User Guide

ForwardHealth Provider Portal Medication Therapy Management Documentation Storage

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WISCONSIN DEPARTMENT *of* **HEALTH SERVICES**

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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/.
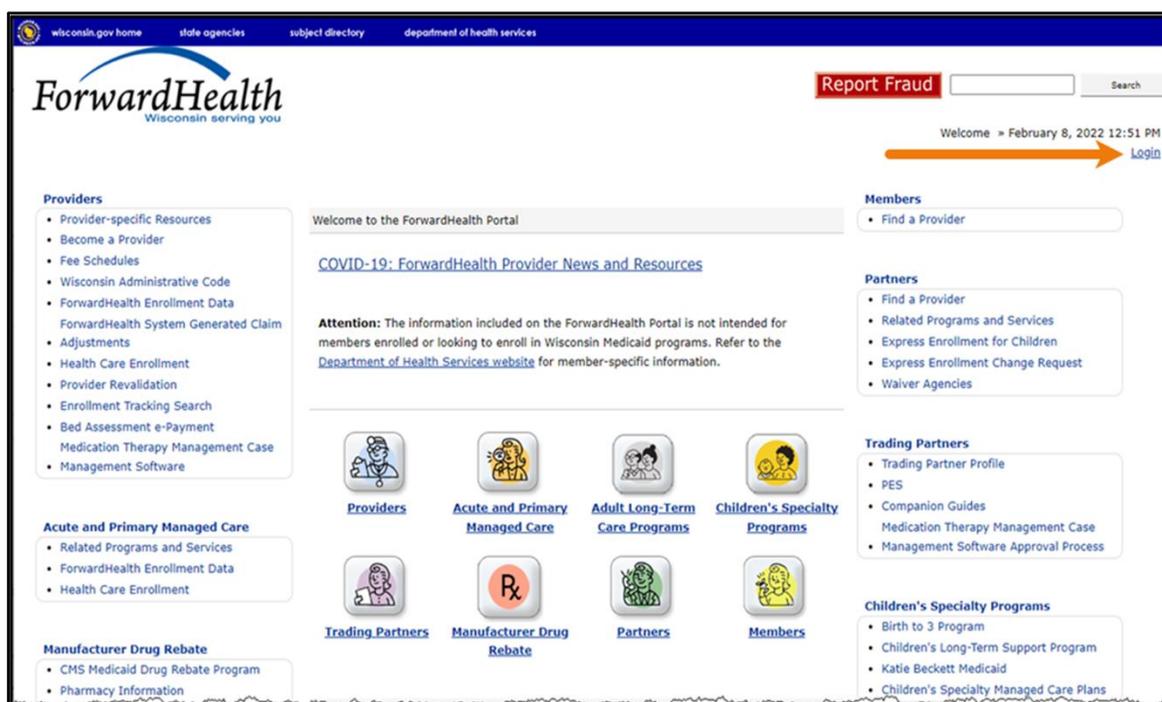
Figure 1 ForwardHealth Portal Page

