Medication Management

***Annual Monitoring for Patients on Persistent Medications (MPM)***

Summary of Changes to HEDIS 2016

* Added value sets to identify acute and nonacute inpatient encounters for the optional exclusions.
* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For each product line, report each of the three rates separately and as a total rate.

* Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).
* Annual monitoring for members on digoxin.
* Annual monitoring for members on diuretics.
* Total rate (the sum of the three numerators divided by the sum of the three denominators).

Eligible Population

|  |  |
| --- | --- |
| Product lines | Commercial, Medicaid, Medicare (report each product line separately). |
| Ages | 18 years and older as of December 31 of the measurement year. |
| Continuous enrollment | The measurement year. |
| Allowable gap | No more than one gap in enrollment of up to 45 days during the measurement year.  To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage  (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled). |
| Anchor date | December 31 of the measurement year. |
| Benefits | Medical and pharmacy. |
| Event/ diagnosis | Members on persistent medications (i.e., members who received at least 180 treatment days of ambulatory medication in the measurement year). Refer to Additional Eligible Population Criteria for each rate.  Treatment days are the actual number of calendar days covered with prescriptions within the measurement year (i.e., a prescription of 90 days supply dispensed on December 1 of the measurement year counts as 30 treatment days). Sum the days supply for all medications and subtract any days supply that extends beyond December 31 of the measurement year.  **Note:** Medications dispensed in the year prior to the measurement year must be counted toward the 180 treatment days. |

Administrative Specification

For each product line, report each of the three rates separately and as a combined rate. The total rate is the sum of the three numerators divided by the sum of the three denominators.

*Rate 1:* Annual Monitoring for Members on ACE Inhibitors or ARBs

|  |  |
| --- | --- |
| Additional eligible population criteria | Members who received at least 180 treatment days of ACE inhibitors or ARBs, during the measurement year. Refer to Table CDC-L to identify ACE inhibitors and ARBs.  **Note:** Members may switch therapy with any medication listed in Table CDC-L during the measurement year and have the days supply for those medications count toward the total 180 treatment days (i.e., a member who received 90 days of ACE inhibitors and 90 days of ARBs meets the denominator definition for rate 1). |
| Numerator | At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year. Any of the following during the measurement year meet criteria:   * A lab panel test (Lab Panel Value Set). * A serum potassium test (Serum Potassium Value Set) ***and*** a serum creatinine test (Serum Creatinine Value Set).   **Note:** The tests do not need to occur on the same service date, only within the measurement year. |

*Rate 2:* Annual Monitoring for Members on Digoxin

|  |  |
| --- | --- |
| Additional eligible population criteria | Members who received at least 180 treatment days of digoxin (Table MPM-B) during the measurement year. |

Table MPM-B: Drugs to Identify Members on Digoxin

|  |  |
| --- | --- |
| Description | Prescription |
| Inotropic agents | Digoxin |

**Note:** NCQA will post a comprehensive list of medications and   
NDC codes to www.ncqa.org by November 2, 2015.

|  |  |
| --- | --- |
| Numerator | At least one serum potassium, at least one serum creatinine, *and* at least one serum digoxin therapeutic monitoring test in the measurement year. Any of the following during the measurement year meet criteria:   * A lab panel test (Lab Panel Value Set) ***and*** a serum digoxin test (Digoxin Level Value Set). * A serum potassium test (Serum Potassium Value Set) ***and*** a serum creatinine test (Serum Creatinine Value Set) ***and*** a serum digoxin test (Digoxin Level Value Set).   **Note:** The tests do not need to occur on the same service date, only within the measurement year. |

*Rate 3:* Annual Monitoring for Members on Diuretics

|  |  |
| --- | --- |
| Additional eligible population criteria | Members who received at least 180 treatment days of a diuretic (Table MPM-C), during the measurement year.  **Note:** Members may switch therapy with any medication listed in Table MPM-C during the measurement year and have the days supply for those medications count toward the total 180 treatment days. |

