

**ForwardHealth Provider Portal
Medication Therapy Management
Documentation Storage**

June 4, 2019

User Guide

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1 Introduction

Pharmacy providers have the option to capture, store, and retrieve required Medication Therapy Management (MTM) documentation on the secure Provider area of the ForwardHealth Portal. Documentation for MTM services that is submitted and stored on the Portal will be automatically submitted to ForwardHealth. Documentation for MTM services that is submitted to ForwardHealth may be used by ForwardHealth and the Centers for Medicare and Medicaid Services to evaluate the MTM benefit as a whole.

2 Accessing Medication Therapy Management Documentation Storage

To access the MTM Documentation Storage panels, complete the following steps:

1. Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.

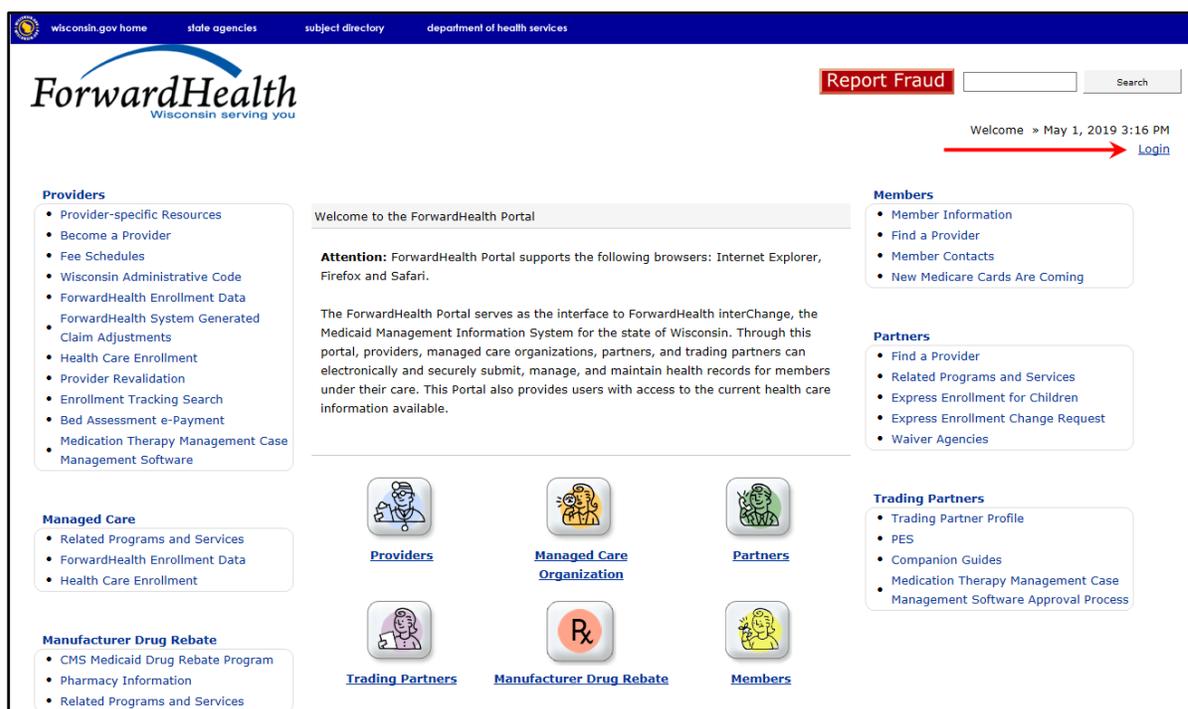
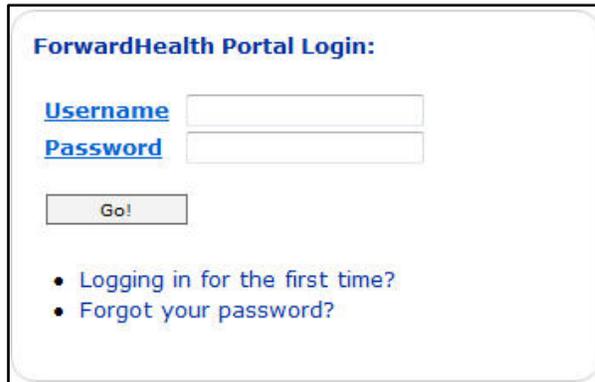


Figure 1 ForwardHealth Portal Page

2. Click **Login**. The ForwardHealth Portal Login box will be displayed.



ForwardHealth Portal Login:

[Username](#)

[Password](#)

- [Logging in for the first time?](#)
- [Forgot your password?](#)