2. Click **Login**. A Sign In box will be displayed.
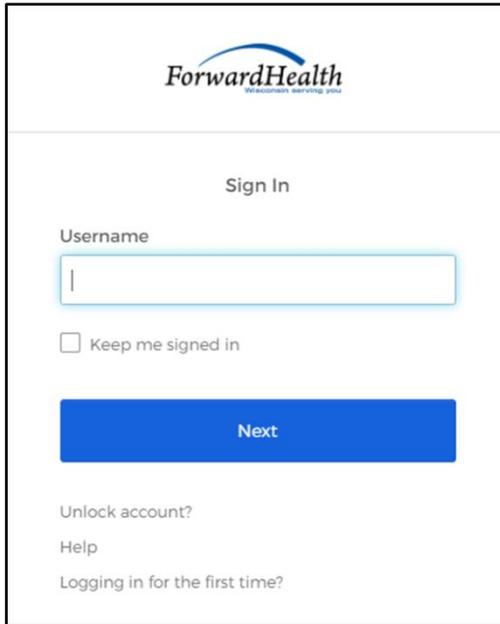
Figure 2 Sign In Box

3. Enter the user's username.

4. Click **Next**. A Verify with your password box will be displayed.
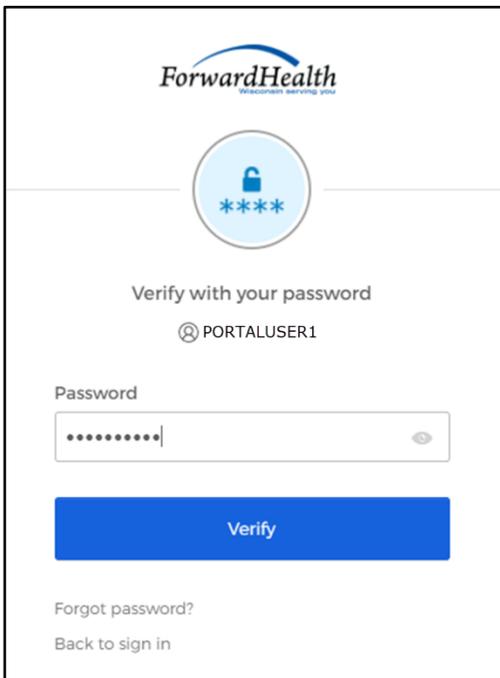
Figure 3 Verify With Your Password Box

5.   Enter the user's password.

6.   Click **Verify.** The secure Provider page of the Portal will be displayed.
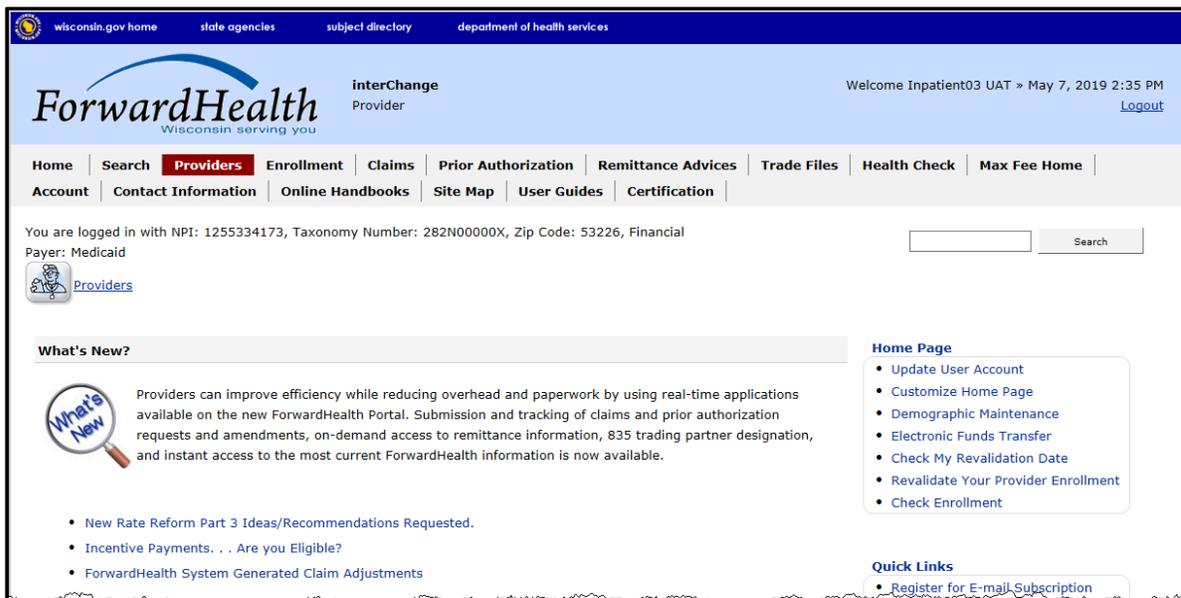
Figure 4 Secure Provider Page

