



Time Sensitive

2021 Healthcare Effectiveness Data and Information Set (HEDIS®)

Request for Medication Reconciliation Post Discharge targeting or records

To: _____ From: _____ PPM, CPC, UHC
 Attention: _____ Phone: _____
 Phone: _____ Fax: _____
 Fax: _____ Request date: _____
 Completed by: _____ Return date: _____

The following UnitedHealthcare (UHC) plan members have been identified as part of the Star HEDIS quality measure:

Transitions of Care: Medication Reconciliation Post Discharge

Transitions of Care: Medication Reconciliation Post Discharge (TRCMRP) is documentation of medication reconciliation conducted by a prescribing practitioner, pharmacist or registered nurse on the day of discharge through 30 days after a discharge. Review the TRCMRP member information and please complete the information below and the action taken.

Member name	Date of birth	Discharge date	Completed within 30 days of discharge?	Action taken by provider	No information Please indicate reason	Office*	Phone*
Example: John Doe	01/01/1953	03/02/2021	No	Not applicable	Member seen at another office	Office name (If applicable)	Office phone (If applicable)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

* Please complete office and phone fields. If no information, please indicate reason field = Member seen at another office
 Please do not send records from 2020 dates of service or write any medical records or results on this form.
 PCA-1-21-02882-M&R-EM_08182021



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Do you need additional support with any of the following?

- Submitting CPT®II codes
- Members with frequent readmission
- Documentation review
- Contacting members

- MRP completed, please upload attached records to Practice Assist
- Claims
- Other: _____

Completed attached MRP form below.

If completed MRP form, upload completed form to Practice Assist, or send completed form to UnitedHealthcare Representative or submit CPT II code and place completed form in member's health record.

Please return completed secured form to:
UnitedHealthcare Representative





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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 1 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 current and discharge medications.

List of medications current and discharge

Drug name	Dose at discharge	Frequency

Check 1 if the medication list isn't completed:	Member was not prescribed any medications upon discharge.
	Members discharge and current 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:
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If medications were reconciled during office visit, or if this form is completed, please submit Code 1111F to the health plan to capture compliance.

