

# 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/>.

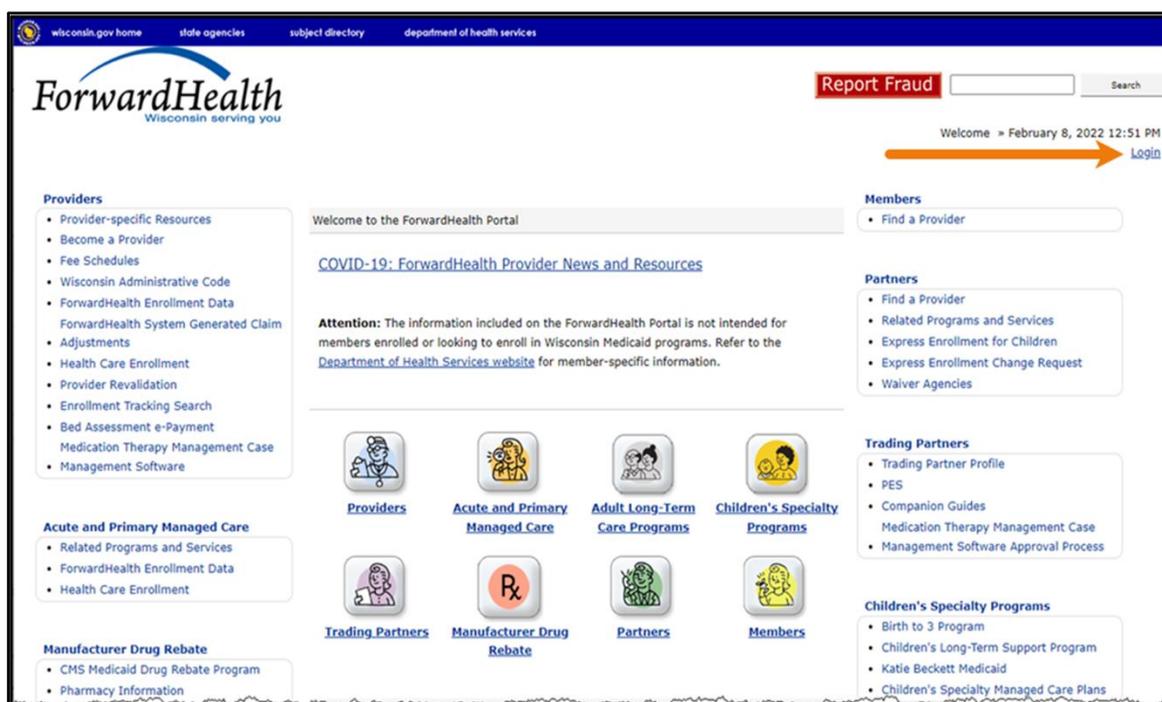
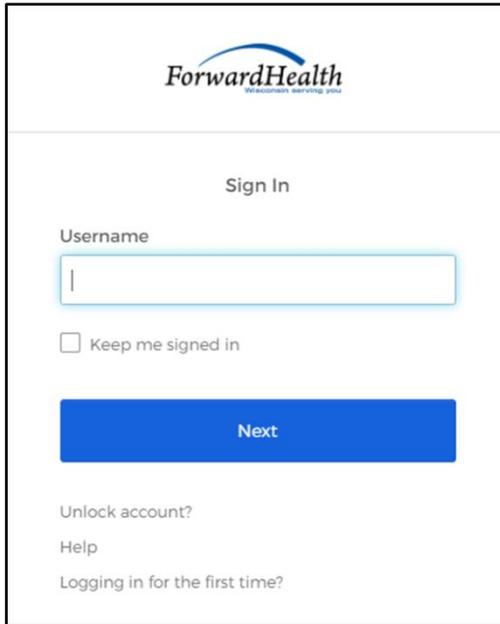


Figure 1 ForwardHealth Portal Page

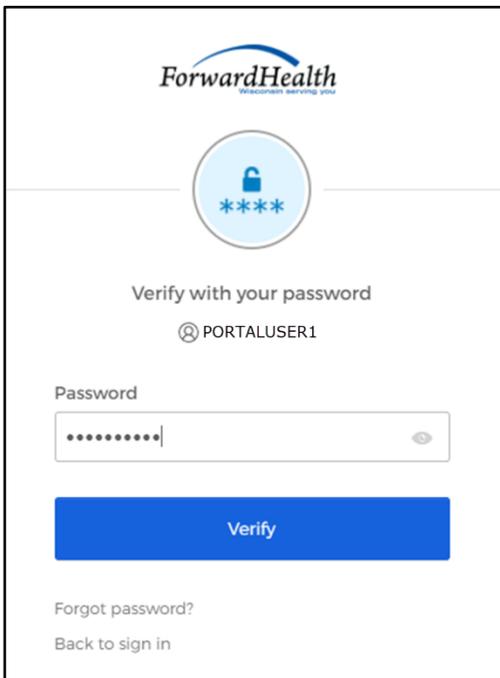
2. Click **Login**. A Sign In box will be displayed.



The screenshot shows the ForwardHealth logo at the top. Below it is the heading "Sign In". There is a "Username" label above a text input field. Below the input field is a checkbox labeled "Keep me signed in". A blue button labeled "Next" is positioned below the checkbox. At the bottom, there are three links: "Unlock account?", "Help", and "Logging in for the first time?".