Figure 2 ForwardHealth Portal Login

3. Enter the user's username.
4. Enter the user's password.

5. Click **Go!** The secure Provider page of the Portal will be displayed.

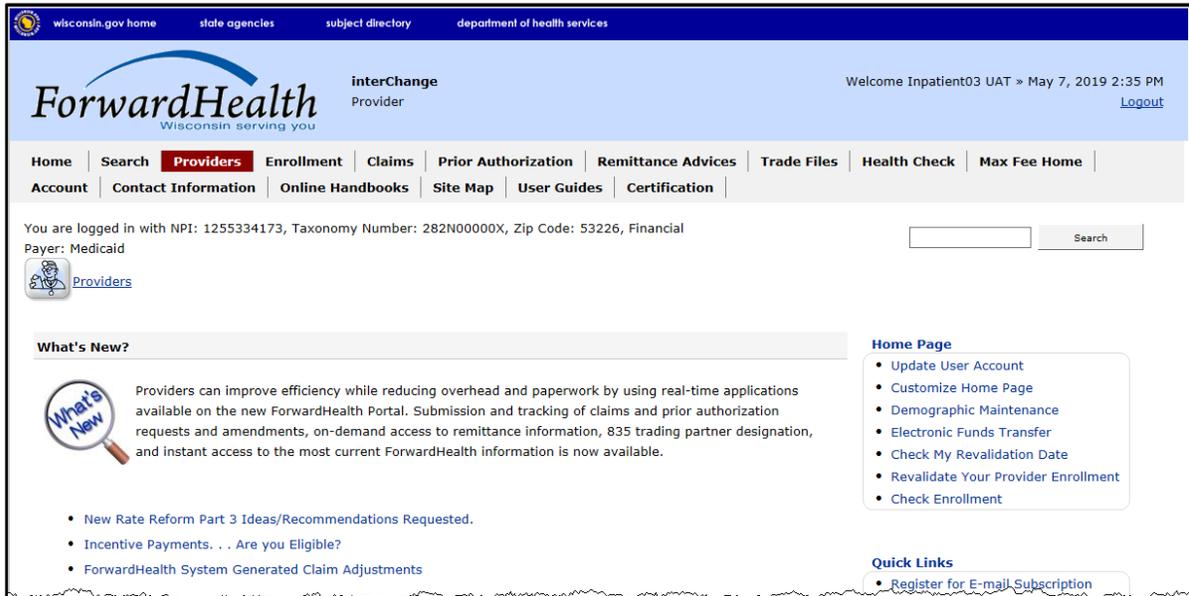


Figure 3 Secure Provider Page

6. Click **Medication Therapy Management (MTM) Documentation Storage** in the Quick Links menu on the right of the page.

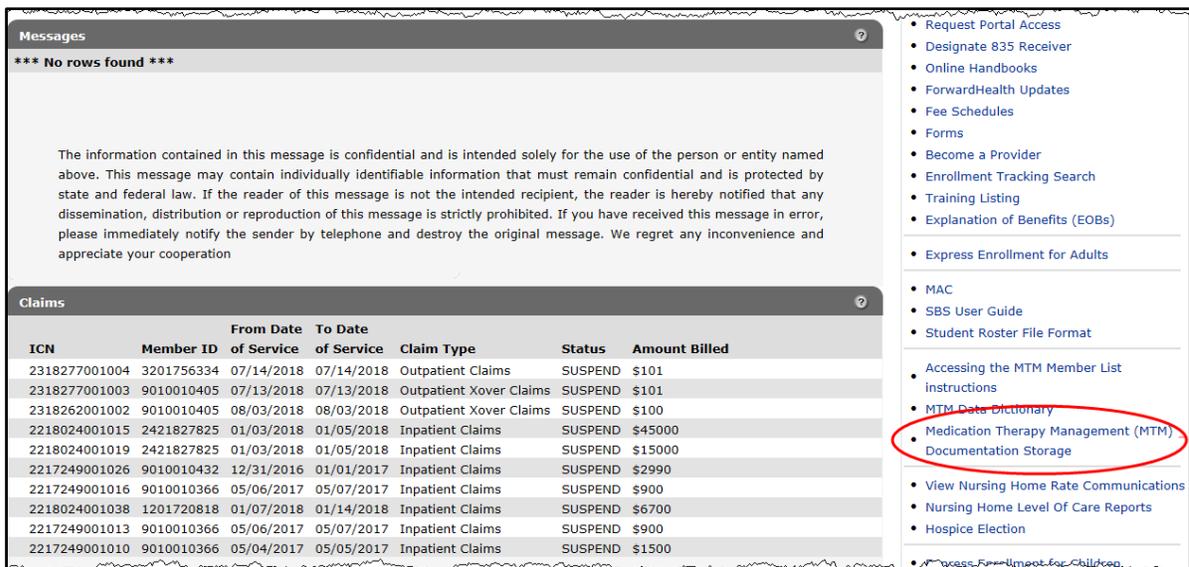


Figure 4 Medication Therapy Management (MTM) Documentation Storage Link

The MTM Data Entry page will be displayed.

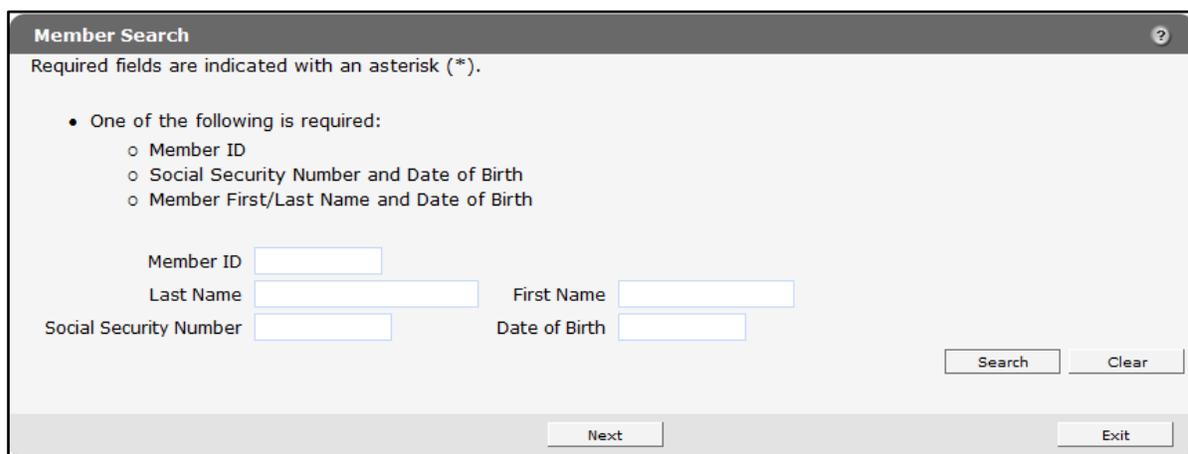
The screenshot shows the ForwardHealth Provider Portal interface. At the top, there is a navigation bar with links for 'wisconsin.gov home', 'state agencies', 'subject directory', and 'department of health services'. The main header features the 'ForwardHealth' logo with the tagline 'Wisconsin serving you' and the 'interChange Provider' logo. A welcome message reads 'Welcome IM Pharmacy » May 20, 2016 8:25 AM' with a 'Logout' link. Below the header is a menu with various service categories: Home, Search, Providers (highlighted), Trading Partners, Partners, Managed Care, Enrollment, Claims, Prior Authorization, Remittance Advices, Trade Files, Health Check, Max Fee Home, Account, Contact Information, Online Handbooks, Site Map, Portal Admin, Sys Maint, iC Functionality, Wisconsin Provider Index, User Guides, and Certification. A login status message indicates 'You are logged in with Provider ID: 0000000000' and includes a search box. A breadcrumb trail shows 'Providers » MTM Data Entry'. The main content area is titled 'Select a link below to begin.' and contains two bullet points: 'Review/Edit existing record' and 'Create a new Medication Therapy Management record'. A 'Blank Form' section explains that this is a document for printing and capturing notes, which can be submitted through the MTM Documentation Storage Tool. A final bullet point states 'not be mailed to ForwardHealth'. At the bottom, there are links for 'About', 'Contact', 'Disclaimer', and 'Privacy Notice', followed by the 'Wisconsin Department of Health Services' logo.

Figure 5 MTM Data Entry Page

3 Creating a New Medication Therapy Management Record

To create a new MTM record:

1. Click **Create a new Medication Therapy Management record**. The Member Search panel will be displayed.



Member Search ?

Required fields are indicated with an asterisk (*).

- One of the following is required:
 - Member ID
 - Social Security Number and Date of Birth
 - Member First/Last Name and Date of Birth

Member ID

Last Name First Name

Social Security Number Date of Birth

Figure 6 Member Search Panel

2. Enter one of the following:

- The Member ID.

The Member ID will return the most accurate result. When using the Member ID as a search query, it is best to not enter any other search information. The Member ID will override any other search criteria entered in the search fields such as the member's name or Social Security number (SSN). If any information entered in the search panel is inconsistent with the information for the Member ID, only the information related to the Member ID will be returned.

If the member's ID is not available, the following combinations can be used:

- The member's last name, first name, and date of birth (DOB).
- The member's SSN and DOB.

Some members' SSNs may not be recorded in the ForwardHealth system. If a search by SSN yields a "No rows found" result, clear the information in the Social Security Number field and enter information in a different field.

Note: Users should verify the member's information after the search results are returned.

- Click **Search**. The “Search Results” section will populate with the member’s information.

Member Search

Required fields are indicated with an asterisk (*).

- One of the following is required:
 - Member ID
 - Social Security Number and Date of Birth
 - Member First/Last Name and Date of Birth

Member ID: 1111111111
 Last Name: [] First Name: []
 Social Security Number: [] Date of Birth: []

Search Results

Member Information

Member ID: 1111111111 Name: JACK LYNN
 Date of Birth: 12/18/1981 County: Dane
 Medicare ID: [] Address: 1 W WILSON
 MADISON WI, 53700-0000

Next Exit

Figure 7 Member Information

- Click **Next**. The General Information panel will be displayed.

General Information

Required fields are indicated with an asterisk (*).

General Information

Member Identification Number: 1111111111
 Member - First Name: JACK
 Member - Last Name: LYNN
 Is the member currently residing in a nursing home? * Yes No
 Prescriber NPI: [] NPI [Search]
 Prescriber Name: []
 Pharmacy NPI: 9999999999
 Pharmacy Name: PHARMACY 4219 []
 Date of MTM Service*: []
 Did the member consent to MTM service?* Yes No

Next Exit

Figure 8 General Information Panel

Note: Required fields are indicated with an asterisk (*). Fields that are not marked with an asterisk are not required.

A new record should be created for each new date of service (DOS) for each member.

