

Medication Reconciliation Post-Discharge (MRP)

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

- Medication reconciliation is conducted by a prescribing practitioner, clinical pharmacist, or registered nurse on the date of discharge or within 30 days after discharge (31 days total).
- Medication reconciliation does not have to be completed in a face to face visit.

Medical Record Documentation required for MRP:

Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meets criteria:

- Documentation of the current medications with a notation that the provider reconciled the current and discharge medications during a post-discharge hospital follow-up visit.
- Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
- Documentation of the member's current medications with a notation that the discharge medications were reviewed.
- Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.
- Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.
- Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record.
- Notation that no medications were prescribed or ordered upon discharge.

Provider tips to improve Compliance with the MRP HEDIS measure:

- Only documentation in the outpatient charts meets criteria, even though an outpatient visit is not required.
- A discharge summary (in the outpatient chart) that contains evidence that the medication reconciliation was performed on the date of discharge by the appropriate provider type (prescribing practitioner, clinical pharmacist, or registered nurse) meets criteria. There is no requirement that an outpatient provider review the medication reconciliation.
- Primary Care Providers should make an effort to get discharge records from the facility within 1 day of discharge to be included in the members chart.

- An outpatient visit with the provider on the day of discharge is eligible for medication reconciliation.
- It is best practice that ALL hospital admission and discharges have a medication reconciliation.
- If the inpatient provider and outpatient provider are the same, there still must be documentation of the discharge medications being reconciled with current medications in the outpatient record.
- Medication lists found in the discharge summary do not count as the medication reconciliation. It must state that the **discharge medications were reconciled with the current medications** on the day of discharge.
- Medication reconciliation may be completed over the phone if all criteria are met.
- Medication reconciliation may be a good time to review opiates prescribed as new or ongoing.

Direct Transfers and Skilled Nursing Facilities:

- If the discharge is followed by a readmission or direct transfer to an acute or non-acute facility within the 30-day period, count only the readmission or transferred facility discharge date. Reconciliation cannot be done the day before discharge in preparation of a transfer to another facility.
- Reconciliations done in Nursing Home/Skilled Nursing Facility do not count. Reconciliation must be completed in the outpatient setting.
- Any patient that remains in an acute or non-acute facility through December 1 of the measurement year needs to be excluded from the measure. There must be documentation that identifies the member has remained in the facility from the date of discharge through December 1 of the measurement year.
- Assisted Living Facilities and Group Homes are considered outpatient settings.
- **When a patient discharges from a Skilled Nursing Facility, the 30 day window starts and medication reconciliation is still required.**
- Skilled Nursing Facilities, reconciliation on the day prior to discharge, DO NOT count.

Exclusions to the measure:

- Patients enrolled in hospice or using hospice services at any time during the measurement year.
- A hospice assessment without evidence of enrollment does not count, must prove enrollment.
- Patients who were never discharged to an outpatient setting as of December 1.
- Evidence for excluding a member from that facility supporting that the member resides can be obtained from progress notes or a facility census record showing admit date and LOS.
- Patients who expired in the acute or non-acute facility, regardless of the date of death.