7.   Click **Medication Therapy Management (MTM) Documentation Storage** in the Quick Links menu on the right of the page.
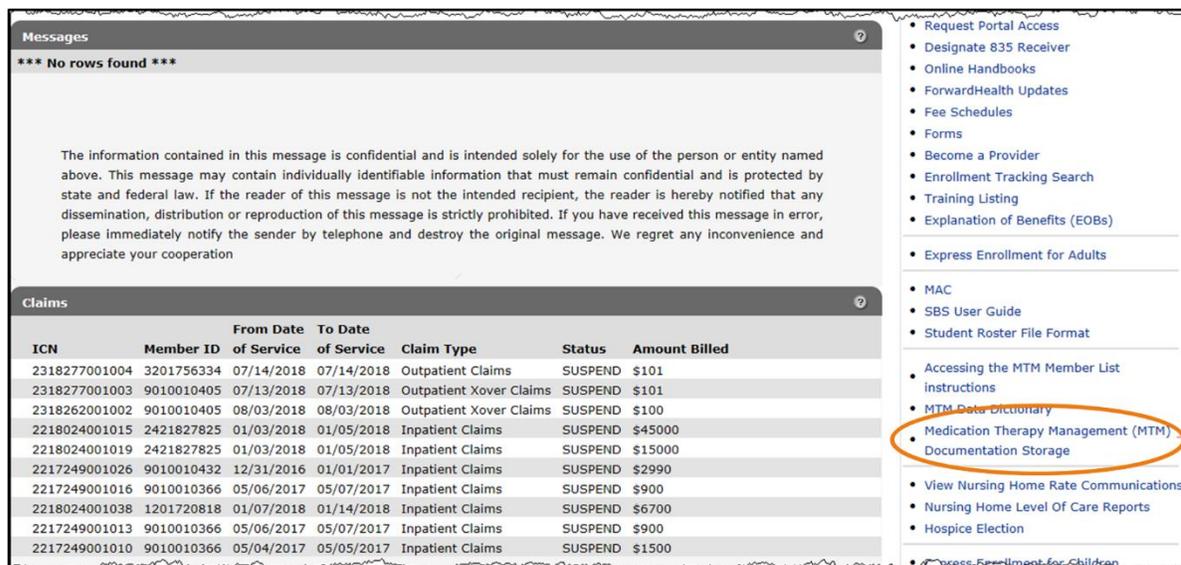
Figure 5 Medication Therapy Management (MTM) Documentation Storage Link

The MTM Data Entry page will be displayed.
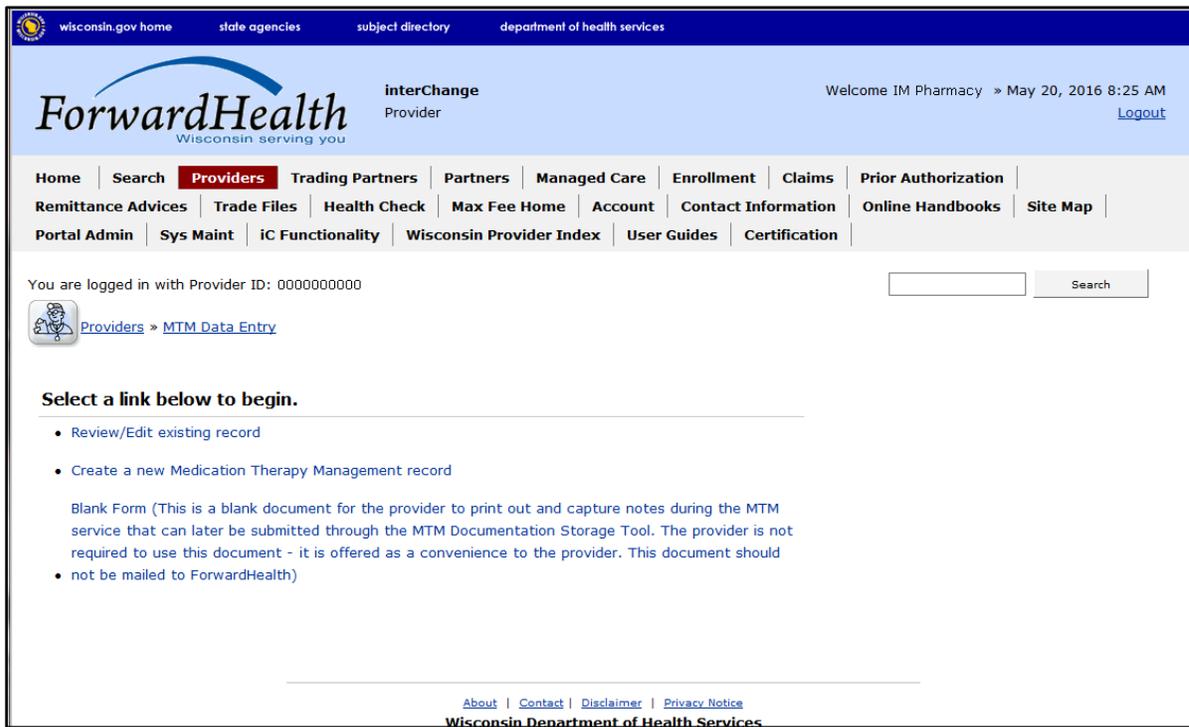
Figure 6 MTM Data Entry Page

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.

