**Provider Resource Guide**

### Medication Reconciliation Post Discharge (MRP)

**Definition**

Percentage of discharges from January 1–December 1 of the measurement year for patients age 18 years or older for whom medications were reconciled the date of discharge through 30 days after discharge (31 days total).

**Plans Affected**

- Medicare Advantage.

**Quality Programs Affected**

- CMS Star Ratings.

**Collection and Reporting Method**

- Hybrid claim/encounter data and medical record documentation.

This is a quick reference tool to help you with coding and documentation of Medicare Star Rating measures that close care gaps.

### Codes

**Medication reconciliation**

| CPT/CPT II | 1111F, 99495, 99496, 99483 |

### Exclusions

<table>
<thead>
<tr>
<th>Standard exclusions</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients in hospice.</td>
<td>Anytime during the measurement year.</td>
</tr>
<tr>
<td>Patients who remain in an acute or non-acute facility.</td>
<td>Through December 1 of the measurement year.</td>
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</tbody>
</table>

### Medical Record Documentation

**Test, service or procedure to close the care gap**

- Discharge medications and medications prior to admission reconciled and documented.
- Current medications and discharge medication list reviewed and documentation of any of the following:
  - Status of discharge medications.
  - Notation that discharge medications were reviewed.
  - Review of discharge medication list.
  - Notation if no medications were prescribed at discharge.
- Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, or registered nurse.
- Medication reconciliation must be completed on the date of discharge or 30 days afterward.
- Medication reconciliation can be documented if there’s evidence that:
  - A member was seen for a post-discharge follow-up.
  - Medication review or reconciliation was completed at the appointment.

**Medical record detail, any of the following:**

- Medication list.
- Progress notes.
- SOAP notes.
- Home health records.
- Health history and physical.
- Skilled nursing facility minimum data set (MDS) form.

HMSA will make the final decision about reimbursement when we receive a claim. Submitting a claim with a code from this document doesn’t guarantee payment. Payment of covered services depends on a patient’s plan benefits, your eligibility for payment, claim processing requirements, and your contract with HMSA.
Tips and Best Practices to Help Close the Care Gap

- Clearly document date of service and credentials of person completing the reconciliation, such as RN, pharmacist, etc. Ensure that reconciliation matches pre-admission medications to discharge medications.
- Only documentation in the outpatient chart meets the intent of the measure. An outpatient visit isn’t required.
- The use of CPT Category II codes helps HMSA identify clinical outcomes such as medication reconciliation. It can also reduce the need for chart review. Please code 1111F when possible.
- This measure applies to discharges from acute or non-acute facilities to home. Discharges between facilities aren’t tracked in this measure.
- Medication reconciliation must clearly tie a patient's discharge medications to the medications they were taking before an inpatient admission. A simple documentation of “medications reviewed” won’t meet compliance.
- Medication reconciliation may be performed during a home visit, but documentation of its completion must be included in the outpatient chart.
- A discharge summary alone in the outpatient chart won’t meet compliance for this measure.

For information about Medicare Star Ratings measures, please visit the Provider Resource Center at hmsa.com/portal/provider/zav_pel.aa.MED.100.htm.

Information in this guide is based on National Committee for Quality Assurance (NCQA) HEDIS technical specifications. For details, visit ncqa.org.

If you have any questions, call HMSA Provider Services at 948-6820 on Oahu or 1 (877) 304-4672 toll-free on the Neighbor Islands.