



# Medication Reconciliation

## What is medication reconciliation

CMS defines medication reconciliation as “the process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency and route, by comparing the medical record to an external list of medications obtained from the patient, hospital or other provider.”

As part of CMS Meaningful Use program, a measure for medication reconciliation was established as best practice for providers. The objective that CMS defines is, “the eligible professional who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.”

As part of the Tailored Plan, the state requires medication reconciliation as part of ongoing care management of members. This is an integral requirement in member transitions of care.

## Why is medication reconciliation Important?

- Ensures medication adherence.
- Assists in avoiding medication errors such as omissions, dosing errors and drug interactions.
- Ensures the member understands any new medication or rewritten prescriptions.

## Who can complete medication reconciliation?

A medical license, such as RN, MD, pharmacist or pharmacy tech, is required to complete medication reconciliation.

Care managers, extenders, licensed clinicians, etc., cannot complete medication reconciliation. The care manager can:

- Help the member troubleshoot issues with finding a pharmacist.
- Coordinate with an RN in the MD’s office to ask questions about meds or set up an appointment for the member if they need help understanding their meds.
- Help make a medication list. (Care managers should get all the pharmacy data so they can see what is prescribed for members.)

All Tailored Care Management agencies should have written procedures as to how medication reconciliation will be conducted. Note that primary care physicians will complete their own medication reconciliation, but all TCM agencies are also responsible for completing their own.

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## How do I conduct medication reconciliation?

- Document a list of current medications in the electronic health record (EHR) (including over-the-counter medications).
- Use a list of medications as prescribed (from member, hospital discharge, other provider).
- Compare the two lists, validating with the member.
- Make notes of discrepancies for the clinical decisions based on the comparison.
- Document that medications have been reconciled.
- Communicate the new list of medications to the member/caregiver.