- Click **Yes** or **No** to indicate whether or not the member is currently residing in a nursing home.
- Enter the Prescriber NPI or search for one if available. This is not a required field.

If the user enters the Prescriber NPI, the Prescriber Name field will automatically populate with the prescriber's name.

To search for a Prescriber NPI:

- Click **Search** next to the Prescriber NPI field.

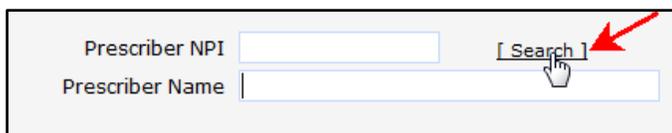


Figure 9 Prescriber NPI Search Link

The Prescriber NPI Search panel will be displayed.

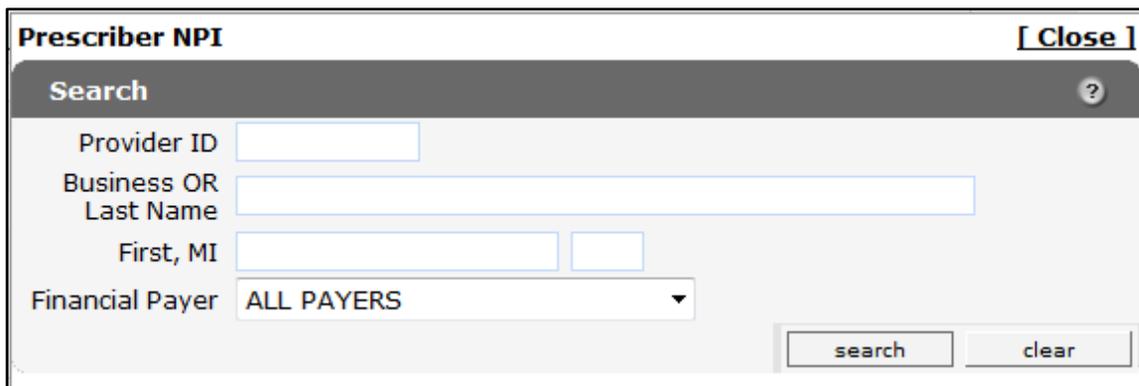


Figure 10 Prescriber NPI Search Panel

- Enter the query information. In the Financial Payer field, select **All Payers** or a specific payer from the drop-down menu to narrow the search.

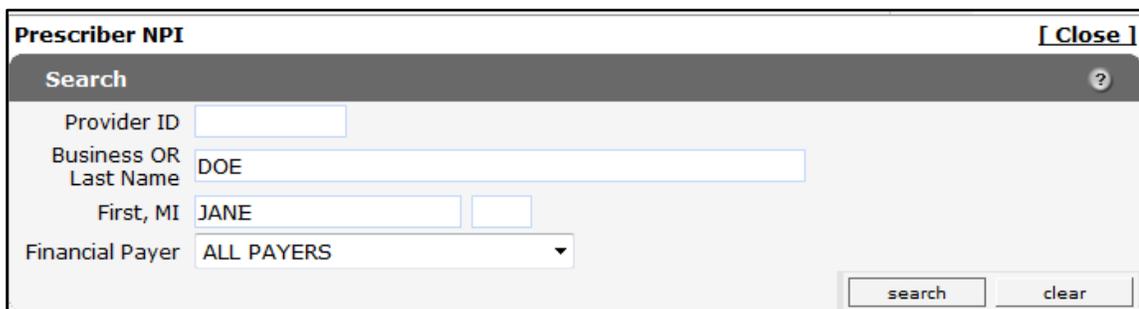


Figure 11 Enter Search Query

- Click **Search**. The Search Results panel will populate with the results of the query.

Prescriber NPI [Close]

Search ?

Provider ID

Business OR Last Name

First, MI

Financial Payer

Search Results

| National Provider ID | Program Provider ID | Base ID | Financial Payer | Name | Type | Description | Taxonomy | Address | City | State | Zip |
|--------------------------------------|-------------------------------------|-------------------------|---------------------------------|----------------------|----------------------|-----------------------------|--------------------------|-------------------------|----------------------|-----------------------|---------------------|
| 111111111 | 0000000 | 60640 | Medicaid | DOE, JANE | 09 | Nurse Practitioner | 363LF0000X | 400 E 3RD ST | MADISON | WI | 53704 |

Figure 12 Prescriber NPI Search Results

- Click the row for the provider the user wishes to enter. The search panel will close, and the prescriber's NPI and name will populate the General Information panel.

General Information ?

Required fields are indicated with an asterisk (*).

General Information

Member Identification Number

Member - First Name

Member - Last Name

Is the member currently residing in a nursing home? * Yes No

Prescriber NPI [NPI \[Search\]](#)

Prescriber Name

Pharmacy NPI

Pharmacy Name

Date of MTM Service*

Did the member consent to MTM service?* Yes No

Figure 13 General Information Panel with Prescriber's NPI and Name Added

- Enter the date of the MTM service. Only one DOS should be associated with a record. If a member received two or more MTM services on different days, the record for MTM services on subsequent DOS should be submitted separately.
- Click **Yes** or **No** to indicate whether or not the member consented to the MTM service.

- Click **Next** when finished entering information. The Services Received panel will be displayed.

Services Received ?

Required fields are indicated with an asterisk (*).

Which MTM Service(s) did the member receive? (Select all that apply.)

- Cost-effectiveness
- Three-Month Supply
- Focused Adherence
- Dose/Dosage Form/Duration Change
- Medication Addition
- Medication Deletion
- Medication Device Instruction
- In-Home Medication Management
- Comprehensive Medication Review and Assessment (CMR/A)

Previous Next Exit

Figure 14 Services Received Panel

- Check the **Comprehensive Medication Review and Assessment (CMR/A)** box. The other listed options are not applicable for services rendered on and after April 1, 2017.
- Click **Next**. The Comprehensive Medication Review and Assessments (CMR/A) panel will be displayed.

3.1 Comprehensive Medication Review and Assessment Service (CMR/A) Performed Panel

The Comprehensive Medication Review and Assessment Service (CMR/A) Performed panel allows pharmacists to record comprehensive interventions between a provider and a member involving an in-depth, interactive review of the member’s medication regimen, health history, and lifestyle.

Comprehensive Medication Review and Assessment Service (CMR/A) Performed

Required fields are indicated with an asterisk (*).

Select the need for the CMR/A*

Does the member have other insurance?* Yes No

If yes, does the other insurance cover this MTM service? Yes No

The member meets the following criteria (check all that apply):

- The member has diabetes.

The member takes four or more medications to treat or prevent two or more chronic conditions, and one of the chronic conditions is among the following (check all that apply):

- Hypertension
- Asthma
- Chronic Kidney Disease
- Congestive Heart Failure
- Dyslipidemia
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression

- The member has multiple prescribers, which has created a coordination of care issue.
- The member has been discharged from a hospital or long term care setting within the past 14 days.
- The member has health literacy issues as determined by the pharmacist.
- The member has been referred by his/her prescriber.

Referring Provider ID [Search]

Referring Provider Name

Was the override to provide the CMR/A service approved by ForwardHealth Drug Authorization and Policy Override (DAPO) Center?* Yes No

Date of CMR/A

Was the member’s signature obtained documenting the consent for the CMR/A Service?* Yes No

Date of Member Signature

Previous Next Exit

Figure 15 Comprehensive Medication Review and Assessment Service (CMR/A) Performed Panel

1. Select the need for the CMR/A intervention from the drop-down menu.

Select the need for the CMR/A*

Does the member have other insurance?* Yes No

If yes, does the other insurance cover this MTM service? Yes No

- Member demonstrates lack of adherence to medications
- Member demonstrates potential for drug complications due to a complex drug regimen
- Member demonstrates lack of understanding on when and/or how to take medications
- Follow up to initial CMR/A

Figure 16 Need for the CMR/A Intervention Drop-Down Menu

2. Click **Yes** or **No** to the questions regarding whether or not the member has other insurance that covers the MTM service.

