

Medication Reconciliation

Effective Date: 7/28/2014

Draft/Review Date: 6/9/2014

Policy

- A. It is the policy of the ACO to establish best practices for the prevention of medication errors, poly-pharmacy risk, or adverse events due to drug-drug interactions, drug-food interactions, and/or other contraindications to a medication.

Applicability

This policy and procedure applies to all Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities.

Procedure

- A. The ACO will work with ACO Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities to document, communicate and reconcile medication profiles for each Beneficiary.
- B. Participants and Providers/Suppliers will be encouraged to share medication profiles with other Providers/Suppliers in order to reduce risk of harm due to poly-pharmacy or adverse events.
- C. The Beneficiary record will include a current list of medications taken by the Beneficiary as provided by the CMS claims data, the Participant's or Provider's/Supplier's electronic or paper medical record or Beneficiary provided information from a medication reconciliation assessment, including over-the-counter and any alternative or naturopathic medications. The current list of Beneficiary medications should be updated with each Beneficiary visit.
- D. When a Beneficiary makes an appointment, he/she should be reminded to take all current medications to the appointment.
- E. At the time of the Beneficiary's appointment, staff should obtain a complete and accurate list of the medications that the Beneficiary is taking (including nonprescription, over-the-counter items, and alternative or naturopathic medications).
- F. The Beneficiary's current medications should be documented in the medical record on the medication list. The information obtained from the Beneficiary or their designated caregiver will be as complete as possible and may include the following:
 - 1. Drug name;
 - 2. Dose;
 - 3. Route;
 - 4. Frequency;
 - 5. Indication; and,
 - 6. Date and time of last dose.

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- G. Staff will compare the list of current medications with documentation in the Beneficiary's medical record when reviewing reports from ambulatory care visits, inpatient settings, or specialty appointments.
- H. When a Beneficiary is referred to another healthcare Provider, the information regarding the Beneficiary's care and list of current medications should be sent to the referral Provider.
- I. If a list of the Beneficiary's medications cannot be obtained from the Beneficiary because of an individual Beneficiary situation (e.g., Beneficiary refuses to provide a list, does not have a list, or repeatedly forgets the list), documentation of why this list could not be obtained should be placed in the medical record.

Reporting

- A. N/A

Related Documentation

- A. 42 CFR §424.112
- B. ACO Application Narratives: Promoting Beneficiary Engagement, Promoting Coordination of Care, Promoting Evidence-Based Medicine
- C. ACO Terms & Definitions Policy
- D. Care Coordination Program Policy
- E. Medicare Shared Savings Program Quality Measures:
 - 1. Measure #12: Medication Reconciliation
- F. Medication Reconciliation Letter
- G. NCQA Standards and Guidelines for the Accreditation of Accountable Care Organizations:
 - 1. PC 1, Element F: Medication Management

Additional Guidance

The Physician's Role in Medication Reconciliation: <http://www.ama-assn.org/resources/doc/cqi/med-rec-monograph.pdf>; American Medical Association.