

**FORWARDHEALTH  
MEDICATION THERAPY MANAGEMENT CASE MANAGEMENT  
SOFTWARE REQUIREMENTS**

**Instructions:** Print or type clearly. Vendors should affirm that the requirements below have been met by checking the box next to each item. This completed form should be sent to the following address:

Medication Therapy Management Project Lead  
Wisconsin Department of Health Services  
1 W Wilson St Rm 350  
PO Box 309  
Madison WI 53701-0309

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Name — Vendor

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Name — Contact Person

Telephone Number — Contact Person

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Address — Vendor (Street, City, State, ZIP Code + 4)

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**APPROVAL REQUIREMENTS**

1. Requirements Related to System Function

- Medication Therapy Management (MTM) Case Management Software must be able to retrieve ForwardHealth claims information stored on a Secured File Transfer Protocol (SFTP) server on at least a monthly basis.
- Software must be able to submit a Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant professional claim.
- Software must be able to send and receive approximately 25 GB of data at one time.
- Software must be able to receive pipe-delimited or comma-separated value (CSV) files.
- Software must be able to send pipe-delimited file back to the SFTP on a weekly basis.
- Software must currently be enabled with Direct Secure Messaging or another HIPAA-compliant secure electronic messaging system to align with 2014 Office of National Coordinator for Health Information Technology Electronic Health Record Certification.

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2. Requirements Related to Privacy and Security

- Medication Therapy Management Case Management Software vendors must sign a Business Associate Agreement (BAA) with the Wisconsin Department of Health Services (DHS) ensuring that the exchange of information conforms to the standards in HIPAA.
- All data stored and/or transmitted by the software must be encrypted. All encryption, hashing, and signing modules used must be certified by the National Institute of Standards and Technology to federal Information Processing Standards 140-2.
- Vendors must sign trading partner agreements with the DHS and with DHS' fiscal agent to ensure that the vendor's activities conform with certain transaction standards outlined in the agreements.

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3. Requirement Related to References

- Medication Therapy Management Case Management Software Vendors must provide at least two positive references from current or past clients.

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4. Requirements Related to Health Information Technology

- Medication Therapy Management Case Management Software must have algorithms that can use claims information retrieved from an SFTP to identify members who have certain chronic conditions and meet the criteria to be eligible for a CMR/A.
  - Software must have decision support tools that will, at a minimum, identify members who have diabetes as well as members who take four or more drugs to treat or prevent two or more chronic conditions, where one of the conditions is asthma, Chronic Obstructive Pulmonary Disease (COPD), chronic kidney disease, depression, dyslipidemia, heart failure, or hypertension.
- Software must be able to interface with a query-based Health Information Exchange.

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5. Requirements Related to Documentation

- Medication Therapy Management Case Management Software must be able to capture and store all required documentation as described in the Intervention-Based Services — Documentation Requirements topic (topic #14577) and the Comprehensive Medication Review and Assessments — Documentation Requirements topic (topic #14697) of the Medication Therapy Management chapter of the Covered and Noncovered Services section of the Pharmacy service area of the Online Handbook, which can be found at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/). Pharmacy providers are required to retain this information.
- In addition, the software must be able to capture and store additional information related to the eligibility criteria.\* The following is a table with information that the software must be able to capture and store. (Pharmacy providers may, but are not required to, submit this information.)

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**Asthma**

Asthma Control Test (ACT) Score (Childhood and Adult Versions):

- Date of Test.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

**Diabetes**

A1c:

- Date of Measure.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

LDL:

- Date of Measure.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

**Heart Failure**

Blood Pressure:

- Date of Measure.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

Heart Rate:

- Date of Measure.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

Weight:

In the last two weeks, has the patient gained three or more pounds in one day or five or more pounds in one week?

Does the patient know how to check his or her blood pressure? If YES, how often does the member check his or her own blood pressure?

For patients 65 years of age and older:

- Number of ADEs in the past 12 months (Definition of an ADE is harm caused by use, misuse, or non-use of a drug.)
- Number of falls in the past 12 months (Definition of a fall is an event that results in a person coming to rest inadvertently on the ground, floor, or other lower level.)
- For follow-up visits — number of times the patient has fallen since last CMR/A visit.
- Number of potentially inappropriate medications (PIMs) the patient is taking as determined by the pharmacist. (Definition of a PIM is medication identified in Beer's Criteria 2012 Update.)

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5. Requirements Related to Documentation (Continued)

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**Hypertension**

Blood Pressure:

- Date of Measure.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

Does the patient know how to check his or her blood pressure? If YES, how often does the member check his or her own blood pressure?

**Chronic Kidney Disease**

Blood Pressure:

- Date of Measure.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

Serum Creatinine:

- Date of Lab.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

Glomerular Filtration Rate (GFR):

- Date of Lab.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

**Dyslipidemia**

Blood Pressure:

- Date of Measure.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

LDL:

- Date of Measure.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

**COPD**

Does the patient currently smoke? If YES, how many cigarettes per day does the patient smoke?

**Depression**

PHQ-2 Score:

- Date of Test.
- Confirmed (Pharmacist-Verified Result) or Not Confirmed (Patient Reported).
- Ability for Pharmacist to Enter Multiple Lab Values with Corresponding Dates.

**Health Literacy**

Describe the Health Literacy Concern.

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5. Requirements Related to Documentation (Continued)

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For All Patients

Initial CMR/A:

- How many times has the patient visited an emergency department (ED) in the past 12 months?
- How many times has the patient been hospitalized in the past 12 months?
- How many times has the patient seen a health care provider in the last 12 months?

Follow-up visits:

- How many times did the patient visit the ED since the last CMR/A visit?
- How many times has the patient been hospitalized since the last CMR/A visit?
- How many times did the patient see a health care provider since the last CMR/A visit?

For Patients Discharged from a Hospital or Long Term Care Setting in the Past 14 days:

- Date of Discharge.
- Disposition of Patient (e.g., discharged to home, to nursing home, to friend/family member).

For Patients Who Have Received a CMR/A: Were any of the following intervention-based services identified during the CMR/A?

- Cost-Effectiveness.
- Three-Month Supply.
- Dose / Dosage Form / Duration Change.
- Medication Addition.
- Medication Deletion.

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6. Other System Enhancements Related to Policy Enforcement (Not Required)

Software may, but is not required, to enforce other policies described in the Pharmacy area of the ForwardHealth Online Handbook on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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\* These are preliminary high-level measures that may be adjusted with changes to DHS' evaluation plan. The DHS will notify approved vendors when these measures are adjusted and the time frame for implementation.