# Required Information for Reimbursement of MTM Services By Community Health Plan of Washington

COMMUNITY HEALTH PLAN of Washington™

All of the following criteria must be met and documented for each member by the MTM provider prior to services being administered in order to be approved for the service to be rendered and to receive reimbursement.

**Initial Below**

**I certify that I am a provider in the CHPW pharmacy network with access to the member's medical data and chart and I will be working with the primary care team to coordinate therapeutic goals, medication recommendations, and provide ongoing monitoring of implementation and results of changes and laboratory results. Furthermore, I am enrolled and have a provider number with HCA under their Core Provider Agreement. Refer to:**

https://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/enroll-provider
http://www.chpw.org/for-providers/welcome/

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**I have reviewed and approve of the reimbursement rates for MTM services based on the HCA fee schedule.**

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**I certify that the member has undergone a transition of care that is likely to create a high risk of medication-related problems.**

Member Name:

Member Number:

List Transition Type:

Date Of Transition:

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**I certify that I will provide at a minimum the following list of required outcomes of the MTM initial comprehensive service and that this information will be provided to both the primary care team and the member in a timely fashion.**

- Drug-drug interactions
- High risk medications (drugs to be avoided in elderly)
- Diabetes medication dosing
- Diabetes (suboptimal) treatment
- Medication adherence
- Medication persistence
- Polypharmacy
- Overutilization
- Underutilization
- Medication issues resolved
- Overall prescription drug costs
- Patient understanding
- Self-management (programs and resources)
- Member satisfaction
- Provider satisfaction

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**REQUIRED:** To be eligible for reimbursement of MTM services, the member must have undergone a transition of care that is likely to create a high risk of medication-related problems, and meets one or more of the following:

## List Of Current Prescribed Medications (Includes Over-The-Counter And Dietary Supplements)

**Must List at Least Four**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

**Others:**

## List of"High Risk" Medications (See Beers List) or DEA Class II drugs

**Must List at Least One**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

**Others:**

## Current Chronic Conditions

**Check at Least Two**

_ AD/Dementia
_ Arthritis
_ Asthma
_ Atrial Fibrillation
_ Autism
_ Cancer
_ Chronic Kidney Disease
_ Chronic Obstructive Pulmonary Disease
_ Depression
_ Diabetes Mellitus
_ Heart Failure
_ Hyperlipidemia
_ Hypertension
_ Ischemic Heart Disease
_ Osteoporosis
_ Schizophrenia/Psychoses
_ Stroke