- In the following section, use the radio buttons to select all of the criteria that apply to the member.

Note: The user should select all criteria applicable to the member. At least one criterion must be selected in order to proceed.

If **Yes** is selected for The member has been referred by his/her prescriber field, the prescriber's Provider ID and name must be entered.

- Click **Yes** or **No** to indicate whether or not the override to provide the CMR/A service was approved by the ForwardHealth Drug Authorization and Policy Override (DAPO) Center. If Yes, provide the date approval was received in the Date of CMR/A field.

Note: Approval from DAPO must be obtained before the pharmacist provides the CMR/A service to member.

- Click **Yes** or **No** to answer whether or not the member's signature was obtained documenting the consent for the CMR/A service.

If Yes, provide the date the member signed the consent. The provider is required to obtain the member's signature documenting consent for the CMR/A.

- Click **Next**. The Additional Information panel will be displayed. Click **Next** again.

3.1.1 ED/Hospital/Clinic Visits Panel

Figure 17 ED/Hospital/Clinic Visits Panel

- Indicate the number of visits to the emergency department, hospitalizations, and visits to a health care provider for a member who received an initial CMR/A.
- Indicate the number of visits to the emergency department, hospitalizations, and visits to a health care provider for a member who received a follow-up CMR/A.
- Click **Next** to proceed to the next selected panel.

3.1.2 Diabetes Panel

The screenshot shows the 'Diabetes' panel with the following sections:

- A1c List:** A table with columns 'Date of Lab', 'Score', and 'Confirmed'.
- A1c Detail:** Fields for 'Date of Lab', 'Score' (with a '%' sign), and 'Confirmed with member's physician?' (radio buttons for Yes/No). Includes 'Add' and 'Cancel' buttons.
- LDL List:** A table with columns 'Date of Lab', 'Level', and 'Confirmed'.
- LDL Detail:** Fields for 'Date of Lab', 'Level' (with 'mg/dL' sign), and 'Confirmed with member's physician?' (radio buttons for Yes/No). Includes 'Add' and 'Cancel' buttons.

At the bottom are 'Previous', 'Next', and 'Exit' buttons.

Figure 18 Diabetes Panel

A1c Detail

1. Enter the date that the member’s hemoglobin A1c was measured and the member’s hemoglobin A1c score on that date.
2. Click **Yes** or **No** to indicate whether or not the member’s hemoglobin A1c was confirmed. Click **Yes** if the provider confirmed this lab with the member’s physician or by reviewing the member’s laboratory reports or health records; click **No** if this number was reported by the member without confirmation.
3. Click **Add** to enter information for additional lab values obtained on different dates.

This screenshot shows the 'A1c List' table populated with one entry:

| Date of Lab | Score | Confirmed |
|-------------|-------|-----------|
| 06/06/2014 | 75% | Yes |

A red arrow points from the text 'Added to list' to the 'Yes' in the 'Confirmed' column of the table. The 'A1c Detail' section below is empty.

Figure 19 Multiple Lab Values Entered

The information will be added to a list at the top of the panel and the fields will be cleared to enter new information. Up to 10 lab values can be added to each panel.

LDL Detail

1. Enter the date that the member's low-density lipoprotein (LDL) was measured and the member's LDL on that date.
2. Click **Yes** or **No** to indicate whether or not the member's LDL was confirmed. Click **Yes** if the provider confirmed this lab with the member's physician or by reviewing member's laboratory reports or health records; click **No** if this number was reported by the member without confirmation.
3. Click **Add** to enter information for up to 10 lab values obtained on different dates.
4. Click **Next** to proceed to the next selected panel.

3.1.3 Hypertension Panel

Hypertension

Required fields are indicated with an asterisk (*).

Hypertension List

| Date of Lab | Systolic/Diastolic | Confirmed |
|-------------|--------------------|-----------|
|-------------|--------------------|-----------|

Hypertension Detail

Date of Lab

Systolic mm Hg

Diastolic mm Hg

Confirmed with member's physician? Yes No

Add **Cancel**

Blood Pressure Self-Monitoring

Does the member know how to check his/her own blood pressure? Yes No

If yes, how often does the member check his/her own blood pressure?

Previous **Next** **Exit**

Figure 20 Hypertension Panel

Hypertension Detail

1. Enter the date the member's blood pressure was measured in the Date of Lab field.
2. Enter the member's blood pressure in the Systolic and Diastolic fields.
3. Click **Yes** or **No** to indicate whether or not the member's blood pressure was confirmed. Click **Yes** if the provider confirmed the results with the member's physician or by reviewing the member's laboratory reports or health records. Also click **Yes** if the pharmacist took the member's blood pressure and recorded this measure; click **No** if the numbers were reported by the member without confirmation.
4. Click **Add** to enter information for up to 10 lab values obtained on different dates.

Blood Pressure Self-Monitoring

1. Click **Yes** or **No** to indicate whether or not the member knows how to check his or her own blood pressure.
2. If **Yes**, use the drop-down menu to indicate how often the member checks his or her blood pressure.

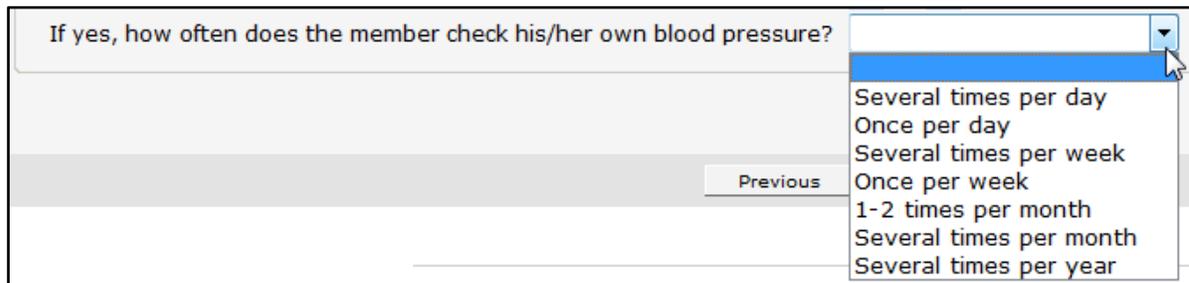
The screenshot shows a form with the question "If yes, how often does the member check his/her own blood pressure?". A drop-down menu is open, displaying the following options: "Several times per day", "Once per day", "Several times per week", "Once per week", "1-2 times per month", "Several times per month", and "Several times per year". A "Previous" button is visible to the left of the menu.

