

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

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

Medication Therapy Management Project Lead  
Wisconsin Department of Health Services  
201 E Washington Ave Rm B300  
PO Box 309  
Madison WI 53701-0309

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Name – Vendor

Name – Contact Person	Phone Number – Contact Person
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Address – Vendor (Street, City, State, ZIP+4)

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**APPROVAL REQUIREMENTS**

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1. Requirements Related to System Function
  - Medication Therapy Management (MTM) case management software must be able to retrieve ForwardHealth claims information stored on a Secured File Transfer Protocol (SFTP) server on at least a monthly basis.
  - Software must be able to submit a Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant professional claim.
  - Software must be able to send and receive approximately 25 GB of data at one time.
  - Software must be able to receive pipe-delimited or comma-separated value files.
  - Software must be able to send pipe-delimited files back to the SFTP on a weekly basis.
  - Software must currently be enabled with Direct Secure Messaging or another HIPAA-compliant secure electronic messaging system to align with 2014 Office of National Coordinator for Health Information Technology (HIT) Electronic Health Record Certification.
2. Requirements Related to Privacy and Security
  - MTM case management software vendors must sign a Business Associate Agreement with the Wisconsin Department of Health Services (DHS) ensuring that the exchange of information conforms to the standards in HIPAA.
  - All data stored and/or transmitted by the software must be encrypted. All encryption, hashing, and signing modules used must be certified by the National Institute of Standards and Technology to federal Information Processing Standards 140-2.
  - Vendors must sign trading partner agreements with DHS and with DHS' fiscal agent to ensure that the vendor's activities conform with certain transaction standards outlined in the agreements.
3. Requirement Related to References
  - MTM case management software vendors must provide at least two positive references from current or past clients.

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#### 4. Requirements Related to HIT

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

#### 5. Requirements Related to Documentation

- MTM case management software must be able to capture and store all required documentation as described in the ForwardHealth Online Handbook Comprehensive Medication Review and Assessments — Documentation Requirements topic #14697 at [forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx](http://forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx). Pharmacy providers are required to retain this information.
- Software must be able to capture and store additional information related to the eligibility criteria.\* The following is a list of information the software must be able to capture and store. (Pharmacy providers may, but are not required to, submit this information.)

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#### **Asthma**

Asthma Control Test Score (Childhood and Adult Versions):

- Date of test
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

#### **Diabetes**

A1c:

- Date of measure
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

Low-Density Lipoprotein (LDL):

- Date of measure
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

#### **Heart Failure**

Blood Pressure:

- Date of measure
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

Heart Rate:

- Date of measure
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

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#### Weight:

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

Does the patient know how to check their blood pressure? If **yes**, how often does the member check their own blood pressure?

For patients 65 years of age and older:

- Number of adverse drug events (ADEs) in the past 12 months (Definition of an ADE is harm caused by use, misuse, or non-use of a drug.)
- Number of falls in the past 12 months (Definition of a fall is an event that results in a person coming to rest inadvertently on the ground, floor, or other lower level.)
- For follow-up visits, number of times the patient has fallen since last CMR/A visit
- Number of potentially inappropriate medications (PIMs) the patient is taking as determined by the pharmacist (Definition of a PIM is a medication identified in Beer's Criteria 2023 Update.)

#### **Hypertension**

Blood Pressure:

- Date of measure
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

Does the patient know how to check their blood pressure? If **yes**, how often does the member check their own blood pressure?

#### **Chronic Kidney Disease**

Blood Pressure:

- Date of measure
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

Serum Creatinine:

- Date of lab
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

Glomerular Filtration Rate:

- Date of lab
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

#### **Dyslipidemia**

Blood Pressure:

- Date of measure
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

LDL:

- Date of measure
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

#### **COPD**

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

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## Depression

Patient Health Questionnaire-2 (PHQ-2) Score:

- Date of test
- Confirmed (pharmacist-verified result) or not confirmed (patient reported)
- Ability for pharmacist to enter multiple lab values with corresponding dates

## Health Literacy

Describe the health literacy concern.

### For All Patients

Initial CMR/A:

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

Follow-up visits:

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

### For Patients Discharged From a Hospital or Long-Term Care Setting in the Past 14 Days:

- Date of discharge
- Disposition of patient (for example, discharged to home, to nursing home, to friend or family member)

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

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

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\* These are preliminary high-level measures that may be adjusted with changes to DHS' evaluation plan. DHS will notify approved vendors when these measures are adjusted and when they will be implemented.