**Figure 2** Sign In Box

3. Enter the user's username.
4. Click **Next**. A Verify with your password box will be displayed.



The screenshot shows the ForwardHealth logo at the top. Below it is a circular icon containing a padlock and four asterisks. The heading "Verify with your password" is centered. Below the heading is the text "PORTALUSER1" with a user icon. There is a "Password" label above a text input field with masked characters and a toggle icon. A blue button labeled "Verify" is positioned below the input field. At the bottom, there are two links: "Forgot password?" and "Back to sign in".

**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.

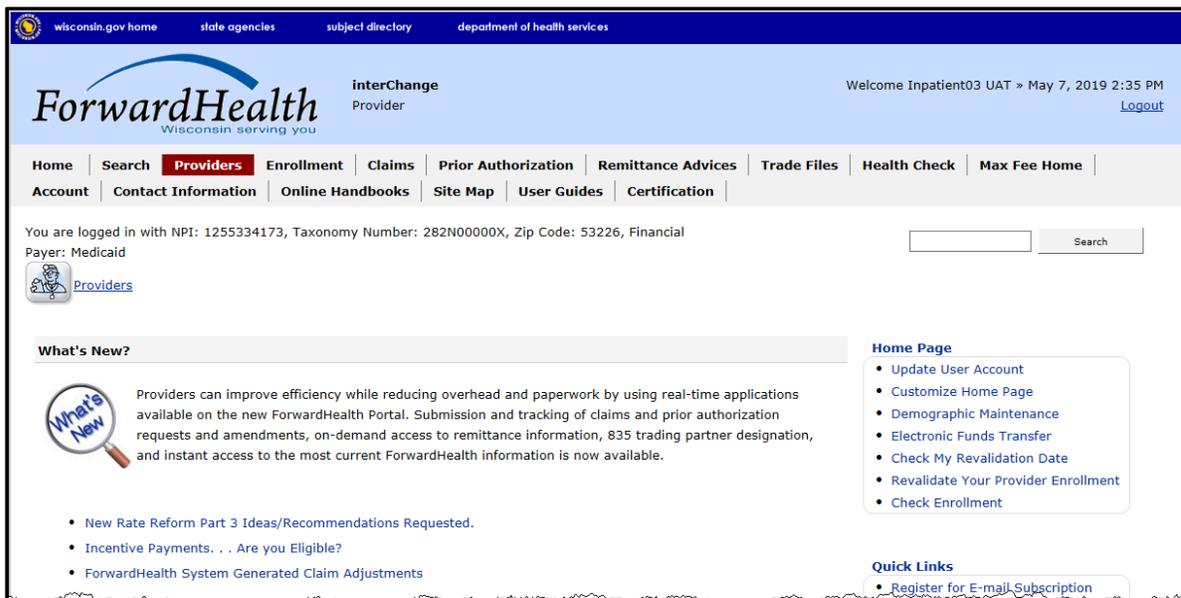


Figure 4 Secure Provider Page

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

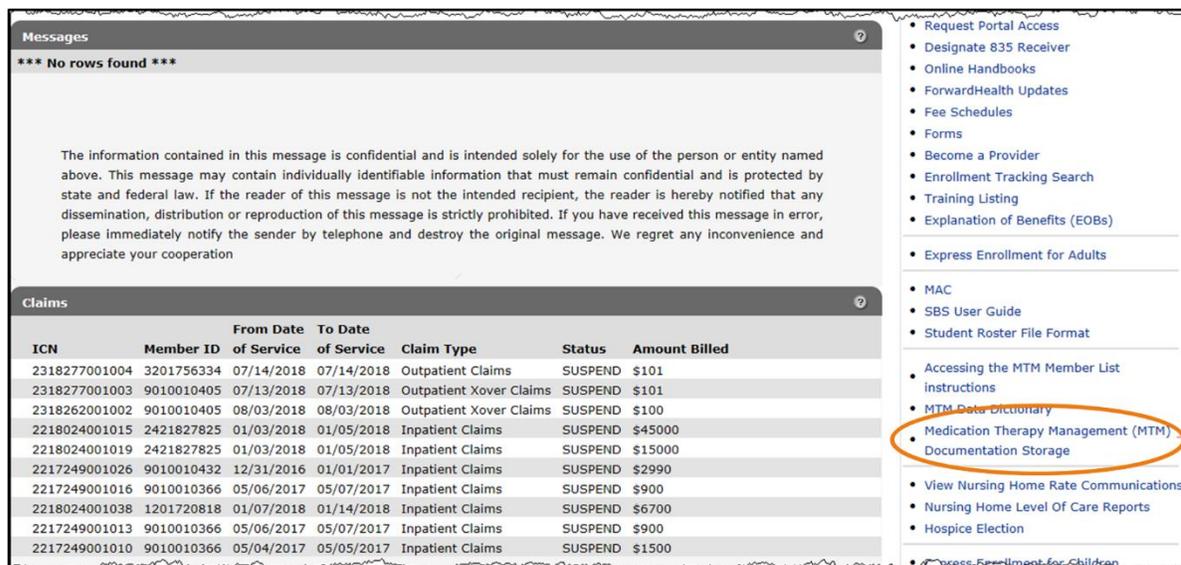


Figure 5 Medication Therapy Management (MTM) Documentation Storage Link

The MTM Data Entry page will be displayed.