Figure 21 Self-Monitoring Drop-Down Menu

3. Click **Next** to proceed to the next selected panel.

3.1.4 Asthma Control Test (ACT) Score Panel

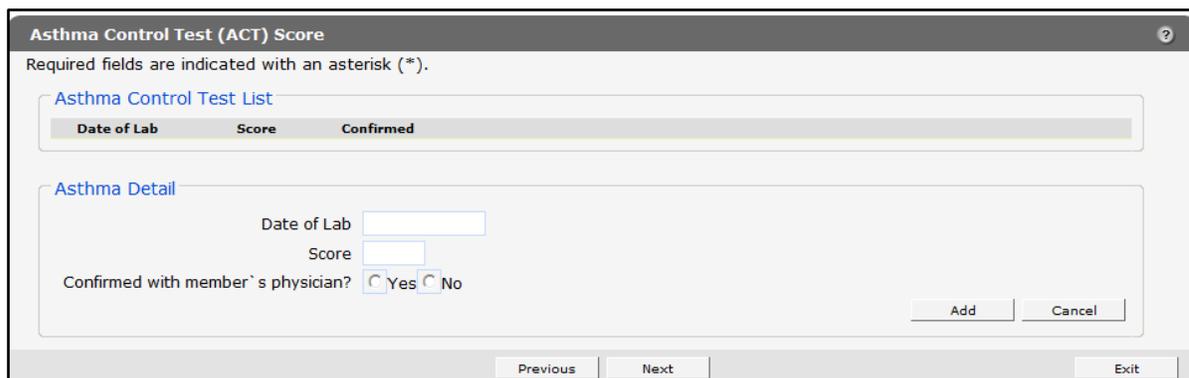
The screenshot shows the "Asthma Control Test (ACT) Score" panel. It includes a header with a question mark icon and a note: "Required fields are indicated with an asterisk (*)." Below this, there are two sections: "Asthma Control Test List" and "Asthma Detail". The "Asthma Control Test List" section contains a table with columns for "Date of Lab", "Score", and "Confirmed". The "Asthma Detail" section has input fields for "Date of Lab", "Score", and radio buttons for "Confirmed with member's physician?" (Yes/No). At the bottom right of the detail section are "Add" and "Cancel" buttons. At the bottom of the entire panel are "Previous", "Next", and "Exit" buttons.

Figure 22 Asthma Control Test (ACT) Score Panel

1. Enter the date of the member's Asthma Control Test (ACT) in the Date of Lab field.
2. Enter the member's ACT score on that date in the Score field.
3. Click **Yes** or **No** to indicate whether or not the member's ACT score was confirmed. Click **Yes** if the provider confirmed this lab with the member's physician or by reviewing the member's laboratory reports or health records, or if the provider administered the test to the member and recorded the score; click **No** if this number was reported by the member without supporting documentation.
4. Click **Add** to enter information for up to 10 lab values obtained on different dates.
5. Click **Next** to proceed to the next selected panel.

3.1.5 Chronic Kidney Disease Panel

Chronic Kidney Disease ?

Required fields are indicated with an asterisk (*).

Blood Pressure List

| Date of Lab | Systolic/Diastolic | Confirmed |
|-------------|--------------------|-----------|
| | | |

Blood Pressure Detail

Date of Lab

Systolic mm Hg

Diastolic mm Hg

Confirmed with member's physician? Yes No

Serum Creatinine List

| Date of Lab | Level | Confirmed |
|-------------|-------|-----------|
| | | |

Serum Creatinine Detail

Date of Lab

Level mg/dL

Confirmed with member's physician? Yes No

Glomerular Filtration Rate List

| Date of Lab | Level | Confirmed |
|-------------|-------|-----------|
| | | |

Glomerular Filtration Rate Detail

Date of Lab

Level mL/min/1.73 m²

Confirmed with member's physician? Yes No

Figure 23 Chronic Kidney Disease Panel

Blood Pressure Detail

1. Enter the date the member's blood pressure was measured in the Date of Lab field.
2. Enter the member's blood pressure in the Systolic and Diastolic fields.
3. Click **Yes** or **No** to indicate whether or not the member's blood pressure was confirmed. Click **Yes** if the provider confirmed the results with the member's physician, by reviewing the member's laboratory reports or health records, or by taking member's blood pressure; click **No** if the numbers were reported by the member without confirmation.
4. Click **Add** to enter information for up to 10 lab values obtained on different dates.

Serum Creatinine Detail

1. Enter the date the member's serum creatinine was measured in the Date of Lab field.
2. Enter the member's serum creatinine level on that date in the Level field.
3. Click **Yes** or **No** to indicate whether or not the member's serum creatinine was confirmed. Click **Yes** if the provider confirmed the member's labs with the member's physician or by reviewing the member's laboratory reports or health records; click **No** if this number was reported by the member without confirmation.
4. Click **Add** to enter information for up to 10 lab values obtained on different dates.

Glomerular Filtration Rate Detail

1. Enter the date the member's glomerular filtration rate (GFR) was measured in the Date of Lab field.
2. Enter the member's GFR level on that date in the Level field.
3. Click **Yes** or **No** to indicate whether or not the member's GFR was confirmed. Click **Yes** if the provider confirmed the results with the member's physician or by reviewing the member's laboratory reports or health records; click **No** if the number was reported by the member without supporting documentation.
4. Click **Add** to enter information for up to 10 lab values obtained on different dates.
5. Click **Next** to proceed to the next selected panel.

3.1.6 Heart Failure Panel

Heart Failure

Required fields are indicated with an asterisk (*).

Blood Pressure List

| Date of Lab | Systolic/Diastolic | Confirmed |
|-------------|--------------------|-----------|
|-------------|--------------------|-----------|

Blood Pressure Detail

Date of Lab

Systolic mm Hg

Diastolic mm Hg

Confirmed with member's physician? Yes No

Blood Pressure Self-Monitoring

Does the member know how to check his/her own blood pressure? Yes No

If yes, how often does the member check his/her own blood pressure?

Heart Rate List

| Date of Lab | Rate | Confirmed |
|-------------|------|-----------|
|-------------|------|-----------|

Heart Rate Detail

Date of Lab

Rate bpm

Confirmed with member's physician? Yes No

Heart Failure - Weight Gain

In the last two weeks, has the member gained

Three or more pounds in one day? Yes No

Five or more pounds in one week? Yes No

Figure 24 Heart Failure Panel

Blood Pressure Detail

1. Enter the date the member's blood pressure was measured in the Date of Lab field.
2. Enter the member's blood pressure in the Systolic and Diastolic fields.
3. Click **Yes** or **No** to indicate whether or not the member's blood pressure was confirmed. Click **Yes** if the provider confirmed the results with the member's physician, by reviewing the member's laboratory reports or health records, or by taking the member's blood pressure; click **No** if the numbers were reported by the member without supporting documentation.
4. Click **Add** to enter information for up to 10 lab values obtained on different dates.

Heart Rate Detail

1. Enter the date the member's heart rate was measured in the Date of Lab field.
2. Enter the member's heart rate on that date in the Rate field.
3. Click **Yes** or **No** to indicate whether or not the member's heart rate was confirmed. Click **Yes** if the provider confirmed the results with the member's physician, by reviewing the member's labs, or by taking the member's blood pressure; click **No** if the numbers were reported by the member without confirmation.
4. Click **Add** to enter information for up to 10 lab values obtained on different dates.
5. Click **Yes** or **No** to the questions concerning the member's weight gain.
6. Click **Next** to proceed to the next selected panel.

3.1.7 Dyslipidemia Panel

Dyslipidemia

Required fields are indicated with an asterisk (*).

Blood Pressure List

| Date of Lab | Systolic/Diastolic | Confirmed |
|-------------|--------------------|-----------|
|-------------|--------------------|-----------|

Blood Pressure Detail

Date of Lab

Systolic mm Hg

Diastolic mm Hg

Confirmed with member's physician? Yes No

Add Cancel

LDL List

| Date of Lab | Level | Confirmed |
|-------------|-------|-----------|
|-------------|-------|-----------|

LDL Detail

Date of Lab

Level mg/dL

Confirmed with member's physician? Yes No

Add Cancel

Previous Next Exit

Figure 25 Dyslipidemia Panel

Blood Pressure Detail

1. Enter the date the member's blood pressure was measured in the Date of Lab field.
2. Enter the member's blood pressure in the Systolic and Diastolic fields.
3. Click **Yes** or **No** to indicate whether or not the member's blood pressure was confirmed by the member's physician. Click **Yes** if the provider confirmed the results with the member's physician, by reviewing the member's laboratory reports or health records, or by taking the member's blood pressure; click **No** if the numbers were reported by the member without confirmation.

