

Medication Therapy Management Portal Documentation Training

Presenter : Vicky Murphy
Date : July 18, 2019



Agenda

- Medication Therapy Management (MTM) documentation requirement overview
- MTM documentation on the ForwardHealth Portal
- Additional resources

MTM Documentation Requirement Overview

- Pharmacy providers who provide MTM services are required to submit MTM supplemental documentation electronically within 365 days of submitting the MTM claim.
- Providers are required to maintain on-site MTM supplemental documentation in the member's file.

MTM Documentation Requirement Overview (Cont.)

- MTM supplemental documentation can be submitted electronically using one of the following:
 - ForwardHealth-approved MTM case management software
 - The Portal at www.forwardhealth.wi.gov/

MTM Documentation on the Portal

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

MTM Documentation on the Portal (Cont.)

Claims
?

ICN	Member ID	From Date of Service	To Date of Service	Claim Type	Status	Amount Billed
000000000000	0987654321	04/01/2014	04/01/2014	Pharmacy Claims	PAY	\$510
000000000000	0987654321	03/01/2014	03/01/2014	Pharmacy Claims	PAY	\$510
000000000000	0987654321	03/01/2014	03/01/2014	Pharmacy Claims	DENY	\$510
000000000000	0987654321	11/01/2013	11/01/2013	Pharmacy Claims	PAY	\$510
000000000000	0987654321	12/01/2013	12/01/2013	Pharmacy Claims	DENY	\$510
000000000000	0987654321	12/01/2013	12/01/2013	Pharmacy Claims	PAY	\$510
000000000000	0987654321	01/01/2014	01/01/2014	Pharmacy Claims	DENY	\$510
000000000000	0987654321	02/01/2014	02/01/2014	Pharmacy Claims	PAY	\$510
000000000000	0987654321	01/01/2014	01/01/2014	Pharmacy Claims	PAY	\$510
000000000000	0987654321	02/01/2014	02/01/2014	Pharmacy Claims	DENY	\$510

Prior Authorizations
?

The grant date and expiration date shown below are for the first line-item only.

Prior Authorization	Client ID	Last Name	First Name	Status	Process Type	Requested Start Date	Grant Date	Expiration Date
0000000000	0000000000	MEMBER	IMA	APPROVED	131 - DRUGS	12/01/2013	12/10/2013	12/31/2013
0000000000	0000000000	MEMBER	IMA	APPROVED	131 - DRUGS	01/01/2014	01/01/2014	01/01/2015
0000000000	0000000000	MEMBER	IMA	PENDING - FISCAL AGENT REVIEW	131 - DRUGS	02/20/2014		

- [Become a Provider](#)
- [Enrollment Tracking Search](#)
- [Training Listing](#)
- [Explanation of Benefits \(EOBs\)](#)

- [Presumptive Eligibility Hospital Attestation](#)
- [Presumptive Eligibility Application Process](#)

- [MAC](#)
- [SBS User Guide](#)
- [Student Roster File Format](#)

- [MTM Eligible Member List](#)
- [Accessing the MTM Member List instructions](#)
- [MTM Data Dictionary](#)
- [Medication Therapy Management \(MTM\) Documentation Storage](#)

MTM Documentation on the Portal (Cont.)

The screenshot displays the ForwardHealth interChange Provider portal. 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 and the text 'interChange Provider'. A welcome message reads 'Welcome IM Pharmacy > May 20, 2016 8:25 AM' with a 'Logout' link. A horizontal menu contains various navigation options, with 'Providers' highlighted in red. Below the menu, a message states 'You are logged in with Provider ID: 0000000000' next to a search box. A 'Providers > MTM Data Entry' link is accompanied by a small icon of a person with a stethoscope. The main content area is titled 'Select a link below to begin.' and lists two options: 'Review/Edit existing record' and 'Create a new Medication Therapy Management record'. A paragraph explains the 'Blank Form' option, noting it is for printing and capturing notes during the MTM service. At the bottom, there are links for 'About', 'Contact', 'Disclaimer', and 'Privacy Notice', and the text 'Wisconsin Department of Health Services'.

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)

[About](#) | [Contact](#) | [Disclaimer](#) | [Privacy Notice](#)
Wisconsin Department of Health Services



MTM Documentation on the Portal (Cont.)

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 Results

Member Information

Member ID:	<input type="text" value="1111111111"/>	Name:	<input type="text" value="JACK.LYNN"/>
Date of Birth:	<input type="text" value="12/18/1981"/>	County:	<input type="text" value="Dane"/>
Medicare ID:	<input type="text"/>	Address:	<input type="text" value="1 W WILSON
MADISON WI, 53700-0000"/>



MTM Documentation on the Portal (Cont.)

