

Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Transition Measure 2018 Performance Period

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.
Measure ID:	PI_TRANS_MR_1

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 provider.

Transition of Care – The movement of a patient from one setting of care (for example, a hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.

Referral – Cases where one provider refers a patient to another, but the referring provider 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 reconciliation was performed.
- **DENOMINATOR:** The 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 Base Score: **No**
- Percentage of Performance Score: **Up to 10%**
- Eligible for Bonus Score: **No**

Note: MIPS eligible clinicians must fulfill the requirements of base score measures to earn a base score in order to earn any score in the Promoting Interoperability performance category. In addition to the base score, MIPS eligible clinicians have the opportunity to earn additional credit through the submission of performance measures and a bonus measure and/or activity.

Additional Information

- In 2018, MIPS eligible clinicians can alternatively report the 2018 Promoting Interoperability transition objectives and measures if they have technology certified to the 2015 Edition, or technology certified to the 2014 Edition, or a combination of technologies certified to the 2014 and 2015 Editions.
- This measure is worth up to 10 percentage points towards the Promoting Interoperability performance category score. More information about Promoting Interoperability scoring is available on the [QPP website](#).
- Actions included in the numerator must occur within the performance period. Only patients whose records are maintained using certified EHR technology (CEHRT) 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 2 years.
- When MIPS eligible clinicians choose to report as a group, data should be aggregated for all MIPS eligible clinicians under one Taxpayer Identification Number (TIN). This includes those MIPS eligible clinicians who may qualify for reweighting such as a significant hardship exception, hospital or ASC-based status, or in a specialty which is not required to report data to the Promoting Interoperability performance category. If these MIPS eligible clinicians choose to report as part of a group practice, they will be scored on the Promoting Interoperability performance category like all other MIPS eligible clinicians.

Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: [81 FR 77230](#).
- In order to meet this objective and measure the MIPS eligible clinician must use the capabilities and standards of CEHRT.

Certification and Standards Criteria

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

Certification Criteria*	
<p>§ 170.314 (b)(4) Clinical Information Reconciliation</p>	<p>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:</p> <p>(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.</p> <p>(ii) Enable a user to create a single reconciled list of medications, medication allergies, or problems.</p>

(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.

**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), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.*

Standards Criteria	
	N/A

Additional certification criteria may apply. Review the [ONC 2015 Edition Final Rule](#) for more information.