Merit-Based Incentive Payment System (MIPS) 2017 Advancing Care Information Performance Category Medication Reconciliation Transition Measure

Objective:	Medication Reconciliation
Measure:	**Medication Reconciliation** The MIPS eligible clinician performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS eligible clinician.

Definition of Terms

Medication Reconciliation – The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital or other healthcare provider.

Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum, this includes all transitions of care and referrals that are ordered by the MIPS eligible clinician.

Referral – Cases where one MIPS eligible clinician refers a patient to another, but the referring clinician maintains his or her care of the patient as well.

Denominator for Transitions of Care and Referrals – The denominator includes transitions of care and referrals.

Reporting Requirements

NUMERATOR/DENOMINATOR

- NUMERATOR: The number of transitions of care or referrals in the denominator where medication reconciliations were performed.

- DENOMINATOR: Number of transitions of care or referrals during the performance period for which the MIPS eligible clinician was the recipient of the transition or referral or has never before encountered the patient.

Scoring Information

BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

- Required for the Base Score: **No**
- Percentage of Performance Score: **Up to 10%**
- Eligible for bonus score: **No**

Note: MIPS eligible clinicians must earn the full base score in order to earn any score in the Advancing Care Information performance category. In addition to the base score, MIPS eligible clinicians have the opportunity to earn additional credit through a performance score and the bonus score.

Additional Information

- In 2017, MIPS eligible clinicians can report the 2017 Advancing Care Information Transition Measures if they have technology certified to the 2014 Edition, or technology certified to the 2015 Edition, or a combination of technologies certified to the 2014 and 2015 Editions.
- This measure is worth up to 10 percentage points towards the Advancing Care Information performance score. More information about Advancing Care Information scoring is available on the QPP website.
- Only patients whose records are maintained using certified EHR technology must be included in the denominator for transitions of care.
- In the case of reconciliation following transition of care, the receiving MIPS eligible clinician should conduct the medication reconciliation.

- The electronic exchange of information is not a requirement for medication reconciliation.
- The measure does not dictate what information must be included in medication reconciliation. Information included in the process of medication reconciliation is appropriately determined by the provider and patient.
- We define "new patient" as a patient never before seen by the MIPS eligible clinician. A MIPS eligible clinician may use an expanded definition of "new patient" for the denominator that includes a greater number of patients for whom the action may be relevant within their practice, such as inclusion of patients not seen in two years.
- When reporting as a group to the Advancing Care Information performance category, the group combines their MIPS eligible clinicians' performances under one Taxpayer Identification Number (TIN). Therefore, they are not calculated based upon one MIPS eligible clinician's performance.

Regulatory References

- For further discussion, please see the Quality Payment Program final rule with comment period: 81 FR 77230.
- In order to meet this measure the EP must use the capabilities and standards of CEHRT at 45 CFR 170.314(b)(4) and (9) or 45 CFR 170.315 (b)(2).

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for EHR technology that supports achieving the meaningful use of this measure.

Certification Criteria*	
§ 170.314(b)(4) Care Coordination	(4) *Clinical information reconciliation.* Enable a user to electronically reconcile the data that represent a patient's active medication, problem, and medication allergy list as follows. For each list type: (i) Electronically and simultaneously display (i.e., in a single view) the data from at least two list sources in a manner that allows a user to view the data and their attributes, which must include, at a minimum, the source and last modification date.

	(ii) Enable a user to create a single reconciled list of medications, medication allergies, or problems. (iii) Enable a user to review and validate the accuracy of a final set of data and, upon a user's confirmation, automatically update the list.
§ 170.314(b)(9) Care Coordination	(9) *Optional—clinical information reconciliation and incorporation*—(i) *Correct patient.* Upon receipt of a transition of care/referral summary formatted according to the standard adopted at §170.205(a)(3), EHR technology must be able to demonstrate that the transition of care/referral summary received is or can be properly matched to the correct patient. (ii) *Reconciliation.* Enable a user to electronically reconcile the data that represent a patient's active medication, problem, and medication allergy list as follows. For each list type: (A) Electronically and simultaneously display (*i.e.*, in a single view) the data from at least two list sources in a manner that allows a user to view the data and their attributes, which must include, at a minimum, the source and last modification date; (B) Enable a user to create a single reconciled list of medications, medication allergies, or problems; (C) Enable a user to review and validate the accuracy of a final set of data; and (D) Upon a user's confirmation, automatically update the list, and electronically incorporate the following data expressed according to the specified standard(s): (*1*) *Medications.* At a minimum, the version of the standard specified in §170.207(d)(2); (*2*) *Problems.* At a minimum, the version of the standard specified in §170.207(a)(3); (*3*) *Medication allergies.* At a minimum, the version of the standard specified in §170.207(d)(2).

§ 170.315(b)(2) Care Coordination	(2) Clinical information reconciliation and incorporation—(i) General requirements. Paragraphs (b)(2)(ii) and (iii) of this section must be completed based on the receipt of a transition of care/referral summary formatted in accordance with the standards adopted in §170.205(a)(3) and §170.205(a)(4) using the Continuity of Care Document, Referral Note, and (inpatient setting only) Discharge Summary document templates. (ii) Correct patient. Upon receipt of a transition of care/referral summary formatted according to the standards adopted §170.205(a)(3) and §170.205(a)(4), technology must be able to demonstrate that the transition of care/referral summary received can be properly matched to the correct patient. (iii) Reconciliation. Enable a user to reconcile the data that represent a patient's active medication list, medication allergy list, and problem list as follows. For each list type: (A) Simultaneously display (i.e., in a single view) the data from at least two sources in a manner that allows a user to view the data and their attributes, which must include, at a minimum, the source and last modification date. (B) Enable a user to create a single reconciled list of each of the following: Medications; medication allergies; and problems. (C) Enable a user to review and validate the accuracy of a final set of data. (D) Upon a user's confirmation, automatically update the list, and incorporate the following data expressed according to the specified standard(s): (1) Medications. At a minimum, the version of the standard specified in §170.207(d)(3); (2) Medication allergies. At a minimum, the version of the standard specified in §170.207(d)(3); and

	(3) Problems. At a minimum, the version of the standard specified in §170.207(a)(4).
	(iv) System verification. Based on the data reconciled and incorporated, the technology must be able to create a file formatted according to the standard specified in §170.205(a)(4) using the Continuity of Care Document template.

Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.314(g)(1) and/or (g)(2) or 45 CFR 170.315 (g)(1) and/or (g)(2) in order to assist in the calculation of this meaningful use measure.

For additional information, please review the ONC 2014 Standards Hub, ONC 2015 Standards Hub, and ONC Certification Companion Guides (CCGs).

Disclaimer: This document is intended only for informational purposes. It does not provide a complete summary of the applicable regulations and policies. We refer readers to the final rule with comment period titled Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, 81 Fed. Reg. 77008-77831 (Nov. 4, 2016).