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

MTM Documentation on the Portal (Cont.)

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



MTM Documentation on the Portal (Cont.)

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)

MTM Documentation on the Portal (Cont.)

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

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



MTM Documentation on the Portal (Cont.)

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

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



MTM Documentation on the Portal (Cont.)

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

MTM Documentation on the Portal (Cont.)

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



MTM Documentation on the Portal (Cont.)

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?



MTM Documentation on the Portal

Chronic Condition Panels will display based on the conditions chosen in previous panel. Panels include:

- Diabetes Panel
- Hypertension Panel
- Asthma Control Test (ACT) Score Panel
- Chronic Kidney Disease Panel
- Heart Failure Panel
- Dyslipidemia Panel
- COPD Panel
- Depression Panel

MTM Documentation on the Portal (Cont.)

Diabetes ?

Required fields are indicated with an asterisk (*).

A1c History

Date of Lab	Score	Confirmed
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A1c Detail

Date of Lab

Score %

Confirmed? Yes No

LDL History

Date of Lab	Level	Confirmed
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LDL Detail

Date of Lab

Level mg/dL

Confirmed? Yes No



MTM Documentation on the Portal (Cont.)

Health Literacy Issue ?

Required fields are indicated with an asterisk (*).

Member Demonstrates a Health Literacy Issue

Describe the health literacy concern.

MTM Documentation on the Portal (Cont.)

Discharged from a Hospital or Long Term Care ?

Required fields are indicated with an asterisk (*).

Member Discharged from a Hospital or Long Term Care Setting in the Past 14 Days

Date of Discharge *

Disposition of Member *

If Other, please describe the disposition of the member.



MTM Documentation on the Portal (Cont.)

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	<input type="text"/>
Number of Falls in the Past 12 Months	<input type="text"/>
For Follow-up Visits: Number of Times the Member Has Fallen Since Last CMR/A Visit	<input type="text"/>
Number of Potentially Inappropriate Medications the Member Is Taking as Determined by the Pharmacist	<input type="text"/>



MTM Documentation on the Portal (Cont.)

Additional Information - Continued ?

Required fields are indicated with an asterisk (*).

Additional Information

Please add any additional information that may apply.

MTM Documentation on the Portal (Cont.)

Pharmacist Signature ?

Required fields are indicated with an asterisk (*).

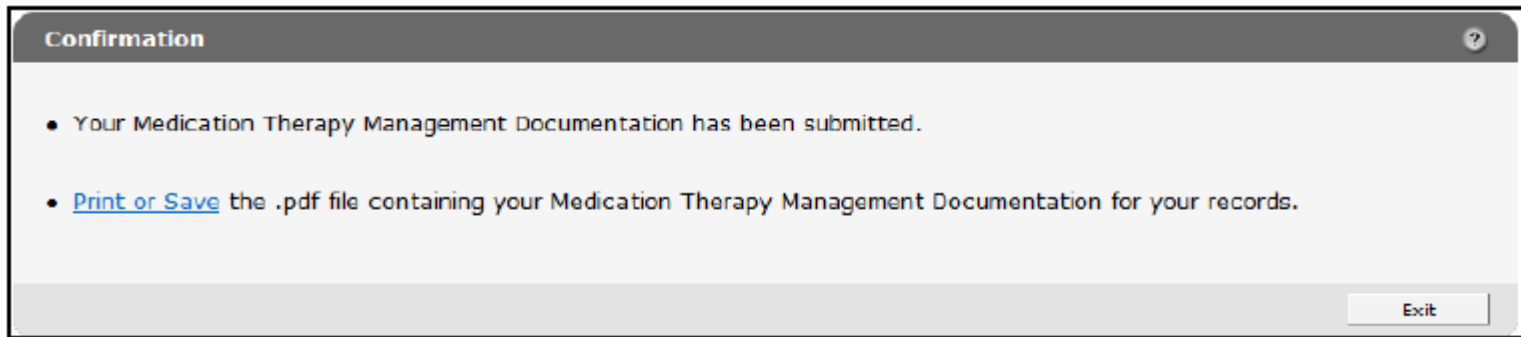
[Signature of Pharmacist Who Performed Service](#)

Pharmacist NPI

E-Signature of Pharmacist (type name)*

Date Signed*

MTM Documentation on the Portal (Cont.)



Additional Resources

For assistance regarding the submission of MTM supplemental documentation on the Portal:

- Refer to the Medication Therapy Management Documentation Storage User Guide.
- Call the Portal Helpdesk 866-908-1363.

Questions

Thank You