

Medicare Promoting Interoperability Program Modified Stage 2 Eligible Hospitals, Critical Access Hospitals, and Dual-Eligible Hospitals Attesting to CMS Objectives and Measures for 2018

Objective 5 of 7 *Updated: July 2018*

Medication Reconciliation	
Objective	The eligible hospital or critical access hospital (CAH) that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.
Measure	Medication Reconciliation: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23).

Table of Contents

- Definition of Terms
- Attestation Requirements
- Additional Information
- Regulatory References
- Certification and Standards Criteria

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 eligible hospital or CAH refers a patient to another, but the referring eligible hospital or CAH maintains care of the patient as well.

Attestation Requirements

DENOMINATOR/NUMERATOR/THRESHOLD

- **DENOMINATOR:** Number of transitions of care during the Promoting Interoperability (PI) reporting period for which the eligible hospitals or CAHs inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.
- **NUMERATOR:** The number of transitions of care in the denominator where medication reconciliation was performed.
- **THRESHOLD:** The resulting percentage must be more than 50 percent in order for an eligible hospital or CAH to meet this measure.



Medicare Promoting Interoperability Program Modified Stage 2 Eligible Hospitals, Critical Access Hospitals, and Dual-Eligible Hospitals Attesting to CMS Objectives and Measures for 2018

Objective 5 of 7 *Updated: July 2018*

Additional Information

- Only patients whose records are maintained using certified electronic health record technology (CEHRT) must be included in the denominator for transitions of care.
- In the case of reconciliation following transition of care, the receiving eligible hospital or CAH should conduct the medication reconciliation.
- The electronic exchange of information is not a requirement for medication reconciliation.
- The measure of this objective does not dictate what information must be included in medication reconciliation. Information included in the process of medication reconciliation is appropriately determined by the eligible hospital or CAH and patient.
- We define “new patient” as a patient never before seen by the eligible hospital or CAH. An eligible hospital or CAH may use an expanded definition of “new patient” for the denominator, which includes a greater number of patients for whom the action may be relevant within their hospital, such as inclusion of patients not seen in two years.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.22 (f)(7)(i) and (ii). For further discussion please see [80 FR 62811](#).
- In order to meet this objective and measure, an eligible hospital or CAH must use the capabilities and standards of CEHRT at 45 CFR 170.314 (b)(4).

Certification Standards and Criteria

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

Certification Criteria	
§ 170.314(b)(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: <ul style="list-style-type: none"> (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.

** Note: 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 PI measure.*



**Medicare Promoting Interoperability Program Modified Stage 2
Eligible Hospitals, Critical Access Hospitals, and Dual-Eligible
Hospitals Attesting to CMS
Objectives and Measures for 2018**

Objective 5 of 7
Updated: July 2018

Standards Criteria

N/A

