

**Alaska Medicaid Coordinated Care Initiative
(AMCCI)**

**MONTHLY MEDICATION COMPLIANCE
FORM**

4/9/2014

ALASKA MEDICAID COORDINATED CARE INITIATIVE (AMCCI)

Purpose
The purpose of the Medication Compliance Form is to enable vendors to determine whether a member is compliant with their medication regime. Used in conjunction with the Initial Health Screening, the vendor may be able to ascertain whether the member's level of compliance with their medication regime is a contributing factor to higher emergency room utilization.
Instructions
General: The case manager should complete the Monthly Medication Compliance Form at each monthly visit.
(1) Case managers must review and become familiar with the Monthly Medication Compliance Form
(2) Case managers will interview the member regarding each category and record the member's response by placing an "X" in the column to the left of the appropriate statement in the "Observation / Participant Report" column
(3) Case managers must only record one response for each section
(4) Case managers may record additional or supplemental information in the comments box
(5) Vendors are required to submit to DHCS all member data required

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Medication Compliance Form

Date:			
Member ID#:		Member DOB:	
Member Name:		Case Manager Name:	

Indicate Response	Observation / Participant Report
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Mediset	
	Participant is prescribed a mediset and it comes prefilled by a pharmacy
	Participant has someone (family member, friend, etc.) fill the mediset for them
	Participant fills their own mediset
	Participant does not use a mediset

Monthly Compliance	
	Participant took all medication as prescribed
	Participant took all medication but not as prescribed
	Participant reports losing/dropping medication and could not take medication as prescribed

Prescription Changes	
	Participant had a change in dosage for at least one prescription medication
	Participant was prescribed at least one new medication
	Participant discontinued at least one prescription medication

Comments	
Use this section to record additional information (took all meds but not as prescribed, forgets nightly doses, etc. Please include any participant information regarding noncompliance)	