

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	<input type="checkbox"/> Post Discharge Hospital Follow-up
Please confirm how reconciliation was performed (select one option only):			
<input type="checkbox"/> During an office visit with the member		<input type="checkbox"/> 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:		
<input type="checkbox"/> Member was not prescribed any medications upon discharge.		
<input type="checkbox"/> Member's discharge medication list is attached.		

<input type="checkbox"/> 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.