A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

Complete only if A0310H = 1 and A2105 = 02-12.

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Enter Code ☐

At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider?

0. **No** - Current reconciled medication list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reference Date for Significant Correction
1. **Yes** - Current reconciled medication list provided to the subsequent provider

Item Rationale

The transfer of a current reconciled medication list at the time of discharge can improve care coordination and quality of care and help subsequent providers reconcile medications, and it may mitigate adverse outcomes related to medications. Communication of medication information at discharge is critical to ensure safe and effective transitions from one health care setting to another.

Steps for Assessment

Determine whether the resident was discharged to one of the subsequent providers defined below under Coding Tips, based on discharge location item A2105.

If yes, determine whether, at the time of discharge, your facility provided a current reconciled medication list to the resident's subsequent provider.

Coding Instructions

Code 0, No: *if at discharge to a subsequent provider, your facility did not provide the resident's current reconciled medication list to the subsequent provider, or the resident was not discharged to a subsequent provider.*

Code 1, Yes: *if at discharge to a subsequent provider, your facility did provide the resident's current reconciled medication list to the subsequent provider.*

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge (cont.)

Coding Tips

Subsequent provider—*For the purposes of coding this item, a subsequent provider is based on the discharge locations in A2105 and defined as any of the following:*

Nursing home (long-term care facility)
Skilled nursing facility (SNF, swing beds)
Short-term general hospital (acute hospital, IPPS)
Long-term care hospital (LTCH)
Inpatient rehabilitation facility (IRF, free standing facility or unit)
Inpatient psychiatric facility (psychiatric hospital or unit)
Intermediate care facility (ID/DD facility)
Hospice (home/non-institutional)
Hospice (institutional facility)
Critical access hospital (CAH)
Home under care of organized home health service organization

While the resident may receive care from other providers after discharge from your facility, such as primary care providers, other outpatient providers, and residential treatment centers, these locations are not considered to be a subsequent provider for the purpose of coding this item.

Current Reconciled Medication list—*This refers to a list of the resident's current medications at the time of discharge that was reconciled by the facility prior to the resident's discharge.*

DEFINITION

MEANS OF PROVIDING A CURRENT RECONCILED MEDICATION LIST

Providing the current reconciled medication list at the time of transfer or discharge can be accomplished by any means, including active means (e.g., by mail, electronically, or verbally) and more passive means (e.g., a common electronic health record to a portal).[2]

Your facility should be guided by current standards of care and any applicable regulations and guidelines (e.g., Requirements of Participation) in determining what information should be included in a current reconciled medication list.

In the case of a standalone Medicare Part A PPS Discharge assessment (A0310A = 99, A0310B = 99, A0310F = 99, and A0310H = 1) with the resident staying on the same unit and with the same team of interdisciplinary professionals, code A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge as 1, Yes.

A portal is a secure online website that gives providers, patients, and others convenient, 24-hour access to personal health information from anywhere with an Internet connection. Using a secure username and password, providers and patients can view health information such as current medications, recent doctor visits and discharge summaries. Retrieved from https://www.healthit.gov/faq/what-patient-portal April 2, 2019.

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge (cont.)

In the case of a standalone Medicare Part A PPS Discharge assessment (A0310A = 99, A0310B = 99, A0310F = 99, and A0310H = 1) and the resident is moving to a different unit and/or interdisciplinary team (IDT), code A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge based on whether a member of the resident's IDT transferred the resident's current reconciled medication list to the subsequent unit and/or IDT.

Additional Considerations for Important Medication List Content

The following information on the important content that may be included in a reconciled medication list is provided as guidance. This guidance does not dictate what information should be included in your facility's current reconciled medication list in order to code 1, Yes, that a current reconciled medication list was provided to the subsequent provider. The completeness of this reconciled medication list is left to the discretion of the providers who are coordinating this care with the resident. Examples of information that could be part of a reconciled medication list can be, but are not limited to:

***Types of medications**—Current prescribed and over-the-counter (OTC) medications, nutritional supplements, vitamins, and homeopathic and herbal products administered by any route at the time of discharge. Medications may also include total parenteral nutrition (TPN) and oxygen.*

The list of reconciled medications could include those that are:

active, including those that are scheduled to be discontinued after discharge;

held during the stay and planned to be continued/resumed after discharge; and

discontinued during the stay, if potentially relevant to the resident's subsequent care.

***Information included**—A reconciled medication list often includes important information about (1) the resident—including their name, date of birth, active diagnoses, known medication and other allergies, and known drug sensitivities and reactions; and (2) each medication, including the name, strength, dose, route of medication administration, frequency or timing, purpose/indication, and any special instructions (e.g., crush medications). For any held medications, it may include the reason for holding the medication and when medication should resume. This information can improve medication safety. Additional information may be applicable and important to include in the medication list, such as the resident's weight and date taken, preferred language, and ability to self-administer medication; when the last dose of the medication was administered by the discharging provider; and when the final dose should be administered (e.g., end of treatment).*

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge (cont.)

Examples

Resident B is being discharged from the SNF to an acute care hospital in the same health care system that uses the same electronic health record (EHR), also sometimes referred to as an electronic medical record (EMR) (see Definitions: EHR/EMR and definition in the glossary). Resident B's current reconciled medication list at the time of discharge from the SNF is accessible to the subsequent acute care hospital staff admitting Resident B, and this is how the medication list is shared.

Coding: *A2121 would be coded 1, Yes.*

Rationale: *Having access to Resident B's medication list through the same EHR system is one way to transfer a medication list. This code of 1, Yes, is used for this passive means of transferring the medication list when the sending and receiving provider can access the same EHR system.*

Resident D is not taking any prescribed or over-the-counter medications at the time of discharge.

Coding: *If the lack of any medications for a resident is clearly documented and communicated to the subsequent provider when the resident is discharged, code 1, Yes, that the medication list was transferred. If this information is not communicated to the subsequent provider, code 0, No.*

Rationale: *Information confirming that the resident is not taking any medications at discharge is important for the subsequent provider.*

Resident F was transferred to an acute care hospital with a reconciled medication list that included a list of their current medications, but with less additional information than is usually provided by the SNF at discharge because of the urgency of the situation. Some of the contraindications for the medications, as well as resident weight and height and dates taken, were omitted from the medication list.

Coding: *A2121 would be coded 1, Yes.*

Rationale: *As long as a current reconciled list of medications is provided to the admitting provider, this item should be coded 1, Yes.*

Resident J's Medicare Part A stay ended, and they were transferred to a long-term care unit in the same nursing home. The IDT from the subacute unit staff provided and reviewed with the long-term care unit staff a reconciled medication list at the time of transfer.

Coding: *A2121 would be coded 1, Yes.*

Rationale: *If a current reconciled list of medications is provided to the subsequent provider (in this case, a different unit staff in the same nursing home), this item should be coded 1, Yes.*

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge (cont.)

Resident P's Medicare Part A stay ended, and they remained in the same dually certified bed in the nursing home with care provided by the same IDT.

Coding: *A2121 would be coded 1, Yes*

Rationale: *As the same IDT continued to care for Resident P and have access to the current list of reconciled medications, this item should be coded 1, Yes.*

Resident G's reconciled medication list was electronically faxed to the subsequent provider, and this action is documented in their clinical record. However, the subsequent provider's records do not show documentation that the fax was successfully received.

Coding: *A2121, would be coded 1, Yes.*

Rationale: *Documentation of the subsequent provider's successful receipt of the reconciled medication list is not a required component for this item.*