Table MPM-C: Drugs to Identify Members on Diuretics

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Prescription | | | |
| Antihypertensive combinations | * Aliskiren-hydrochlorothiazide * Aliskiren-hydrochlorothiazide-amlodipine * Amiloride-hydrochlorothiazide * Amlodipine-hydrochlorothiazide-olmesartan * Amlodipine-hydrochlorothiazide-valsartan * Atenolol-chlorthalidone * Azilsartan-chlorthalidone * Benazepril-hydrochlorothiazide * Bendroflumethiazide-nadolol * Bisoprolol-hydrochlorothiazide * Candesartan-hydrochlorothiazide * Captopril-hydrochlorothiazide * Chlorthalidone-clonidine * Enalapril-hydrochlorothiazide * Eprosartan-hydrochlorothiazide | | * Fosinopril-hydrochlorothiazide * Hydrochlorothiazide-irbesartan * Hydrochlorothiazide-lisinopril * Hydrochlorothiazide-losartan * Hydrochlorothiazide-methyldopa * Hydrochlorothiazide-metoprolol * Hydrochlorothiazide-moexipril * Hydrochlorothiazide-olmesartan * Hydrochlorothiazide-propranolol * Hydrochlorothiazide-quinapril * Hydrochlorothiazide-spironolactone * Hydrochlorothiazide-telmisartan * Hydrochlorothiazide-triamterene * Hydrochlorothiazide-valsartan | |
| Loop diuretics | * Bumetanide * Ethacrynic acid | * Furosemide * Torsemide | | |
| Potassium-sparing diuretics | * Amiloride * Eplerenone | * Spironolactone * Triamterene | | |
| Thiazide diuretics | * Chlorothiazide * Chlorthalidone | * Hydrochlorothiazide * Indapamide | | * Methyclothiazide * Metolazone |

**Note:** NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 2, 2015.

|  |  |
| --- | --- |
| Numerator | At least one serum potassium *and* a serum creatinine therapeutic monitoring test in the measurement year. Any of the following during the measurement year meet criteria:   * A lab panel test (Lab Panel Value Set). * A serum potassium test (Serum Potassium Value Set) ***and*** a serum creatinine test (Serum Creatinine Value Set).   **Note:** The tests do not need to occur on the same service date, only within the measurement year. |

Exclusion *(optional)*

Exclude members from each eligible population who had an acute inpatient encounter (Acute Inpatient Value Set) or nonacute inpatient encounter (Nonacute Inpatient Value Set) during the measurement year.

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table MPM-1/2/3: Data Elements for Annual Monitoring for Patients  
on Persistent Medications

|  |  |
| --- | --- |
|  | Administrative |
| Measurement year | ✓ |
| Data collection methodology (Administrative) | ✓ |
| Eligible population | *For each of the 3 rates and total* |
| Number of optional exclusions | *For each of the 3 rates and total* |
| Numerator events by administrative data | *For each of the 3 rates and total* |
| Numerator events by supplemental data | *For each of the 3 rates and total* |
| Reported rate | *For each of the 3 rates and total* |
| Lower 95% confidence interval | *For each of the 3 rates and total* |
| Upper 95% confidence interval | *For each of the 3 rates and total* |

## Medication Reconciliation Post-Discharge (MRP)

Summary of Changes to HEDIS 2016

* Added Medicare as a product line.
* Expanded the age range to include Medicare beneficiaries 18 years and older.
* Clarified that the time frame for medication reconciliation is the discharge date through 30 days after discharge (31 days total).
* Added value sets to identify acute and nonacute inpatient discharges, readmissions and transfer setting for the event/diagnosis.
* Clarified medical record documentation requirements for medication reconciliation.
* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of discharges from January 1–December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

Definition

|  |  |
| --- | --- |
| Medication reconciliation | A type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record. |

