**What It Measures:** The percentage of patients 18 years and older who were discharged from January 1 to December 1 and had medications reconciled within 30 days from the date of discharge (31 days total) from a hospital or skilled nursing facility. It is not a medication review. Rather, it reconciles the most recent outpatient medications list with the medications that were prescribed at discharge.

**Who Can Conduct It:** Primary care physicians, nurse practitioners, physician assistants, registered nurses and clinical pharmacists. **This does not have to be done face to face.** This can be done over the phone; patients do not have to come in for visits.

**Who Is Eligible:** All discharges from an acute or non-acute facility within the last 31 days (including the day of discharge). Every time patients are discharged, they are eligible.

**Best Practices:**

> Schedule appointments with primary care teams within the first seven days of discharge, or as soon as you are aware of discharge.

> Review discharge instructions and medications with patients and make sure they understand and are able to follow them.

> Reconcile patients’ discharged medications to their outpatient medications.

**How to Close the Gap in Care:** Once a reconciliation is complete, record it in one of two ways.

> On the claim encounter with one of the following CPT codes (no other documentation is required):

   - **1111F** Discharge medications reconciled with the current medication list in outpatient medical record
   - **99495** Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)
   - **99496** Transitional care management services with high medical decision complexity (face-to-face visit within seven days of discharge)

> In the medical record and include:

   - A dated progress note stating, “Hospital (or skilled nursing facility) discharge medications were reconciled with the current outpatient medications”
   - A signed and dated current medication list

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**Medication Reconciliation Post Discharge Is Recommended By:**

- The Joint Commission
- CMS
- The American Geriatric Society
What It Measures: The percentage of patients 18 years and older who were discharged from January 1 to December 1 and had medications reconciled within 30 days from the date of discharge (31 days total).

What It Is: Patients of primary care teams reconcile discharge medications with the most recent medication lists in outpatient medical records.

How It Is Measured:

> **Denominator:** An acute or non-acute inpatient discharge from January 1 through December 1 of the measurement year. The denominator is based on discharges, not unique patients. If patients have more than one discharge, include all discharges during the measurement period.

> **Numerator:** Medication reconciliation performed through either administrative data or medical record review within 31 days of discharge (including the day of discharge).

What You (the Medical Group) Can Do:

> **Set up a process so that CPT level II code 1111F can be added to claim encounters.** This is the most efficient and least costly way to report and get credit for completing the measure because no other documentation is required.
  - If you need help using the provider portal or SCAN’s Industry Collaborative Effort files to enter the code, contact your SCAN encounter team representative.
  - Have a simple process in place for your physicians’ offices to identify encounters needing the 1111F code.
  - **Retrieve discharge summary from the hospital and transmit to the physicians’ office.**
  - **Set up a process with the hospitals to receive discharge summaries electronically.**

> **Set up a care transition team to:**
  - Schedule appointments for patients
  - Coordinate transportation to and from the primary care team offices
  - Remind patients to take their medications as prescribed
  - Have an RN or pharmacist do the reconciliation based on the discharge summary and send it to the physician.
  - Ensure discharge summary and discharge medications are available to the primary care physician in a timely manner.

> **Let your physicians and other providers know about the measure.** Make sure they receive the guidelines and best practices on the other side of this sheet.

For more information, contact NetworkQuality@scanhealthplan.com.