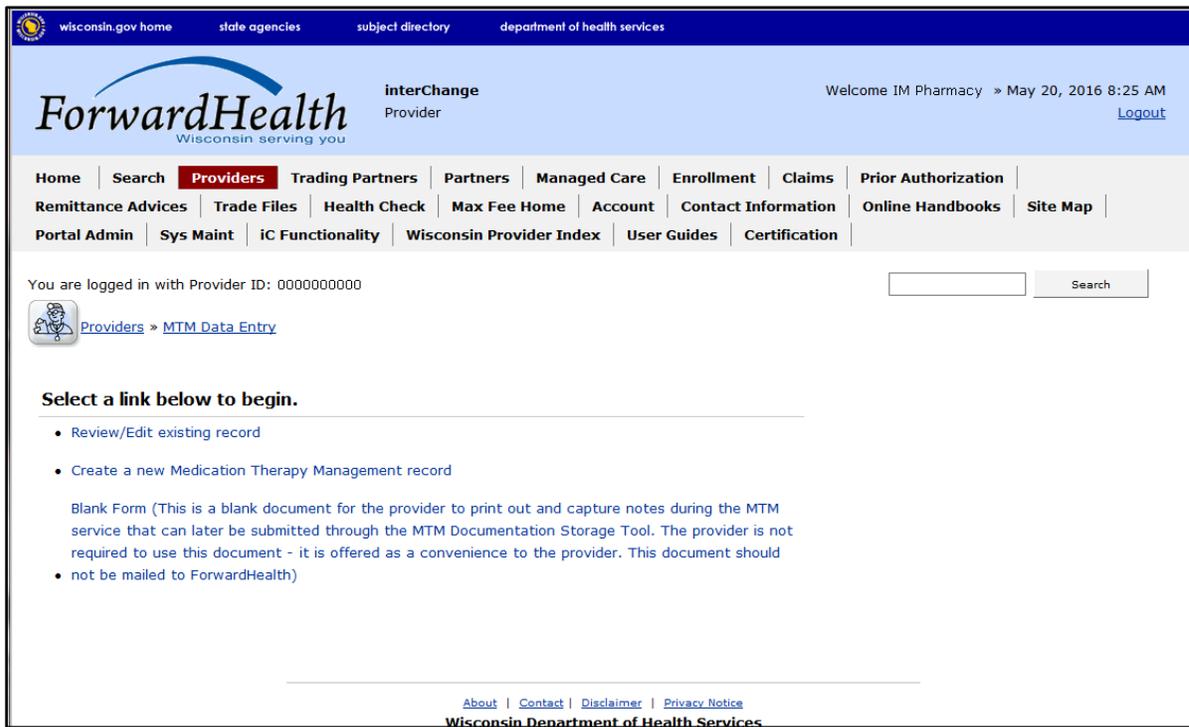
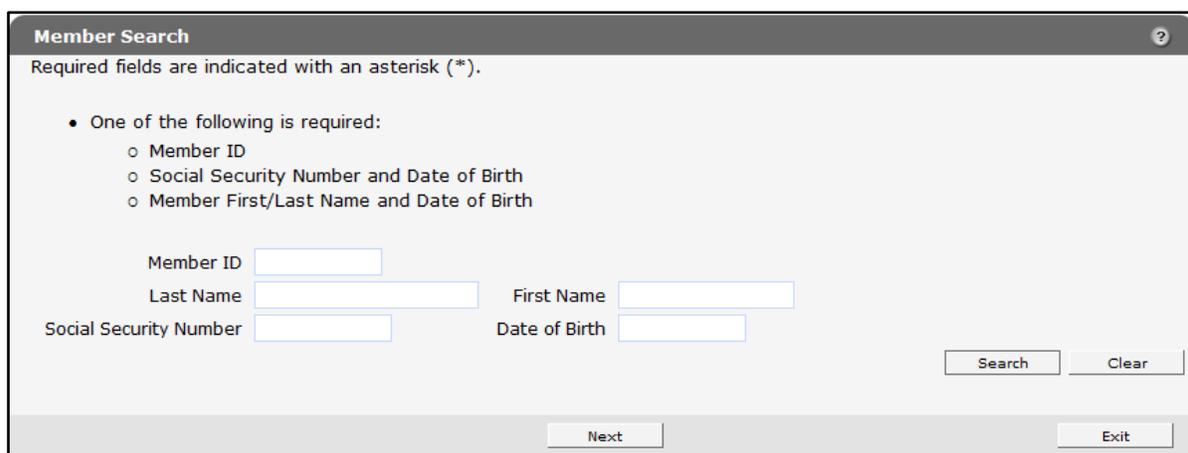


Figure 6 MTM Data Entry Page

# 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.



**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

Search Clear

Next Exit

**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.

- 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:	<input type="text"/>	Address:	1 W WILSON MADISON WI, 53700-0000

**Figure 8** 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? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Prescriber NPI	<input type="text"/> <a href="#">NPI [ Search ]</a>
Prescriber Name	<input type="text"/>
Pharmacy NPI	9999999999
Pharmacy Name	PHARMACY 4219 <input type="text"/>
Date of MTM Service*	<input type="text"/>
Did the member consent to MTM service?*	<input type="radio"/> Yes <input checked="" type="radio"/> No

**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.

- 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.