Figure 7 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.

3. Click **Search**. The "Search Results" section will populate with the member's information.

Figure 8 Member Information

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

Figure 9 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.

5. Click **Yes** or **No** to indicate whether or not the member is currently residing in a nursing home.

6. 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 10 Prescriber NPI Search Link
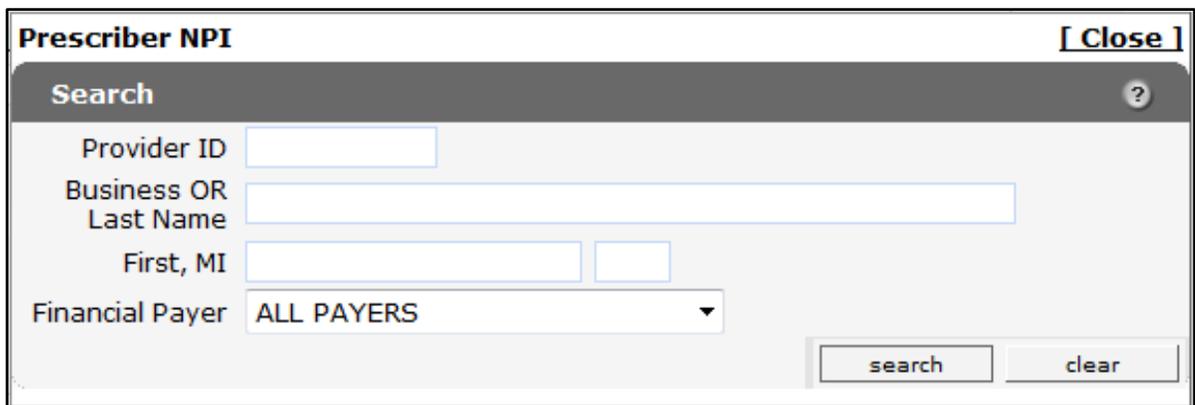
The Prescriber NPI Search panel will be displayed.

Figure 11 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.
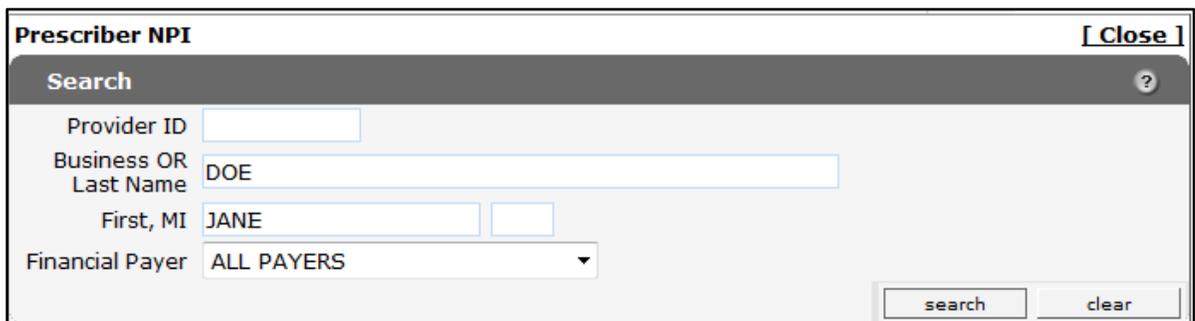
Figure 12 Enter Search Query

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

Figure 13 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.

Figure 14 General Information Panel with Prescriber's NPI and Name Added

7. 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.

8. Click **Yes** or **No** to indicate whether or not the member consented to the MTM service.

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

Figure 15 Services Received Panel

10. 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.

11. 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.

Figure 16 Comprehensive Medication Review and Assessment Service (CMR/A) Performed Panel

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

Figure 17 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.

3. 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.

4. 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.

5. 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.

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

3.1.1 ED/Hospital/Clinic Visits Panel

Figure 18 ED/Hospital/Clinic Visits Panel

1. 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.

2. 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.

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

3.1.2 Diabetes Panel

Figure 19 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.

