

# Medication reconciliation

Agency: \_\_\_\_\_ Evaluator: \_\_\_\_\_ RN: \_\_\_\_\_

Date of discharge: \_\_\_\_\_ Date of reconciliation: \_\_\_\_\_

Patient name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

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One of the benefits of Priority Health Medicare Advantage plans is a Post-discharge In-home Medication Reconciliation. A critical element to the success of this initiative is relaying your findings to Priority Health to ensure the care team is able to follow up on the recommendations and care needs. **When complete, please fax this “medication reconciliation” form to the Priority Health Healthcare Coordinator within Care Management at 616.942.0024.** For questions, please contact 800.998.1037, ext. 68911 or 616.464.8818, ext. 68911.

**NOTE TO PROVIDER/BILLER:**

CPT Cat II code 1111F along with HCPCS code S5109 are required for payment.

**Check all items that were completed during the visit:**

- ☐ Determined if new medications have been obtained
- ☐ Developed a complete and accurate list of all medications
- ☐ Assessment of list for interactions/discrepancies
- ☐ Notification of interactions/discrepancies to the following, including side effects that may result in illness or injury:

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- ☐ Education regarding medications including:

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- ☐ Medication set-up

## Medication reconciliation

Patient name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

### Medication reconciliation summary

#### The following issues are still concerns for this patient:

- ☐ Difficulty understanding purpose of medications
- ☐ Difficulty understanding complicated medication regimen
- ☐ Difficulty coordinating between multiple prescribing physicians
- ☐ Difficulty remembering when to take medications
- ☐ Difficulty reading/seeing labels on medications
- ☐ Unable to get to the pharmacy to pick up medications
- ☐ Unable to afford medications
- ☐ Difficulty understanding medication coverage (insurance benefits)
- ☐ Difficulty with medication administration
- ☐ Other: \_\_\_\_\_

#### Consider:

- ☐ Skilled Homecare for SN PT OT SP MSW
- ☐ Private duty care
- ☐ Telemonitoring
- ☐ Referral for Comprehensive Medication Review (CMR)
- ☐ Referral for social or behavioral health support due to: \_\_\_\_\_
- ☐ Referral to additional community resources including: \_\_\_\_\_
- ✓ **Adding Priority Health/PCP Outpatient Care Manager**

#### Other comments:

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Clinician Signature

\_\_\_\_\_  
Date