Anthem Blue Cross and Blue Shield

Improve member medication regimen

Anthem Blue Cross and Blue Shield and the Centers for Medicare & Medicaid Services consider medication review and reconciliation a top priority to help ensure members take their medications safely. Our pharmacists use medication review and reconciliation to help members understand what medications they are taking, why they are taking them, how they should be taking their medication and to answer any questions or concerns they have about their medication regimen.

Anthem may contact you to discuss members’ medications as part of either the Medication Therapy Management (MTM) or the Medication Reconciliation Post Discharge (MRPD) programs:

- The MTM program starts with a letter welcoming members to participate in a private medication review with one of our pharmacists over the phone. This free service gives members the opportunity to ask questions about the medicines they are taking and to review prescription and over-the-counter drugs to prevent drug reactions, and helps members get the most benefit from their medications at the lowest cost. At the end of the discussion, your patient is encouraged to share a written summary of their medication list and any medication-related concerns with you.

- Medication Reconciliation Post Discharge is a HEDIS and Centers for Medicare & Medicaid star ratings measure for 2018. The MRPD program helps members with their medications after they have been discharged from an inpatient hospital stay. Anthem pharmacists will work with you and the member to identify and correct any medication related problems to reduce the risk of readmission. To complete this measure per HEDIS specifications, it is necessary to include the appropriate documentation in the member’s chart. The medication reconciliation post-discharge HEDIS measure medical record documentation must include the following:

  1. Date medication reconciliation was performed
  2. Notation stating that current medication and discharge medication lists were reviewed
  3. Signature of prescribing care provider, clinical pharmacist or registered nurse who performed medication reconciliation
  4. If medications were provided at discharge, please include the member’s next steps such as:
     a. Take new medications as prescribed.
     b. Discontinue all discharge medications.
  5. Notation if no medications were prescribed at discharge
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