BlueCross BlueShield Nebraska

Medication Reconciliation Post-Discharge (MRP)

Effectiveness of Care HEDIS® Measure

HEDIS MEASURE 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), according to the National Committee for Quality Assurance.

EXCLUSIONS

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

PATIENT MEDICAL RECORDS SHOULD INCLUDE

- Documentation indicating the provider is aware of the patient's hospitalization or discharge
- The date medication reconciliation was performed
    - Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist or registered nurse
- Current medications with evidence of medication reconciliation, including one of the following:
    - Notation that the provider reconciled the current and discharge medications
    - Notation that references the discharge medications (for example, no change in medications since discharge, same medications at discharge discontinue all discharge medications)
    - Evidence that the patient was seen for post-discharge hospital follow up with medication reconciliation review
    - Notation that no medications were prescribed or ordered upon discharge

PATIENT CLAIMS SHOULD INCLUDE

- When any of the following CPT® codes are billed within 30 days of discharge, the treatment opportunity will be closed, 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 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.

Visits with a practitioner may include a telehealth modifier.

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
- Conduct medication reconciliation by comparing the medication list from the hospital discharge summary against the patients' outpatient list of 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 no longer take
- Ask patients to bring all their prescription and over-the-counter medications including topical agents to the post-discharge hospital follow-up appointment