

Medication Reconciliation Post Discharge

Medicare Advantage Gap Closure Incentive

Frequently Asked Questions

July 2016

Q: When does the Medication Reconciliation Post Discharge incentive take effect?

A: This incentive was announced in June 2016 and includes all discharges for Medicare Advantage members beginning Jan. 1, 2016 through Dec. 1, 2016.

Q: Can providers report a medication reconciliation retrospectively using the CPTII 1111F code on a zero charge claim?

A: Yes. Zero charge claims using CPTII code 1111F can be submitted for any Medicare Advantage member discharge in 2016 with a medication reconciliation that was performed within 30 days of the inpatient discharge and was appropriately documented in the patient's outpatient medical record.

Q: Will there be a mass claims adjustment form for this measure?

A: Mass claims submission is currently not available for this measure.

Q: Will there be a Gap Report for this measure?

A: Compliance tracking and patient-level detail for medication reconciliations completed will be shown on the MA Incentive Monthly Care Gap Reports. It is recommended that Providers leverage the Admission/Discharge Query Reports on NaviNet to follow their members who may have had an inpatient admission. Gap reports will not be generated for this measure.

Q: Does this method of medication reconciliation take the place of the Comprehensive Medication Review conducted on Highmark's behalf by PharmMD?

A: No. The eligibility criteria for Medication Therapy Management and the Comprehensive Medication Review are different than a Medication Review Post Inpatient Discharge. While both assist the provider and member with continuity of care and care coordination, neither replaces the other.

Q: Is this gap incentive in addition to the existing STARS incentive opportunity?

A: Yes. This is a separate incentive opportunity in addition to the 2016 Medicare Advantage Stars Primary Care Incentive Program.

Q: Can the codes 99495 and 99496 be used to close the gap and receive the incentive for the Medication Reconciliation Post Discharge measure?

A: No. The CPTII code 1111F indicates specifically that the appropriate medication reconciliation documentation is included within the patient's outpatient medical record and is the only code accepted for this gap closure incentive. Transition of Care Codes 99495 and 99496 do not meet the coding requirement for this incentive.

Q: How will this measure be scored and weighted for the Medicare Advantage Stars program?

A: This measure is not weighted and is not part of the quality score for the 2016 Medicare Advantage Stars Primary Care Incentive Program. Medication Reconciliation Post Discharge is being introduced as a separate gap closure incentive only for 2016 and will not affect performance level (Star Rating) results.

Q: Is this measure available for submission through the Clinical Quality Feedback tool?

A: Clinical Quality Feedback submission will be available in the coming weeks. Look for updated guidelines for proper documentation submission on the Provider Resource Center.

Q: Can hospitals or specialists submit this service for gap closure?

A: No. Hospital or specialist information may assist in the completion of the medication reconciliation, but the intent of the measure is that the Primary Care Provider completes the medication reconciliation, documents the completion in the outpatient chart, and submits the claim for gap closure and incentive.

Q: How can providers identify patients requiring a medication reconciliation?

A: It is recommended that Providers review the Admission/Discharge Query Reports on NaviNet to identify their members who may have had an inpatient admission.

Additional information regarding the Medication Reconciliation Post Discharge Gap Closure Incentive can be found on the Medicare Advantage Stars page on the Provider Resource Center.