MEDICATION RECONCILIATION POST-DISCHARGE (MRP)

Effectiveness of Care HEDIS® Measure

Measurement definition

This measure is determined by the number of discharges to ensure members 18 years of age and older, with Medicare, had their medications reviewed following any discharges from the date of discharge through 30 days after discharge (a total of 31 days). This means medication reconciliation must occur after each discharge event within the measurement year for a member to qualify.

Exclusions

Patients are excluded if they received hospice care during the measurement year.

Information that patient medical records should include

Any of the following options below found within a member's record will count as evidence of medication reconciliation occurring:

-Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service

-Documentation of current medications with notation that the discharge medications were reviewed

-Documentation of current medications with notation that references the discharge medications

-Evidence that a patient was seen post-discharge in the form of documentation that the provider was aware of patient's hospitalization or discharge

-Notation that no medications were prescribed or ordered upon discharge

- When the following CPT® codes are billed within 30 days of discharge, it will close the treatment opportunity, reducing medical record requests.

CPT® II code	Description
1111F	Discharge medications are reconciled with the current medication list in outpatient medical record. Can be billed alone since a face-to-face visit is not required.
99483	Assessment and care planning for a patient with cognitive impairment. Requires an array of assessments and evaluations, including medication reconciliation and review for high-risk medications, if applicable.
99495	Transitional care management that requires communication with the patient or caregiver within two business days of discharge (can be done by phone, email or in person) and decision-making of at least **moderate** complexity and a face-to-face visit within **14** days of discharge.
99496	Transitional care management that requires communication with the patient or caregiver within 2 business days of discharge (can be done by phone, email or in person) and decision-making of at least **high** complexity and a face-to-face visit within **seven** days of discharge.

Tips for success

- An outpatient visit is not required but is encouraged. Schedule appointments with recently discharged patients within seven days of their discharge.
- Request patients' discharge summary with medication list and any discharge instructions from the inpatient facility.
- Conduct medication reconciliation by comparing the medication list from the hospital discharge summary against the patients' outpatient provider list of current medications and document that the reconciliation was done.
- Ensure the medication reconciliation is completed and signed by a prescribing provider, clinical pharmacist, physician assistant, registered nurse, or nurse practitioner.

Tips for talking with patients

- Discuss the condition that triggered the hospitalization and review the patients' medications.
- Make sure patients understand how to take their new medications and know which medications they should not take anymore.
- Ask patients to bring all their prescription and over-the-counter medications including topical agents to the hospital follow-up appointment.

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