

## **MEDICATIONS**

<b>(M2001)</b>		<b>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 M2102</i> ]
<b>(M2003)</b>		<b>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>(M2005)</b>		<b>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