Figure 20 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

Figure 21 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.
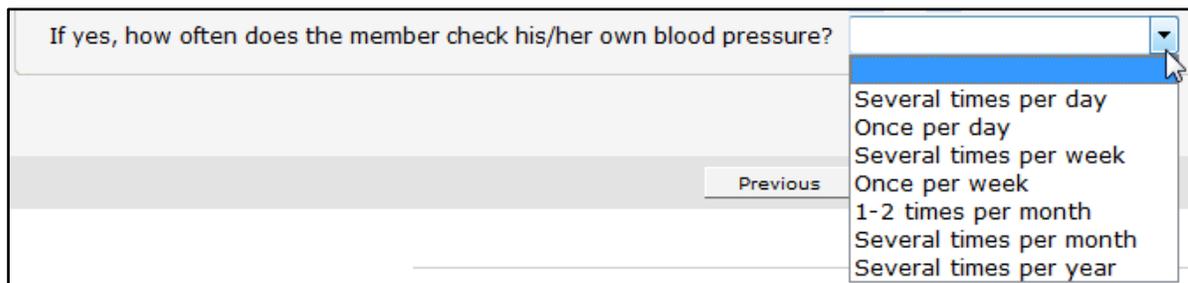
Figure 22 Self-Monitoring Drop-Down Menu

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

3.1.4 Asthma Control Test (ACT) Score Panel
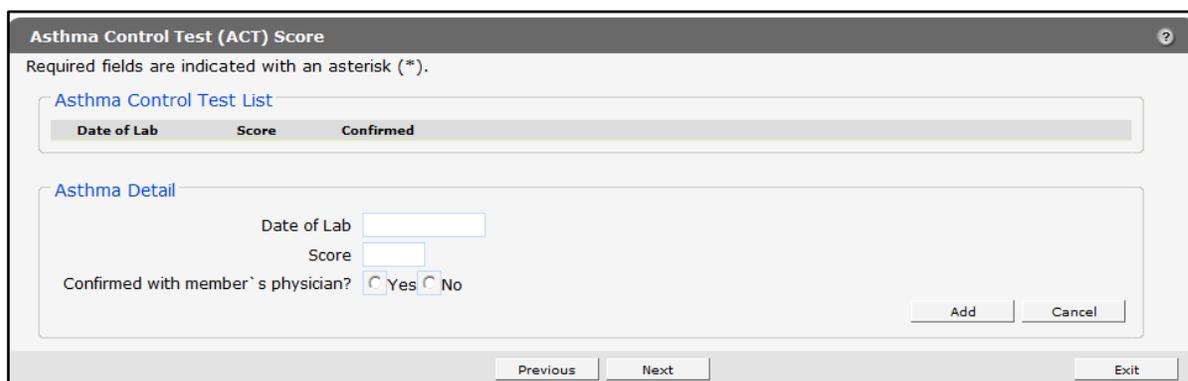
Figure 23 Asthma Control Test (ACT) Score Panel

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

Figure 24 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

Figure 25 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

Figure 26 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
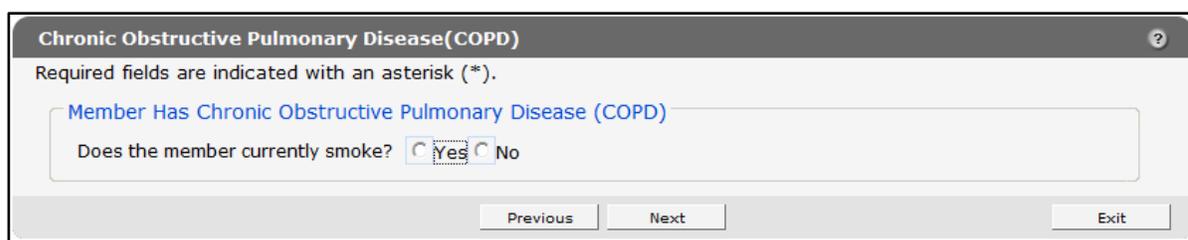
Figure 27 Chronic Obstructive Pulmonary Disease (COPD) Panel

