Medication Reconciliation Post-Discharge (MRP)

Description of Measure

The percentage of members 18 and older, with an acute or non-acute inpatient discharge on or between January 1 – December 1 of the measurement year (MY), who have a medication reconciliation documented on the date of discharge through 30 days after the discharge (31 days total).[I]

Documentation

Documentation in the PCP's or ongoing care provider's (OCP) outpatient medical record must include one of the following:

- Outpatient hospital follow-up visit
- Discharge summary
- MRP must be completed by an appropriate provider type:
  - Prescribing practitioner(MD, DO, NP, APRN, PA)
  - Pharmacist
  - RN

Documentation of a hospital follow-up visit must reference the acute hospitalization (hospital or rehab), admission, or discharge.

Reference only of post-op or post-surgical visit does not indicate an inpatient hospitalization.

Documentation must include the medication list resulted from the reconciliation, the date performed and note anyone of the following:

- An embedded medication list on the same DOS of the hospital follow-up
- Provider reconciled the current and discharge medications
- Reference to the discharge medications (e.g., no changes in medication post discharge, or discharge medications reviewed)
- Discharge summary indicates medication list reconciled with current medication and is filed in the outpatient record within 30 days post-discharge
- List of current medications with evidence patient was seen for post-discharge hospital follow-up
- Freestanding medication list in the outpatient medical record with a medication review statement in the hospital follow-up visit

Use of discharge summary for MRP it must be in a shared EMR and an outpatient medication list must be present.

Medication reconciliation performed without the patient present meets criteria.

These codes will close MRP.

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 or 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 7 days of discharge.
428701000124107	Medication reconciliation by pharmacist (procedure)

Exclusions

Patients are excluded if they are in hospice or using hospice services or die during the measurement year.

Exclusion	Time Frame
Members who elect or use hospice services	Anytime in MY
Member who died	Anytime in MY

Tips for Success	■ Develop a centralized team or assigned roles to communicate with patients post-discharge and ensure records are reviewed and signed by appropriate provider for measure compliance. ■ Implement a standard post-discharge call template to reduce patient risk and readmissions that incorporates: - Medication reconciliation - Confirms a follow-up appointment is scheduled and kept - Assesses patient's or caregiver's ability to self-manage medications ■ Include non-acute (surgical) admissions in post-discharge outreach and medication reconciliation, even if post-surgical treatment is being performed through a specialist. Ensure the medication list that was the result of reconciliation is in the chart note or can be pulled up in the reference to the reconciliation later. EMR medication lists that update upon prescribing are not sufficient to demonstrate the medications that were in place upon reconciliation.

Resources

I. National Committee for Quality Assurance, HEDIS® Measurement Year 2025 Volume 2 Technical Specifications for Health Plans