Eligible Population

|  |  |
| --- | --- |
| Product line | Medicare. |
| Ages | 18 years and older as of December 31 of the measurement year. |
| Continuous enrollment | Date of discharge through 30 days after discharge (31 total days). |
| Allowable gap | None. |
| Anchor date | Date of discharge. |
| Benefit | Medical. |
| Event/ diagnosis | An acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year. To identify acute and nonacute inpatient discharges:   1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Identify the discharge date for the stay.   The denominator for this measure is based on discharges, not members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. |

|  |  |
| --- | --- |
| *Readmission or direct transfer* | If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 total days), count only the last discharge. To identify readmissions during the 31-day period:   1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Identify the admission date for the stay (the admission date must occur during the 31-day period). 3. Identify the discharge date for the stay (the discharge date is the event date).   Organizations must identify “transfers” using their own methods and then confirm the acute or nonacute inpatient care setting using the Inpatient Stay Value Set.  Exclude both the initial and the readmission/direct transfer discharges if the last discharge occurs after December 1 of the measurement year.  **Note:** If a member remains in an acute or nonacute care setting through December 1 of the measurement year, a discharge is not included in the measure for this member, but the organization must have a method for identifying the member’s status for the remainder of the measurement year, and may not assume the member remained admitted based only on the absence of a discharge before December 1. |

Administrative Specification

|  |  |
| --- | --- |
| Denominator | The eligible population. |
| Numerator | Medication reconciliation (Medication Reconciliation Value Set) conducted by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days after discharge (31 total days). |

Hybrid Specification

|  |  |
| --- | --- |
| Denominator | A systematic sample drawn from the eligible population. Organizations may reduce the sample size using the current year’s administrative rate or the prior year’s audited, product line-specific rate. Refer to the *Guidelines for Calculations and Sampling* for information on reducing the sample size.  The denominator is based on episodes, not on members. Members may appear more than once in the sample. |
| Numerator | Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse, as documented through either administrative data or medical record review the date of discharge through 30 days after discharge (31 total days). |
| *Administrative* | Refer to *Administrative Specification* to identify positive numerator hits from administrative data. |
| *Medical record* | Documentation in the medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meets criteria:   * Documentation that the provider reconciled the current and discharge medications. * Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications). |

|  |  |
| --- | --- |
|  | * Documentation of the member’s current medications with a notation that the discharge medications were reviewed. * Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service. * Notation that no medications were prescribed or ordered upon discharge.   Only documentation in the outpatient chart meets the intent of the measure, but an outpatient visit is not required. |

*Note*

* *The denominator is based on the discharge date found in administrative/claims data, but organizations may use other systems (including data found during medical record review) to identify data errors and make corrections.*

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table MRP-3: Data Elements for Medication Reconciliation Post-Discharge

|  |  |  |
| --- | --- | --- |
|  | Administrative | Hybrid |
| Measurement year | ✓ | ✓ |
| Data collection methodology (Administrative or Hybrid) | ✓ | ✓ |
| Eligible population | ✓ | ✓ |
| Number of numerator events by administrative data in eligible population (before exclusions) |  | ✓ |
| Current year’s administrative rate (before exclusions) |  | ✓ |
| Minimum required sample size (MRSS) or other sample size |  | ✓ |
| Oversampling rate |  | ✓ |
| Final sample size (FSS) |  | ✓ |
| Number of numerator events by administrative data in FSS |  | ✓ |
| Administrative rate on FSS |  | ✓ |
| Number of original sample records excluded because of valid data errors |  | ✓ |
| Number of employee/dependent medical records excluded |  | ✓ |
| Records added from the oversample list |  | ✓ |
| Denominator |  | ✓ |
| Numerator events by administrative data | ✓ | ✓ |
| Numerator events by medical records |  | ✓ |
| Numerator events by supplemental data | ✓ | ✓ |
| Reported rate | ✓ | ✓ |
| Lower 95% confidence interval | ✓ | ✓ |
| Upper 95% confidence interval | ✓ | ✓ |