4. Click **Add** to enter information for up to 10 lab values obtained on different dates.

LDL Detail

1. Enter the date the member's LDL was measured and the member's LDL on that date.
2. Click **Yes** or **No** to indicate whether or not the member's LDL was confirmed by the member's physician. Click **Yes** if the provider confirmed the results with the member's physician or by reviewing the member's laboratory reports or health records; click **No** if the number was reported by the member without confirmation.
3. Click **Add** to enter information for up to 10 lab values obtained on different dates.
4. Click **Next** to proceed to the next panel.

3.1.8 Chronic Obstructive Pulmonary Disease (COPD) Panel

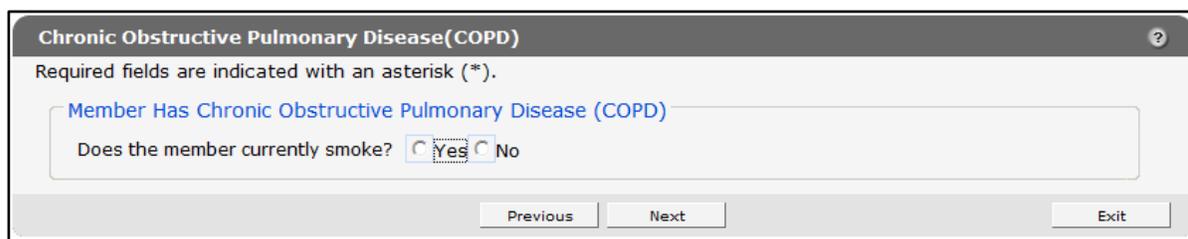


Figure 26 Chronic Obstructive Pulmonary Disease (COPD) Panel

1. Indicate whether or not the member currently smokes. This can be reported by the member or the member's caregiver.
2. Click **Next** to proceed to the next selected panel.

3.1.9 Depression Panel

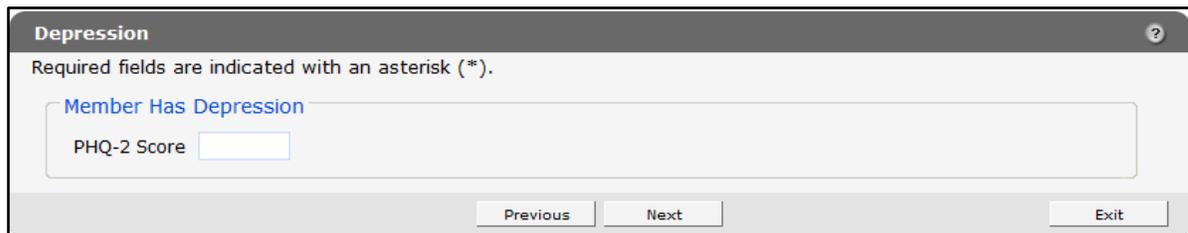


Figure 27 Depression Panel

1. Enter member's Patient Health Questionnaire-2 (PHQ-2) score. This test can be administered by the pharmacy provider, or the score can be reported by the member or member's health care practitioner.
2. Click **Next** to proceed to the next selected panel.

3.1.10 Health Literacy Issue Panel



Figure 28 Health Literacy Issue Panel

1. Describe the health literacy concern in the free text field.
2. Click **Next** to proceed to the next selected panel.

3.1.11 Discharged from a Hospital or Long Term Care Panel

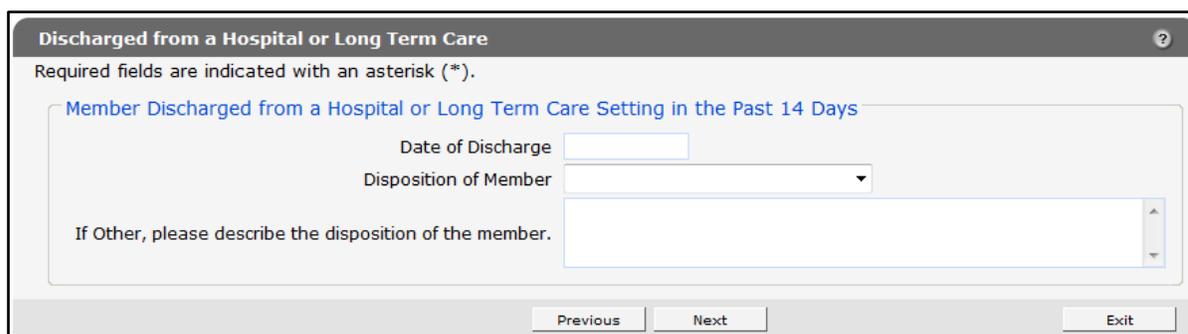


Figure 29 Discharged from a Hospital or Long Term Care Panel

1. Enter the date of discharge.
2. Indicate the disposition of the member by selecting an option from the Disposition of Member drop-down menu. If “Other” is selected, describe the member’s disposition in the free text field.
3. Click **Next** to proceed to the next selected panel.

3.1.12 Member Is 65 Years Old or Older Panel

Member Is 65 Years Old or Older ?

Required fields are indicated with an asterisk (*).

Member Is 65 Years Old or Older

Number of Adverse Drug Events in the Past 12 Months

Number of Falls in the Past 12 Months

For Follow-up Visits: Number of Times the Member Has Fallen Since Last CMR/A Visit

Number of Potentially Inappropriate Medications the Member Is Taking as Determined by the Pharmacist

Previous Next Exit

Figure 30 Member Is 65 Years Old or Older Panel

This panel will be automatically displayed if member is 65 years old or older.

1. Enter the number of adverse drug events for the member in the past 12 months. This can be reported by the member, member's caregiver, or member's health care practitioner.
2. Enter the number of times the member has fallen in the past 12 months. This can be reported by the member, member's caregiver, or member's health care practitioner.
3. Enter the number of times the member has fallen since the last CMR/A visit.
4. Enter the number of Potentially Inappropriate Medications the member is taking as defined by the American Geriatrics Society's Beers Criteria.

3.1.13 Additional Information — Continued Panel

Additional Information - Continued ?

Required fields are indicated with an asterisk (*).

Additional Information

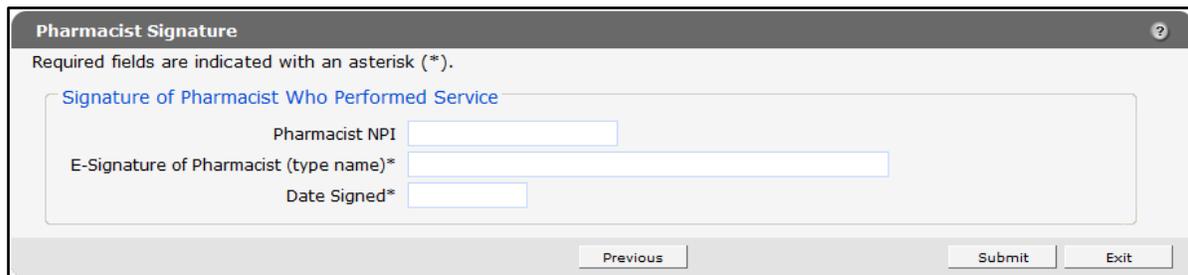
Please add any additional information that may apply.

Previous Next Exit

Figure 31 Additional Information — Continued Panel

1. Enter any other information that may apply to the member in the free text field.
2. Click **Next** to proceed to the next selected panel.

3.1.14 Pharmacist Signature



Pharmacist Signature ?

Required fields are indicated with an asterisk (*).