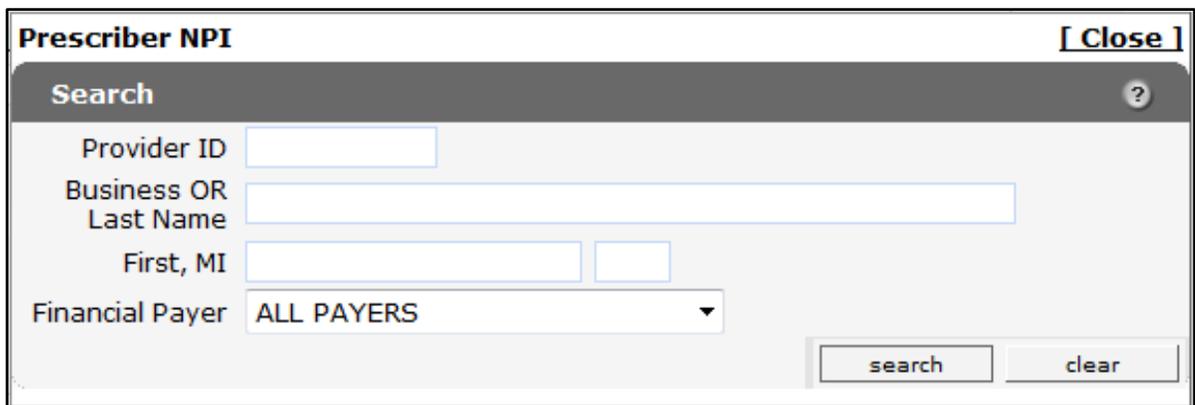
If the user enters the Prescriber NPI, the Prescriber Name field will automatically populate with the prescriber's name.

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.

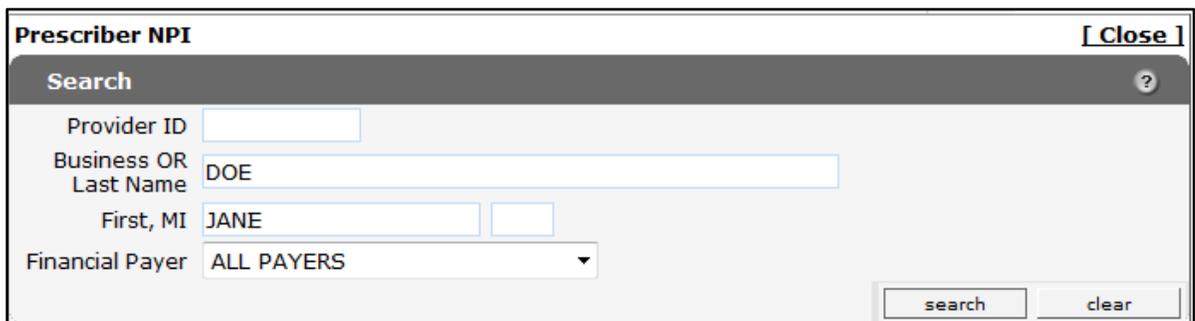


Figure 12 Enter Search Query

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

**Prescriber NPI** [Close]

**Search** ?

Provider ID

Business OR Last Name

First, MI

Financial Payer

**Search Results**

<a href="#">National Provider ID ^</a>	<a href="#">Program Provider ID</a>	<a href="#">Base ID</a>	<a href="#">Financial Payer</a>	<a href="#">Name</a>	<a href="#">Type</a>	<a href="#">Description</a>	<a href="#">Taxonomy</a>	<a href="#">Address</a>	<a href="#">City</a>	<a href="#">State</a>	<a href="#">Zip</a>
1111111111	00000000	60640	Medicaid	DOE, JANE	09	Nurse Practitioner	363LF0000X	400 E 3RD ST	MADISON	WI	53704

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.

**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**

**Prescriber Name**

Pharmacy NPI

Pharmacy Name

Date of MTM Service\*

Did the member consent to MTM service?\*  Yes  No

Figure 14 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 15** 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

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.

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 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

ED/Hospital/Clinic Visits

Required fields are indicated with an asterisk (\*).

**Members Who Have Received an Initial CMR/A**

How many times has the member visited the emergency department in the past 12 months?

How many times has the member been hospitalized in the past 12 months?

How many times has the member seen a health care provider in the past 12 months?

**Members Who Have Received a Follow-up CMR/A**

How many times has the member visited the emergency department since the last CMR/A visit?

How many times has the member been hospitalized since the last CMR/A visit?

How many times has the member seen a health care provider since the last CMR/A visit?

Previous Next Exit

**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

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

- Required fields are indicated with an asterisk (\*).**
- A1c List:** A table with columns: Date of Lab, Score, Confirmed.
- A1c Detail:** Fields for Date of Lab, Score (%), and Confirmed with member's physician? (Yes/No). Includes 'Add' and 'Cancel' buttons.
- LDL List:** A table with columns: Date of Lab, Level, Confirmed.
- LDL Detail:** Fields for Date of Lab, Level (mg/dL), and Confirmed with member's physician? (Yes/No). Includes 'Add' and 'Cancel' buttons.
- Navigation buttons: Previous, Next, Exit.

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.

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

- Required fields are indicated with an asterisk (\*).**
- A1c List:** A table with columns: Date of Lab, Score, Confirmed. A row is entered: 06/06/2014, 75%, Yes. An orange arrow points to the 'Yes' cell with the text 'Added to list'.
- A1c Detail:** Fields for Date of Lab, Score (%), and Confirmed with member's physician? (Yes/No). Includes 'Add' and 'Cancel' buttons.

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

**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

**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?

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.

