Medication Reconciliation Post-Discharge Provider Assessment Form

Please use this assessment form to help provide correct documentation needed to close the Medication Reconciliation Post-Discharge (MRP) Healthcare Effectiveness Data and Information Set (HEDIS®) measure. After completion, place a copy of the completed form in the member's record.

Member Information

Patient Name	Date of Birth	Member ID	Medication Reconciliation Date
Primary Care Provider		Visit Type ❑ Post Discharge Hospital Follow-up	

Please confirm how reconciliation was performed (select one option only):
❑ During an office visit with the member ❑ During a telephone call with the member

Discharge Information

Discharge Date	Admission Diagnosis	Discharge Diagnosis
Facility	Hospitalist	

List all medications prescribed to the member upon discharge.

Discharge Information

Drug Name	Dose	Frequency

Check one if the medication list isn't completed:
❑ Member was not prescribed any medications upon discharge.
❑ Member's discharge medication list is attached.

❑ I have reviewed the patient's discharge medications and reconciled against his/her pre-admission medications.

Care Provider Name and Credentials:	Care Provider Signature:	Date of Review:

If medications were reconciled during office visit, or if this form is completed, please submit Code 1111F to the health plan to capture compliance.

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