Medication Reconciliation Post-Discharge (MRP)

Effectiveness of Care HEDIS® measure

Measurement definition

Patients ages 18 and older in the measurement year with Medicare coverage whose medications were reconciled on the date of discharge through 30 days after discharge (a total of 31 days).

Exclusions

- Patients are excluded if they received hospice care during the measurement year.
- Are deceased within 30 days post-discharge

Information that patient medical records should include

- Documentation must indicate that the provider is aware of the member's hospitalization or discharge

- Must include date medication reconciliation was performed

- Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, or registered nurse

- Documentation of the current medications with evidence of medication reconciliation must include:

  o Notation that the provider reconciled the current and discharge medications.

  o Notation that references the discharge medications (e.g., no change in medications since discharge, same medications at discharge, discontinue all discharge medications).

  o Evidence that the patient was seen for post-discharge hospital follow up with medication reconciliation review.

  o Notation that no medications were prescribed or ordered upon discharge.

Information that patient claims should include

When the following CPT® codes are billed within 30 days of discharge, it will close the treatment opportunity, reducing medical record requests. Visits with a practitioner can be with or without a telehealth modifier.

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

CPT® II code	Description
	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 two 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

- Medication Reconciliation does not require a visit with the member, but documentation must be in the outpatient medical record.

- A post-discharge visit (office visit, home visit, telehealth, e-visit or virtual check-in) is encouraged to support patient engagement after an inpatient discharge. 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.

- 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.