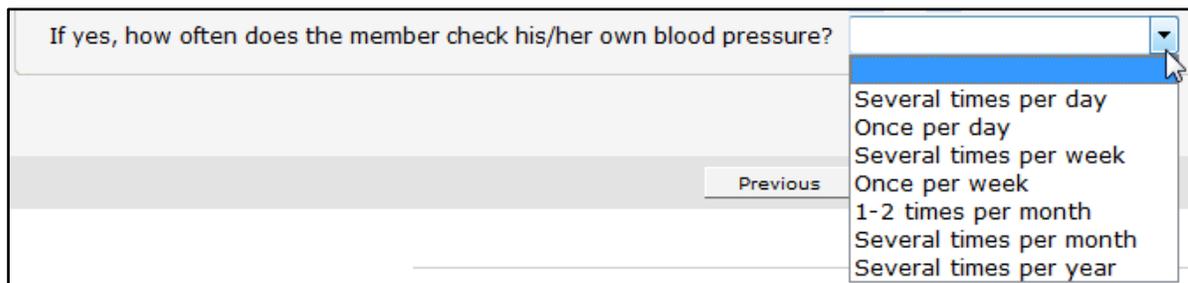
The screenshot shows a form with the question "If yes, how often does the member check his/her own blood pressure?". A drop-down menu is open, displaying the following options: "Several times per day", "Once per day", "Several times per week", "Once per week", "1-2 times per month", "Several times per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

Figure 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

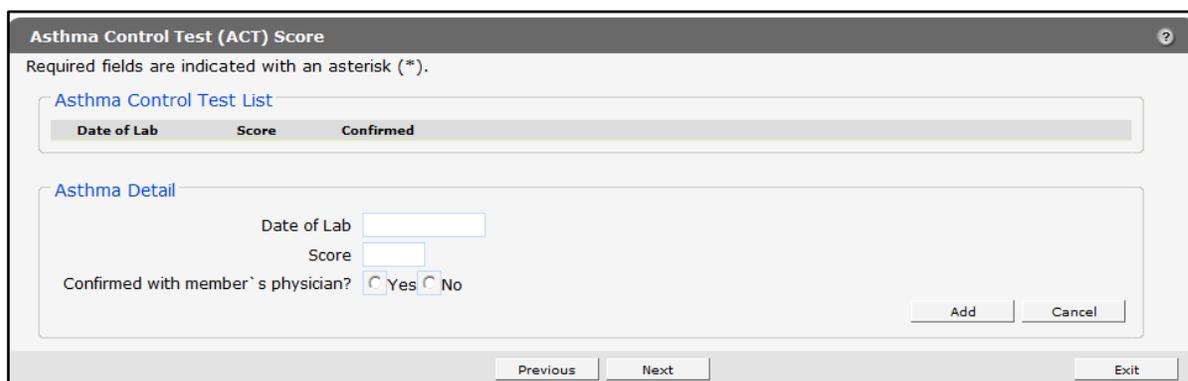
The screenshot shows the "Asthma Control Test (ACT) Score" panel. It includes a header with a question mark icon and a note: "Required fields are indicated with an asterisk (\*)." Below this, there is a table with columns "Date of Lab", "Score", and "Confirmed". Underneath the table is an "Asthma Detail"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

