Data Evaluated for Targeting group 2 (ARBS):

Enrollment/Disenrollment

Method of enrollment:Opt-Out only

Interventions

Recipient of interventions:Beneficiary
Prescriber
Caregiver

Specific beneficiary interventions:Interactive comprehensive medication review (CMR), annual
Interactive, in-person or synchronous telehealth consultation
In-person
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)
Medication Guide
Delivery of individualized written summary of CMR in CMS' standardized format
Fax
Targeted medication reviews, at least quarterly, with follow-up interventions when necessary
Cost saving opportunities
Information on the safe disposal of prescription drugs that are controlled substances
Method(s) of delivery for the safe disposal information
Comprehensive Medication Review (CMR)
Prescriber interventions to resolve medication-related problems or optimize therapy
Phone consultation
General education newsletter, prescriber

Specific prescriber interventions:Same as beneficiary interventions designated above

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

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:Test

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

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:Test

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

Resources

Provider of MTM services:

In-house staff
Registered Nurse
Outside personnel
Local pharmacists

Qualified Provider of Interactive CMR with written summaries:Local Pharmacist

Fees

Other: Fees are covered as part of the services of the Other vendor(s) contract without being priced out separately

Outcomes Measured

Part D Reporting Requirements
High risk medications (drugs to be avoided in elderly) measure

Additional Information 1

Description:Test

Additional Information 2

Description:Test

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Submit

Save