Signature of Pharmacist Who Performed Service

Pharmacist NPI

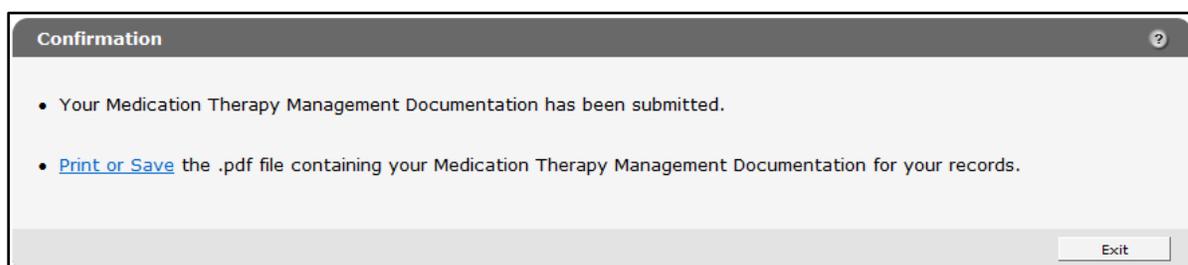
E-Signature of Pharmacist (type name)*

Date Signed*

Previous Submit Exit

Figure 32 Pharmacist Signature Panel

1. Enter the pharmacist's NPI if available (not required).
2. Enter the pharmacist's name in the E-signature of Pharmacist field.
3. Enter the date signed.
4. Click **Submit** to submit the information. The Confirmation panel will be displayed.



Confirmation ?

- Your Medication Therapy Management Documentation has been submitted.
- [Print or Save](#) the .pdf file containing your Medication Therapy Management Documentation for your records.

Exit

Figure 33 Confirmation Panel

Users may click **Print or Save** to print or save a PDF copy of the MTM Documentation to a computer or network drive.

4 Review/Edit Existing Record

To review or edit an existing record:

1. Click **Review/Edit existing record** on the MTM Data Entry page.

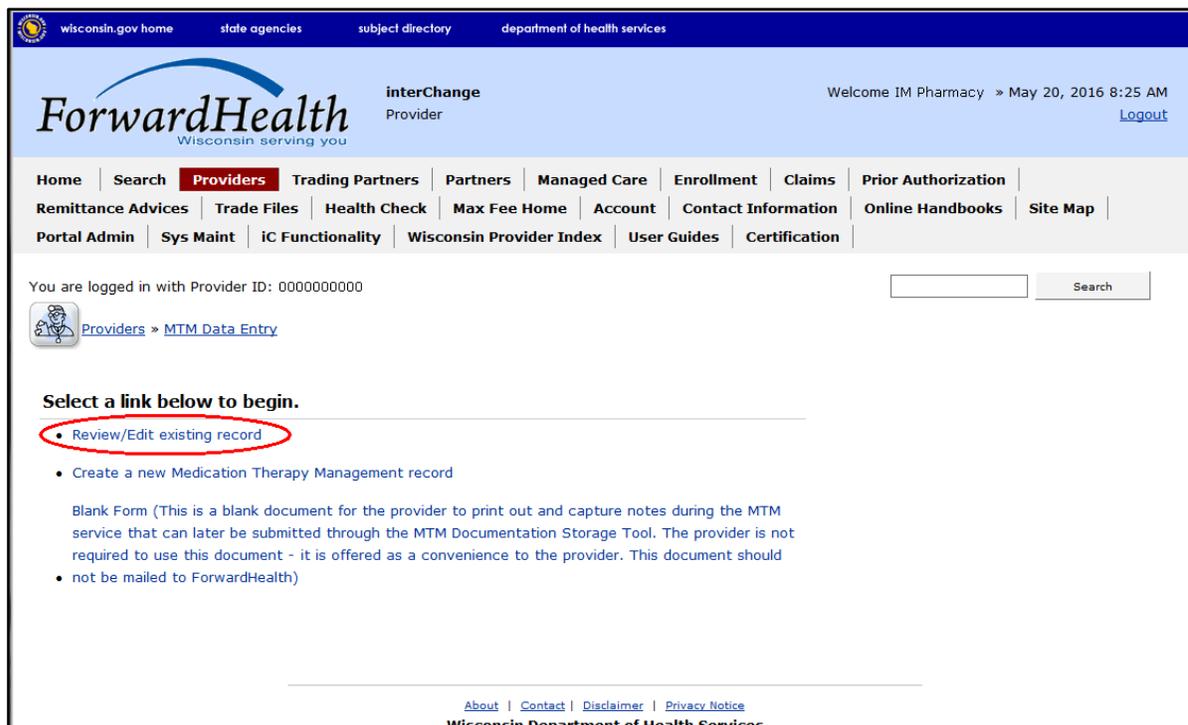


Figure 34 Review/Edit Existing Record Link

The Record Search panel will be displayed.

The screenshot shows the Record Search panel. The panel has a title bar 'Record Search' and a help icon. Below the title bar, it says 'At least one field is required to complete a search.' The search form contains three input fields: 'Member ID', 'From Date of Service', and 'To Date of Service'. A 'Search' button is located at the bottom right of the form.

Figure 35 Record Search Panel

2. Enter the **Member ID**.
3. The from and to DOS can be entered to narrow the search but are not required.
4. Click **Search**.

- If only one record is returned, the General Information panel for the member will be displayed.
- If more than one record for the member is returned, the MTM Records panel will be displayed below the Record Search panel.

| Member ID | First Name | Last Name | Date of MTM Service |
|------------|------------|-----------|---------------------|
| 9010000600 | MEMBER | AMY | 06/01/2014 |
| 9010000600 | MEMBER | CAITLIN | 06/01/2014 |

Figure 36 MTM Records Panel

5. Click the record the user wishes to review or edit. The General Information panel for the selected record will be displayed.

Required fields are indicated with an asterisk (*).

General Information

Member Identification Number: 1111111111

Member - First Name: JACK

Member - Last Name: LYNN

Is the member currently residing in a nursing home? * Yes No

Prescriber NPI: 1111111111

Prescriber Name: DOE, JANE

Pharmacy NPI: 9999999999

Pharmacy Name: PHARMACY 4219

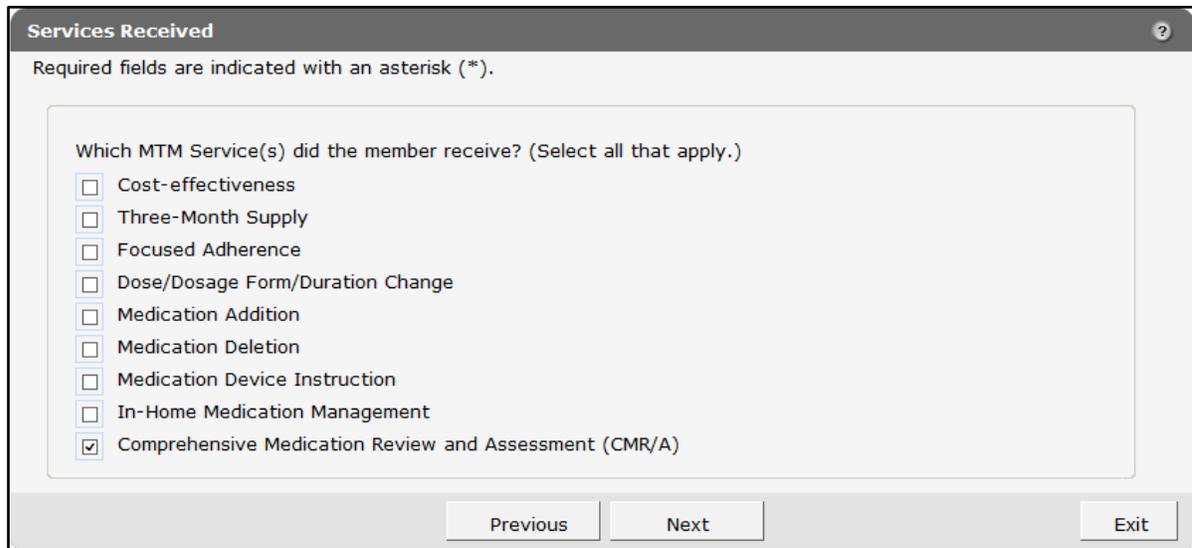
Date of MTM Service*: 06/01/2014

Did the member consent to MTM service?* Yes No

Figure 37 General Information Panel

Note: The fields are populated with the previously saved information. This information can be edited, if necessary, or the user can navigate to the panel(s) that requires edits.