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

**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

Add Cancel

**Serum Creatinine List**

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

**Serum Creatinine Detail**

Date of Lab

Level  mg/dL

Confirmed with member's physician?  Yes  No

Add Cancel

**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

Add Cancel

Previous Next Exit

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

**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 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

**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 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

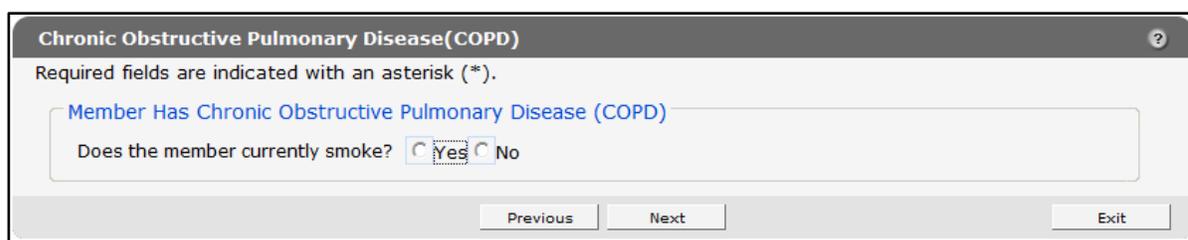


Figure 27 Chronic Obstructive Pulmonary Disease (COPD) Panel

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

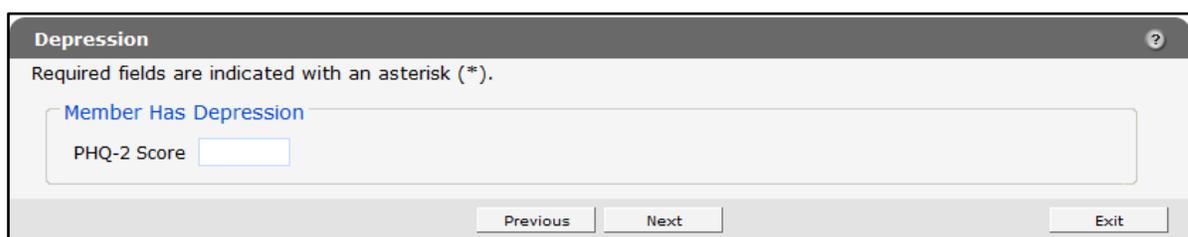


Figure 28 Depression Panel

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

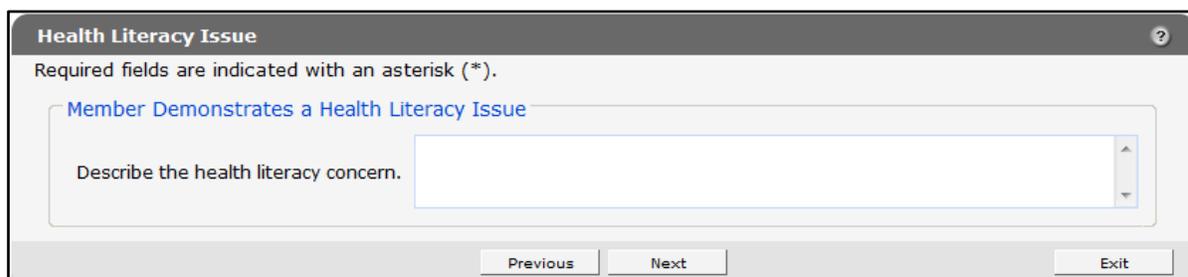


Figure 29 Health Literacy Issue Panel

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

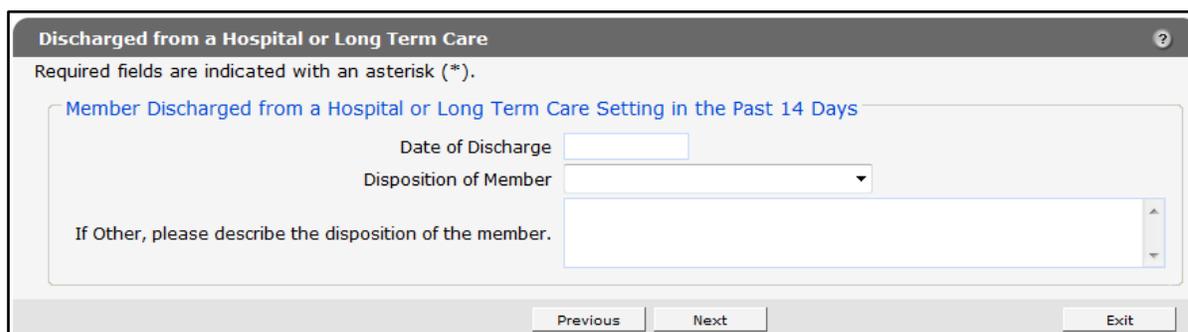


Figure 30 Discharged from a Hospital or Long Term Care Panel

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

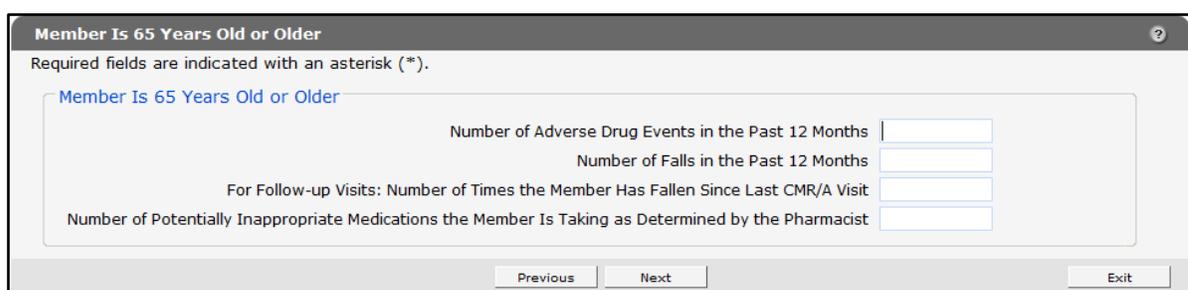


Figure 31 Member Is 65 Years Old or Older Panel

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

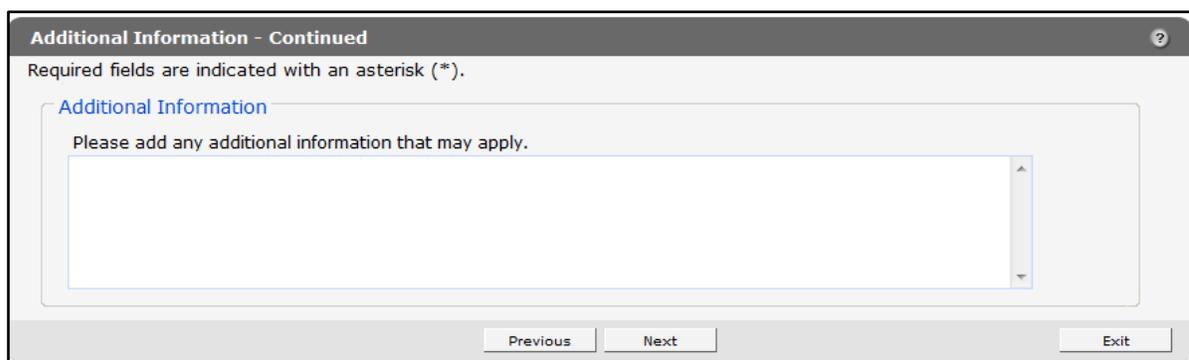


Figure 32 Additional Information — Continued Panel

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.