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
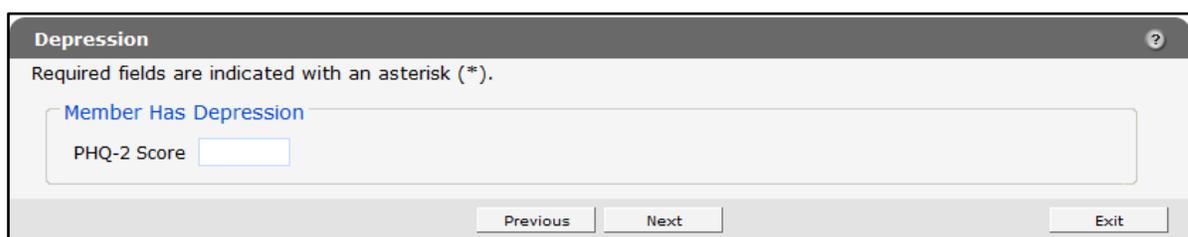
Figure 28 Depression Panel

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
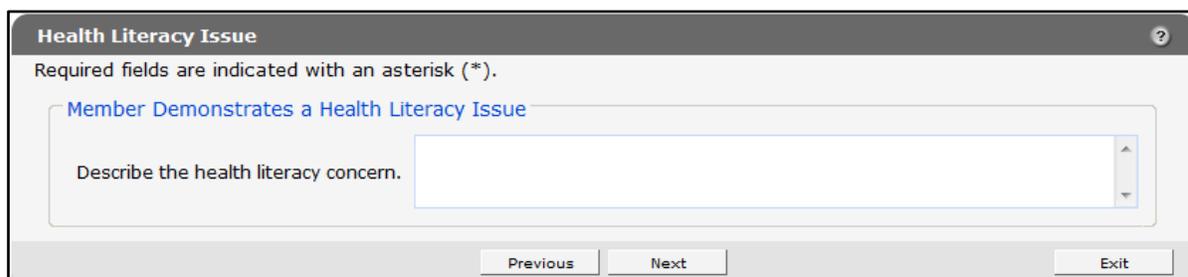
Figure 29 Health Literacy Issue Panel

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
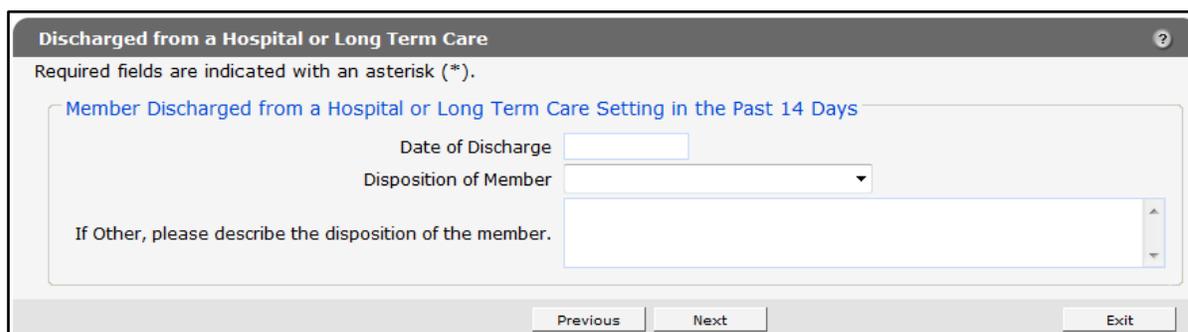
Figure 30 Discharged from a Hospital or Long Term Care Panel

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
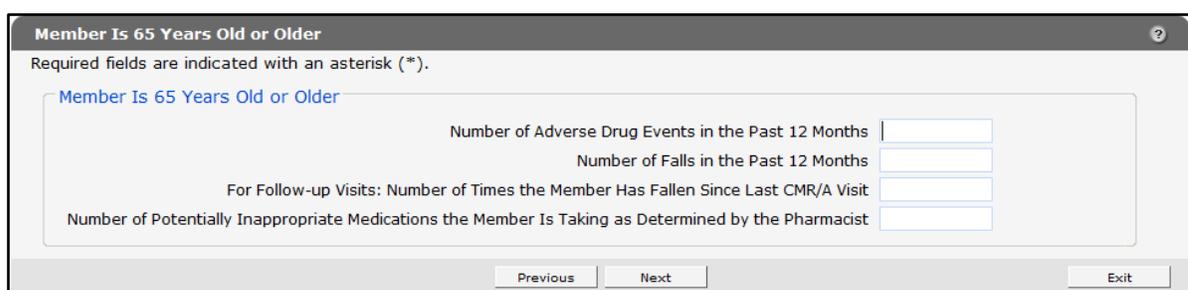
Figure 31 Member Is 65 Years Old or Older Panel

