

Post-Discharge Medication Reconciliation

5-Star Best Practices



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

Medication Reconciliation Post Discharge Is Recommended By:

- The Joint Commission
- CMS
- The American Geriatric Society

Medication Reconciliation

Medical Group Guidelines



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).

Reconciliation Reduces Readmits:

One in five Medicare patients is readmitted within 30 days.

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.