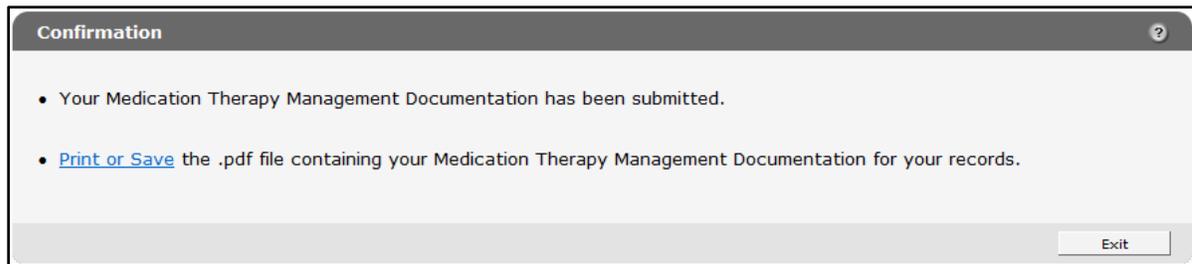
### 3.1.14 Pharmacist Signature



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.

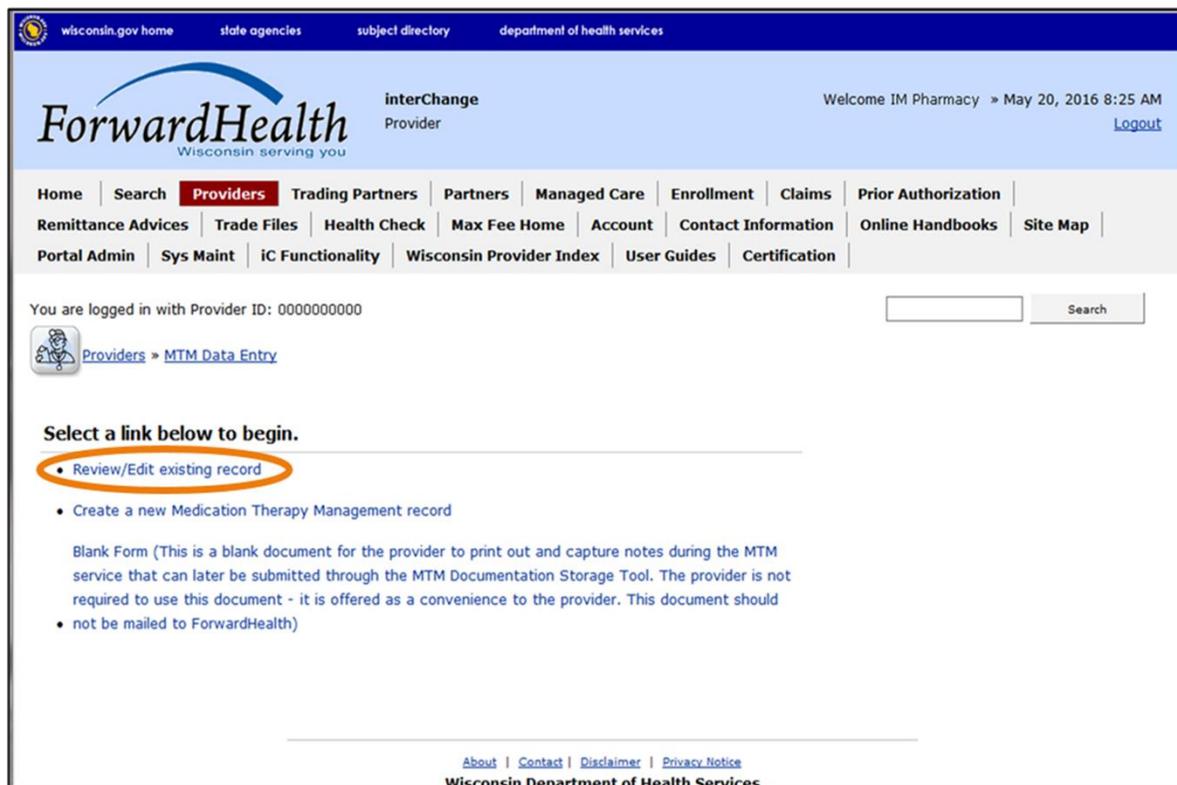


Figure 35 Review/Edit Existing Record Link

The Record Search panel will be displayed.

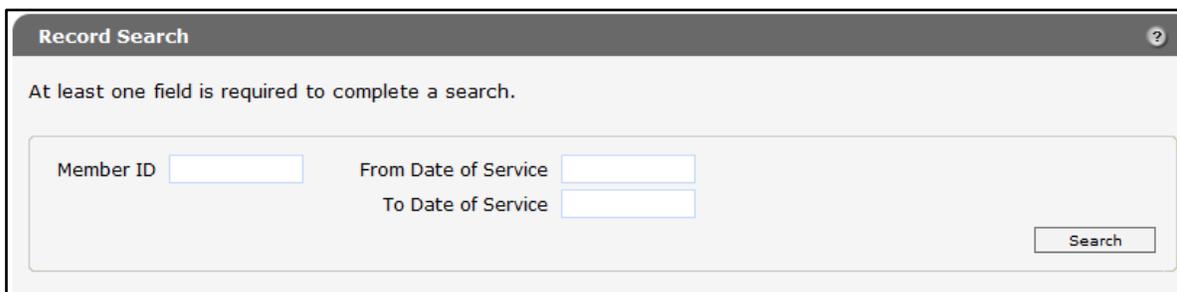


Figure 36 Record Search Panel

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.