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
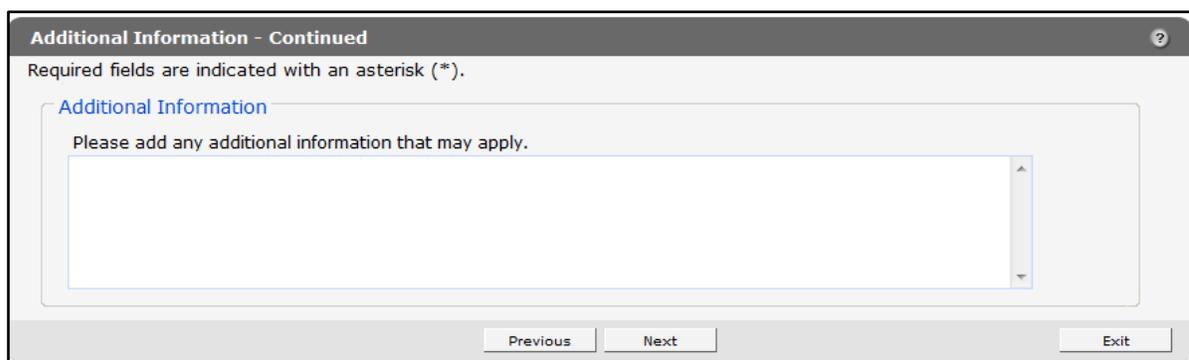
Figure 32 Additional Information — Continued Panel

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

Figure 33 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.
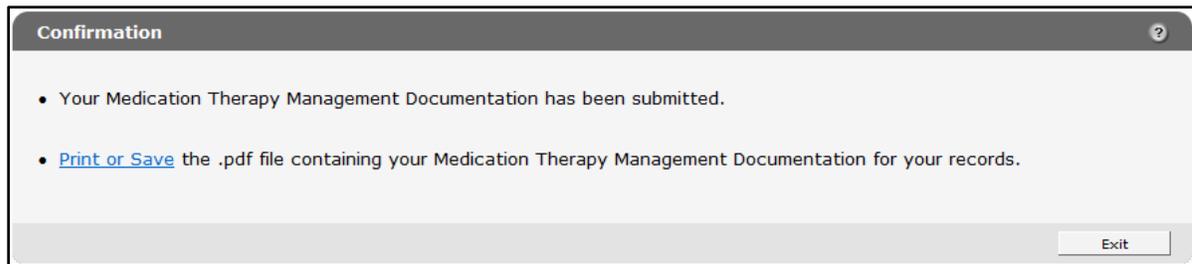
Figure 34 Confirmation Panel

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.
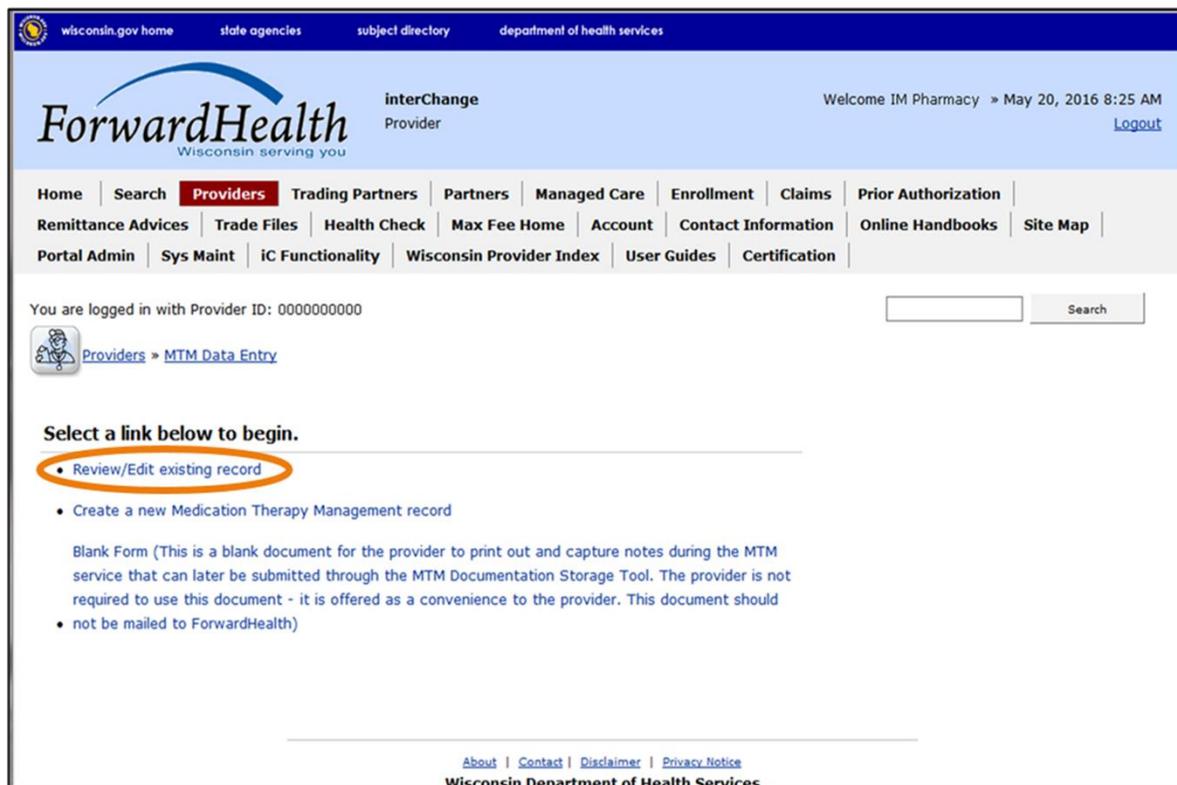
Figure 35 Review/Edit Existing Record Link

