

Who: Adult patients 66 years of age or older as of December 31 of the measurement year. (**Measurement year:** the 12-month timeframe between January 1st - December 31st in which the service was rendered).

Why: Most older adults take medications to address at least three or more chronic conditions. Poor medication management can lead to adverse drug events, overdoses, and underutilization of drugs, all of which can result in increased hospitalizations. Many have multiple prescribing physicians and use more than one pharmacy, necessitating regular review of medications.

What: The percentage of patients with at least one medication review by a prescribing practitioner or clinical pharmacist during the measurement year. Eligible provider types include MD, DO, NP, ND, or PA.

How: Conduct a medication review by a prescribing provider or clinical pharmacist during the measurement year.

NOTE: The documentation MUST include a medication review AND a current medication list.

- **A medication list:** the list should include prescriptions and over the counter (OTC) medications (including herbals, supplements). It is recommended to include dose and frequency.
 - **If the patient does not take any medications on a regular basis, a notation of this is sufficient in lieu of a medication list. (i.e. "patient takes no medications")**
- **A medication review:** clinical staff review (and reconciliation as appropriate) medications on the patient's medication list; the dated encounter is signed by a prescribing provider or clinical pharmacist.
 - **IF a medical assistant or nurse performs the initial review as part of the clinic's workflow, an eligible provider MUST "sign off" or "co-sign" on this. This can be done with a dated provider signature (electronic is acceptable) when the encounter is reviewed/signed/closed by the provider.**

Exclusions:

- Members in hospice or using hospice services during the measurement year.
- Members who died during the measurement year.
- Services provided at an acute inpatient setting.

Cut Points: Cut points demonstrate the rates that need to be reached to achieve the specific star rating.

1 Star: Less than 58%

2 Star: 58% to less than 85%

3 Star: 85% to less than 93%

4 Star: 93% to less than 98%

5 Star: Greater than or equal to 98%

Data info:

Performance Measure Set: Medicare Star Measure

Quality Measurement Type: Process

Data Type: Claims, Chart Documentation

CMS National Average: 94%

Coding: Medication review is identified through claims with at least one of the following codes, or through chart review.

This measure can be satisfied using CPT/HCPCS codes or through chart review during HEDIS review. Both the medication list and the review must be in the encounter to be compliant.

If submitting a claim, the CPT/HCPCS codes for the medication review and med list must be on the same claim.

MUST choose one option from each column – Medication List AND Medication Review for compliance			
Code	Medication List Options:	Code	Medication Review Options:
CPT	1159F – Medication List documented in chart	CPT	1160F – Medication Review
HCPCS	G8427 – Medication List documented in chart	CPT	99483 – Medication Review (Cognitive Assessment Visit)
		CPT	99605 – Medication therapy management service(s) provided by pharmacist, individual, face-to-face with recipient, with assessment and intervention if provided; initial 15 minutes, new recipient.
		CPT	99606 – Medication therapy management service(s) provided by pharmacist, individual, face-to-face with recipient, with assessment and intervention if provided, initial 15 minutes, established recipient.

Care for Older Adults (COA): Medication Review FAQs

Q: Are over-the-counter medications and herbal supplemental therapies included in the medication review?

A: Yes.

Q: Does notation of a review of side effects for a single medication at the time of prescription count?

A: No. A medication review includes all prescription medications, OTC medications and herbal or supplemental therapies.

Q: Is an outpatient visit required to meet criteria?

A: No. A clinical pharmacist or provider can review medications with a patient via a phone conversation. The reviewed medication list signed by the clinical pharmacist or provider is evidence that the medications were reviewed.

Q: If the patient is not taking any medications or herbal supplements is a notation still required?

A: Yes. Notation that the patient is not taking any medication and the date when it was noted are needed to count.

Tips for Success:

- Have patient schedule a Medicare Wellness Visit to fully review their medications by their provider or clinical pharmacist.
- Ask patient to bring in a bag with all of their medications and OTC bottles to ensure medication list is complete and correct.
- If your EMR has the capability, perform an update to “Reconcile Outside Information” to include medications added, changed, or deleted by other providers.