

October 6, 2017

Friday Focus

CMS Announces the Future of Quality Measurement

“Consider the following: Approximately 20% of patients experience adverse events (AEs) within three weeks of discharge; nearly one in three heart patients is readmitted within one month after hospital discharge; and three of every four post-discharge follow-up visits occur without the benefit of a discharge summary” (Hennen & Jorgenson, 2014, para 2). Now consider this: Despite national patient safety goals and meaningful use requirements for medication reconciliation post-discharge, approximately 20% of all Medicare members discharged from hospitals will be readmitted within 30 days with adverse medication events being the number one reason for readmission (Alper, O’Malley, & Greenwood, 2017, para 1). Is it any wonder CMS estimates Medicare penalties on hospitals for readmissions are expected to increase to more than \$528 million in 2017 (Boccuti & Casillas, 2017)?

Although the above data shows the national trends, SWHP/BSWH is not immune to this problem. Only 19.90% of all SWHP MAPD discharges (2017 year to date) were found to be compliant with MRP via administrative data. – QSI 8/24/17

In response to Congressional direction and ongoing initiatives, CMS began implementing quality strategies to reduce these rates. One strategy is the inclusion of the new Medicare Stars Measure – Medication Reconciliation Post Discharge (MRP). This new measure is assessed for compliance **each time** a patient 18 and older is contacted or seen for an outpatient encounter within 30 days post hospital discharge. If the patient was transferred to a skilled nursing facility or rehabilitation facility post discharge, the 30-day window starts on the date of discharge from the inpatient facility. CMS regulations require the current and discharge medication lists to be reconciled with the patient by a provider, pharmacist, or registered nurse.

Both CMS and TJC allow for the use of the following CPT billing and tracking codes to administratively demonstrate compliance:

- 99495 – Transitional care management services with moderate medical decision complexity (face-to-face within 14-days of discharge)
- 99496 – Transitional care management with high medical decision complexity (face-to-face within 7-days of discharge)
- 1111F – CPT II code for medication reconciliation within 30 days post-discharge

Oftentimes, medication reconciliation is an under-documented service that can significantly impact the quality, cost, and outcome of care for our patients post-discharge.

As always, we appreciate your ideas and feedback and thank you for the quality work you do. All editions of the Friday Focus are available on the SWHP website: <https://swhp.org/en-us/prov/news/providers-friday-focus>.



Roy Champion, M.S. RN
Clinical Quality, RN

References

- Alper, E., O’Malley, T. A., & Greenwald, J. (2017, April 3). Hospital discharge and readmission. Retrieved September 11, 2017, from <https://www.uptodate.com/contents/hospital-discharge-and-readmission>
- Boccuti, C., & Casillas, G. (2017, March 10). Aiming for Fewer Hospital U-turns: The Medicare Hospital Readmission Reduction Program | The Henry J. Kaiser Family Foundation. Retrieved September 11, 2017, from <http://www.kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/>
- Hennen, C. R., & Jorgenson, J. A. (2014). Importance of Medication Reconciliation in the Continuum of Care. *American Journal of Pharmacy Benefits*, 6(2), 71-75. Retrieved from http://www.ajpb.com/journals/ajpb/2014/ajpb_marapr2014/importance-of-medication-reconciliation-in-the-continuum-of-care

