## MTM Credentialing Checklist:

| CRITERIA | YES | NO |
| :--- | :--- | :--- |
| Provider must be qualified and licensed in Washington State to provide MTM services. Provider must be a pharmacist or <br> primary care provider with a National Provider Identification (NPI) number and a current license in Washington State. |  |  |
| Provider must have a signed"Core Provider Agreement" (CPA) with the Health Care Authority (HCA). |  |  |
| Pharmacist must practice in the CHPW pharmacy network. |  |  |
| Provider must have access to the member's medical data and chart including laboratory results. |  |  |
| Provider must be working with the member's primary care team to coordinate therapeutic goals, medication <br> recommendations, and provide ongoing monitoring of implementation and results. Collaboration with the member's <br> primary care team to coordinate therapeutic goals, medication recommendations, and provide ongoing monitoring of <br> implementation and results is a requirement for reimbursement. |  |  |
| Reimbursement rates for MTM services will be based on the HCA fee schedule. |  |  |