6. Click **Next**. The Services Received panel will be displayed.



Services Received ?

Required fields are indicated with an asterisk (*).

Which MTM Service(s) did the member receive? (Select all that apply.)

- Cost-effectiveness
- Three-Month Supply
- Focused Adherence
- Dose/Dosage Form/Duration Change
- Medication Addition
- Medication Deletion
- Medication Device Instruction
- In-Home Medication Management
- Comprehensive Medication Review and Assessment (CMR/A)

Previous Next Exit

Figure 38 Services Received Panel

This panel indicates the services received by the member for the selected DOS. Providers can check additional services on this panel to add to the record as long as the service occurred on the same DOS as the rest of the record. Only one DOS can be associated with each record. Only CMR/A services should be selected for DOS on and after April 1, 2017.

- Click **Next**. The Comprehensive Medication Review and Assessment Service (CMR/A) Performed panel will be displayed.

Comprehensive Medication Review and Assessment Service (CMR/A) Performed

Required fields are indicated with an asterisk (*).

Select the need for the CMR/A*

Does the member have other insurance?* Yes No

If yes, does the other insurance cover this MTM service? Yes No

The member meets the following criteria (check all that apply):

The member has diabetes.

The member takes four or more medications to treat or prevent two or more chronic conditions, and one of the chronic conditions is among the following (check all that apply):

- Hypertension
- Asthma
- Chronic Kidney Disease
- Congestive Heart Failure
- Dyslipidemia
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression

The member has multiple prescribers, which has created a coordination of care issue.

The member has been discharged from a hospital or long term care setting within the past 14 days.

The member has health literacy issues as determined by the pharmacist.

The member has been referred by his/her prescriber.

Referring Provider ID [Search]

Referring Provider Name

Was prior authorization to provide the CMR/A service obtained by the ForwardHealth Drug Authorization and Policy Override (DAPO) Center?* Yes No
Date of CMR/A

Was the member's signature obtained documenting the consent for the CMR/A Service?* Yes No
Date of Member Signature

Figure 39 Selecting Information to Edit in the Comprehensive Medication Review and Assessment Service (CMR/A) Performed Panel

- Edit the information as applicable.

- When all edits on the panel are completed, click **Next** to proceed. If no edits are made to a panel, continue to click **Next** to proceed. The Pharmacist Signature panel will be displayed after clicking through the selected panels.

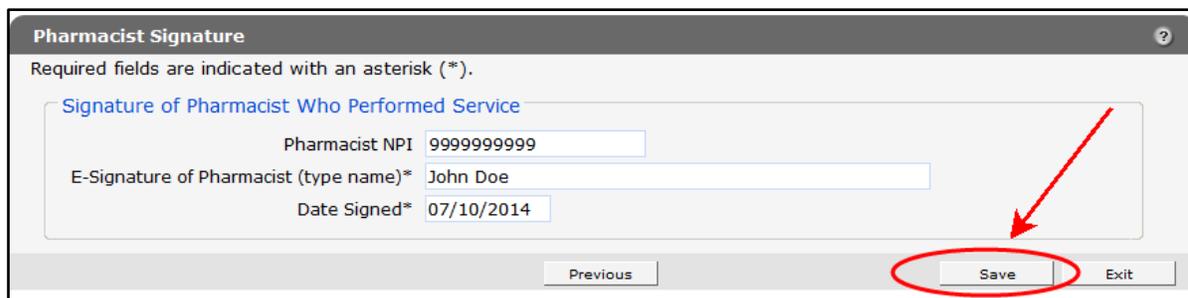


Figure 40 Pharmacist Signature Panel with Save Button

- Click **Save** to save the record with the revised information. The Confirmation panel will be displayed.

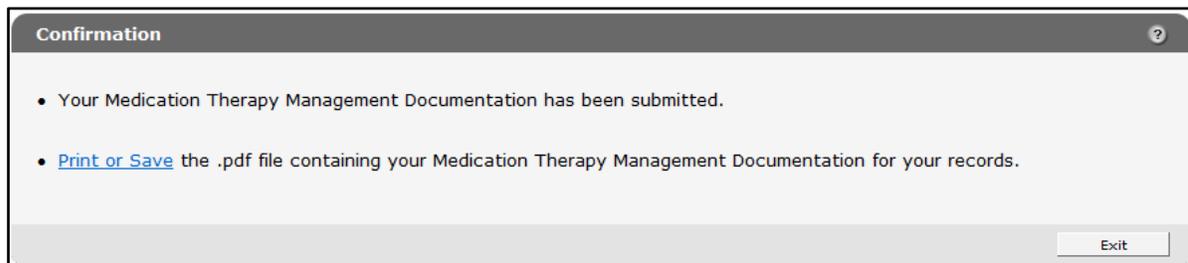


Figure 41 Confirmation Panel

Users may click **Print or Save** to print or save a PDF of the MTM Documentation to a computer or network drive.

5 Blank Form

ForwardHealth provides a blank Medication Therapy Management form for the provider to print out and capture notes during the MTM service. These notes can later be submitted through the MTM Documentation Storage Tool. Providers are not required to use this document; it is offered only as a convenience. The document should not be mailed to ForwardHealth.

1. Click **Blank Form** on the MTM Data Entry page.

wisconsin.gov home state agencies subject directory department of health services

ForwardHealth Wisconsin serving you
interChange Provider
Welcome IM Pharmacy » May 20, 2016 8:25 AM [Logout](#)

Home | Search **Providers** | Trading Partners | Partners | Managed Care | Enrollment | Claims | Prior Authorization |
Remittance Advices | Trade Files | Health Check | Max Fee Home | Account | Contact Information | Online Handbooks | Site Map |
Portal Admin | Sys Maint | IC Functionality | Wisconsin Provider Index | User Guides | Certification

You are logged in with Provider ID: 0000000000 Search

[Providers](#) » [MTM Data Entry](#)

Select a link below to begin.

- [Review/Edit existing record](#)
- [Create a new Medication Therapy Management record](#)
- [Blank Form \(This is a blank document for the provider to print out and capture notes during the MTM service that can later be submitted through the MTM Documentation Storage Tool. The provider is not required to use this document - it is offered as a convenience to the provider. This document should not be mailed to ForwardHealth\)](#)
- [not be mailed to ForwardHealth\)](#)

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Wisconsin Department of Health Services

Figure 42 Blank Form Link

- The Medication Therapy Management form will be displayed.

| Medication Therapy Management | |
|---|--|
| SECTION I — General Information | |
| Name — Member | Member Identification Number |
| Is the member currently residing in a nursing home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name — Prescribing Provider | Prescriber — National Provider Identifier (NPI) |
| Name — Pharmacy | Pharmacy — National Provider Identifier (NPI) |
| Date of MTM Service | |
| Did the member consent to MTM service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Figure 43 Medication Therapy Management Blank Form

- Click **Print** from the File menu to print the form, or click **Save As** from the File menu to save the blank form to a computer.