The screenshot shows a 'Record Search' window with a search form and an 'MTM Records' table. The search form includes fields for Member ID (9010000600), From Date of Service, and To Date of Service, with a Search button. The MTM Records table lists two records for Member ID 9010000600.

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

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.

The screenshot shows a 'General Information' window with a form containing member details and service information. The 'Prescriber NPI' field is highlighted with an orange box. The form includes fields for Member Identification Number, Member - First Name, Member - Last Name, Is the member currently residing in a nursing home?\*, Prescriber NPI, Prescriber Name, Pharmacy NPI, Pharmacy Name, Date of MTM Service\*, and Did the member consent to MTM service?\*. There are 'Next' and 'Exit' buttons at the bottom.

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.

**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 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.

- 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

Previous Next Exit

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

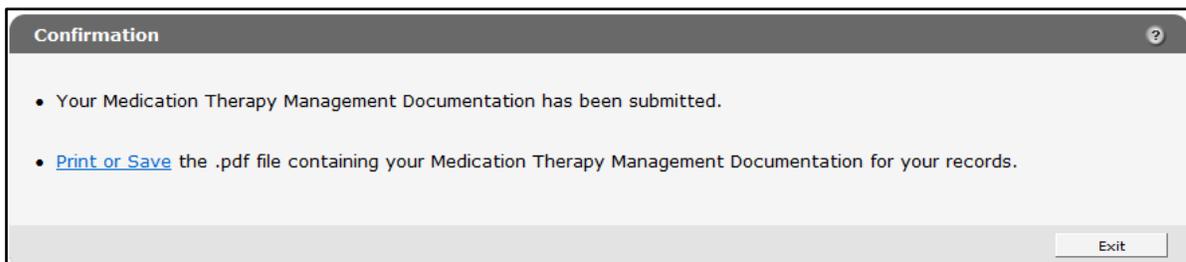
- Edit the information as applicable.

- 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 41** Pharmacist Signature Panel with Save Button

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



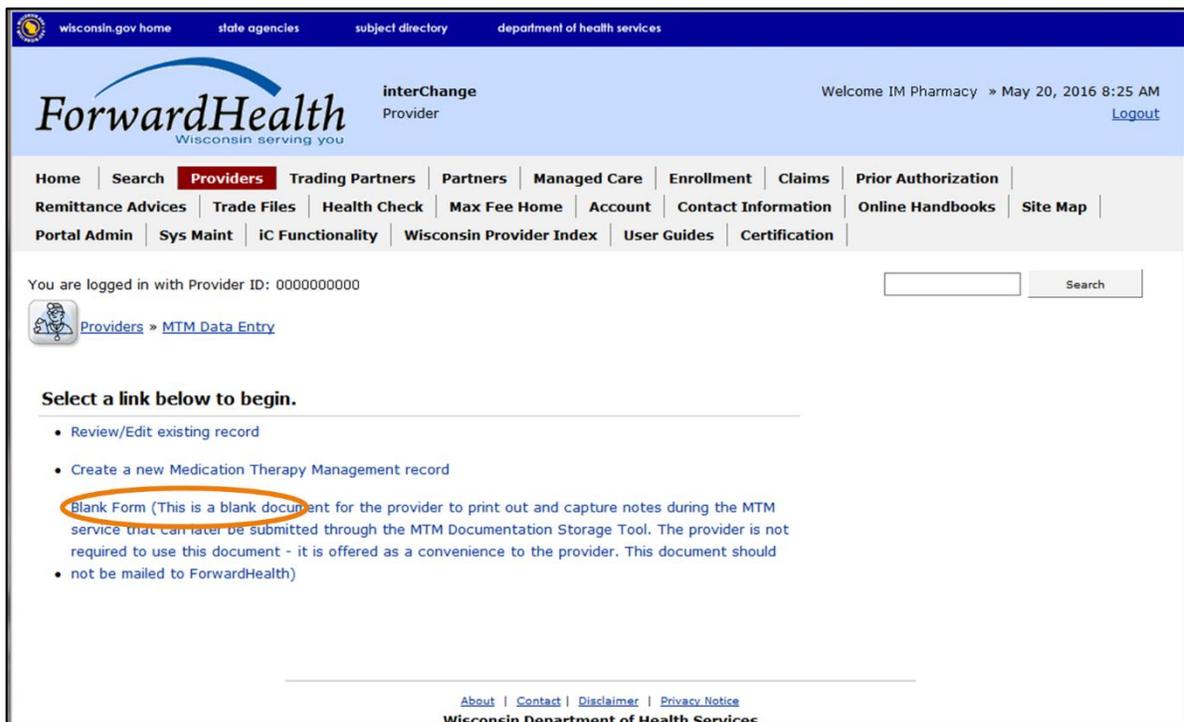
**Figure 42** Confirmation Panel

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.



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**ForwardHealth**  
Wisconsin serving you

interChange  
Provider

Welcome IM Pharmacy » May 20, 2016 8:25 AM  
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**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)

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Wisconsin Department of Health Services

Figure 43 Blank Form Link

- The Medication Therapy Management form will be displayed.

Medication Therapy Management	
<b>SECTION I — General Information</b>	
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 44** 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.