The Record Search panel will be displayed.
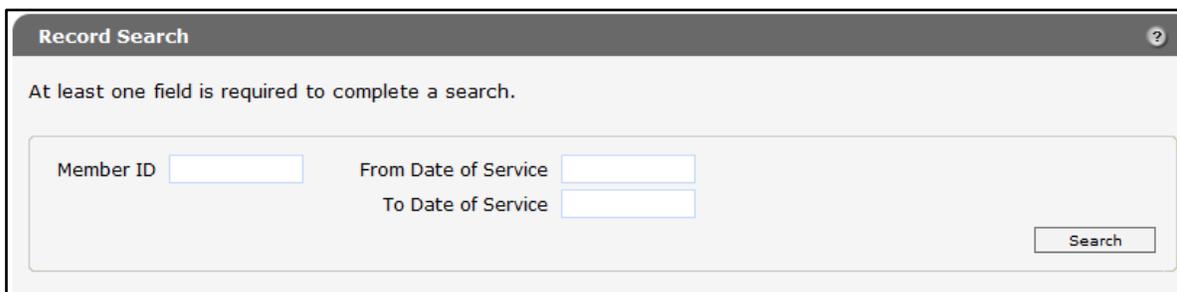
Figure 36 Record Search Panel

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.

Figure 37 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.

Figure 38 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.

Figure 39 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.

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

Figure 40 Selecting Information to Edit in the Comprehensive Medication Review and Assessment Service (CMR/A)
Performed Panel

8. Edit the information as applicable.

9. 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 41 Pharmacist Signature Panel with Save Button

10. Click **Save** to save the record with the revised information. The Confirmation panel will be displayed.
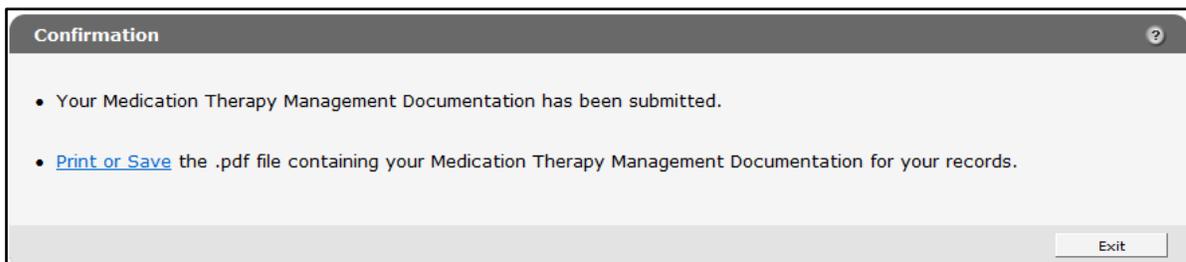
Figure 42 Confirmation Panel

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.

Figure 43 Blank Form Link

2. The Medication Therapy Management form will be displayed.

Figure 44 Medication Therapy Management Blank Form

3. 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.