

## MEDICATIONS

<b>START OR RESUMPTION OF CARE</b>	
<b>(M2001) Drug Regimen Review:</b> Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No - No issues found during review [ <i>Go to M2010</i> ] 1 Yes - Issues found during review 9 NA - Patient is not taking any medications [ <i>Go to M2040</i> ]
<b>(M2003) Medication Follow-up:</b> Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes

<b>END OF CARE (DISCHARGE, TRANSFER, DEATH AT HOME)</b>	
<b>(M2005) Medication Intervention:</b> Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications