CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Home Health
Quality Reporting Program Provider Training

Drug Regimen Review Conducted with Follow-Up for Identified Issues

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Acronyms in This Presentation

- Centers for Medicare & Medicaid Services (CMS)
- Certification and Survey Provider Enhanced Reports (CASPER)
- Drug Regimen Review (DRR)
- Home Health Agencies (HHA)
- Improving Medicare Post-Acute Care Transformation Act (IMPACT Act)
- Inpatient Rehabilitation Facility (IRF)
- Long-Term Care Hospital (LTCH)
- Occupational Therapist (OT)

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Acronyms in This Presentation (cont.)

- Outcome and Assessment Information Set (OASIS)
- Physical Therapist (PT)
- Post-Acute Care (PAC)
- Registered Nurse (RN)
- Resumption of Care (ROC)
- Skilled Nursing Facility (SNF)
- Start of Care (SOC)
- Total Parenteral Nutrition (TPN)

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Learning Objectives

1. Demonstrate an understanding of the cross-setting alignment related to the Drug Regimen Review (DRR) items (M2001, M2003, M2005)
2. Summarize the intent, coding instructions and definitions for DRR items
3. Apply coding instructions to accurately code practice scenarios
4. Describe the DRR Quality Measure

DRR Quality Measure and IMPACT Act

128 STAT. 1952 PUBLIC LAW 113–185—OCT. 6, 2014

Public Law 113–185
113th Congress

An Act

Oct. 6, 2014
[H.R. 4994]

To amend title XVIII of the Social Security Act to provide for standardized post-acute care assessment data for quality, payment, and discharge planning, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Improving Medicare Post-Acute Care Transformation Act of 2014.
42 USC 1305 note.

SECTION 1. SHORT TITLE.

This Act may be cited as the "Improving Medicare Post-Acute Care Transformation Act of 2014" or the "IMPACT Act of 2014".

SEC. 2. STANDARDIZATION OF POST-ACUTE CARE DATA.

(a) IN GENERAL.—Title XVIII of the Social Security Act is amended by adding at the end the following new section:

42 USC 1395lll.

"SEC. 1899B. STANDARDIZED POST-ACUTE CARE (PAC) ASSESSMENT DATA FOR QUALITY, PAYMENT, AND DISCHARGE PLANNING.

"(a) REQUIREMENT FOR STANDARDIZED ASSESSMENT DATA.—
"(1) IN GENERAL.—The Secretary shall—
"(A) require under the applicable reporting provisions post-acute care providers (as defined in paragraph (2)(A)) to report—
"(i) standardized patient assessment data in accordance with subsection (b);
"(ii) data on quality measures under subsection (c)(1); and
"(iii) data on resource use and other measures under subsection (d)(1);
"(B) require data described in subparagraph (A) to be standardized and interoperable so as to allow for the exchange of such data among such post-acute care providers and other providers and the use by such providers of such data that has been so exchanged, including by using common standards and definitions, in order to provide access to longitudinal information for such providers to facilitate coordinated care and improved Medicare beneficiary outcomes; and
"(C) in accordance with subsections (b)(1) and (c)(2), modify PAC assessment instruments (as defined in paragraph (2)(B)) applicable to post-acute care providers to—
"(i) provide for the submission of standardized patient assessment data under this title with respect to such providers; and

- DRR is an assessment-based, cross-setting process quality measure adopted to meet the requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act domain of medication reconciliation
- Assesses whether home health agencies (HHAs) are responsive to potential or actual clinically significant medication issue(s) when such issues are identified

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DRR Quality Measure History

- The home health Outcome and Assessment Information Set (OASIS)-C1 DRR items (M2000, M2002, M2004) were used as the foundation for the cross-setting DRR measure since no other post-acute care (PAC) settings had items or measures addressing medication reconciliation
- Changes to the home health DRR items were made to develop standardized items for use across PAC settings

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DRR Quality Measure Across PAC Settings

This measure has been applied uniformly across PAC settings

Home Health Agencies (HHAs)
- Introduced: January 1, 2010
- Revised: January 1, 2017

Long-Term Care Hospitals (LTCHs)
- July 1, 2018

Skilled Nursing Facilities (SNFs)
- October 1, 2018

Inpatient Rehabilitation Facilities (IRFs)
- October 1, 2018

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DRR Process Measure Conditions

Three conditions must be met for the care episode to have a favorable measure result:

M2001

1. Completion of a drug regimen review at the beginning of the care episode (Start of Care (SOC)/ Resumption of Care (ROC))

M2003

2. Physician contact and follow-up if medication issues identified at SOC/ROC

M2005

3. Physician contact and follow-up each time significant medication issues are identified throughout the care episode

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Data Collection Items: M2001 and M2003

Completed at SOC/ROC

(M2001)	**Drug Regimen Review:** Did a complete drug regimen review identify potential clinically significant medication issues?
Enter Code ☐	0 No – No issues found during review **[*Go to M2010*]** 1 Yes – Issues found during review 9 NA – Patient is not taking any medications **[*Go to M2102*]**

(M2003)	**Medication Follow-up:** Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?
Enter Code ☐	0 No 1 Yes

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Data Collection Items: M2005

Completed at:
- Transfer to inpatient facility
- Death at home
- Discharge from agency – not to an inpatient facility

(M2005)	**Medication Intervention:** Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?
Enter Code ☐	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

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Important Definitions

Drug Regimen Review (DRR)

- The DRR in post-acute care is generally considered to include the following to identify and, if possible, prevent clinically significant medication issues:

Medication reconciliation

A review of all medications a patient is currently using

A review of the drug regimen

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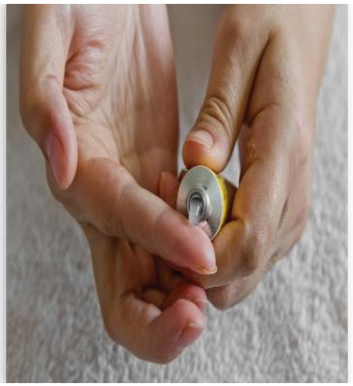
What Does the DRR Include?

The DRR includes **all medications:**

Prescribed and over-the-counter

- Including nutritional supplements, vitamins, and herbal products



Administered by any route

- For example: oral, topical, sublingual, and by infusion

Includes total parenteral nutrition (TPN) and oxygen

Potential or Actual Clinically Significant Medication Issues

Clinically Significant Medication Issue

- A potential or actual issue that, in the clinician's professional judgment, warrants physician (or physician-designee) communication and completion of prescribed/recommended actions by midnight of the next calendar day (at the latest)

Decision is made using clinical judgement, based on patient-specific circumstances

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Potential or Actual Clinically Significant Medication Issues (cont. 1)

Adverse reactions to medications

- Such as a rash

Ineffective drug therapy

- Such as analgesic that does not reduce pain

Side effects

- Such as potential bleeding from an anticoagulant

Drug interactions

- Such as serious drug–drug, drug–food, and drug–disease interactions

Duplicate therapy

- Such as generic name and brand name-equivalent drugs are co-prescribed

Omissions

- Such as missing drugs from a prescribed regimen

Dosage errors

(either too high or too low)

Nonadherence

(purposeful or accidental)

Potential or Actual Clinically Significant Medication Issues (cont. 2)

- Any of these issues must reach a level of clinical significance that warrants notification of the physician/physician-designee for orders or recommendations—by midnight of the next calendar day, at the latest
- Any circumstance that does not require this immediate attention is not considered a potential or actual clinically significant medication issue for the purpose of the DRR items

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Examples That May Be Considered Potential or Actual Clinically Significant Medication Issues

- Mr. A's list of medications from the inpatient facility discharge instructions do not match the medications he shows the clinician
- Mrs. W seems confused about when/how to take medications indicating a high risk for medication errors
- Mr. T indicates that he will not take his prescribed medications because of financial reasons

Additional examples of potential or actual clinically significant medication issues can be found in Section L – Medications of the OASIS Guidance Manual

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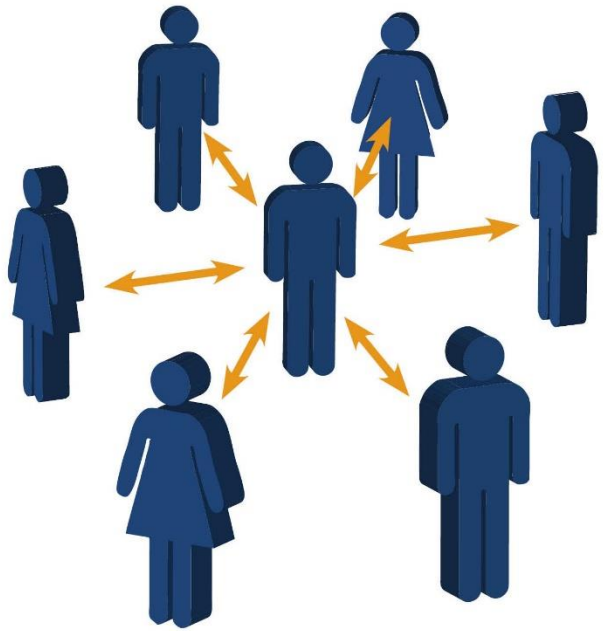
Collaboration

- The DRR is part of the comprehensive patient assessment
- The comprehensive patient assessment is the responsibility of and must ultimately be completed by one clinician, but collaboration is allowed
- Agency policy and practice will determine this process and how it is documented



Collaboration (cont.)

- If portions of the DRR (e.g., identification of potential drug–drug interactions or potential dosage errors) are completed by agency staff other than the clinician responsible for completing the SOC/ROC OASIS, information on DRR findings must be communicated to the assessing clinician responsible for the SOC/ROC OASIS assessment so that the appropriate response may be entered
- The M0090 date assessment completed will indicate the last day the clinician gathered or received any input used to complete the comprehensive assessment document, which includes the OASIS items

Provider Q&A

Question: With the expanded one-clinician convention, would it be appropriate if a second clinician completed the DRR in its entirety by phone and collaborated with the assessing clinician to respond to M2001/M2003?

Answer: While the expanded one-clinician convention allows a second clinician to complete the DRR in its entirety and collaborate with the assessing clinician, it is expected that an in-person assessment would be included as appropriate in the process.

While portions of the DRR may be conducted over the phone and/or by a clinician in the office (i.e., evaluating the medication list to assist with reconciling discrepancies), other portions of the DRR would require in-person assessment (i.e., evaluating the patient for effectiveness of medications or for the presence of significant side effects).

The assessment must be completed within the required timeframe, and all requirements for the collaboration must be met.

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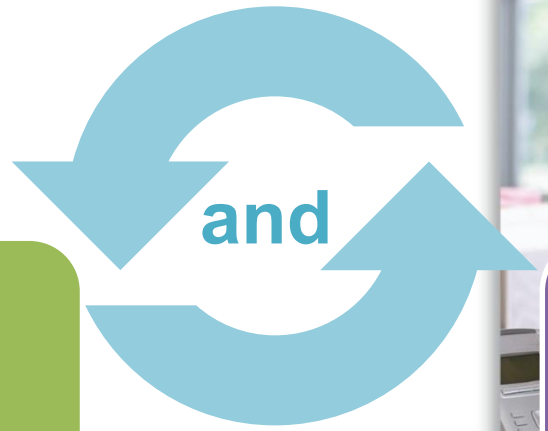
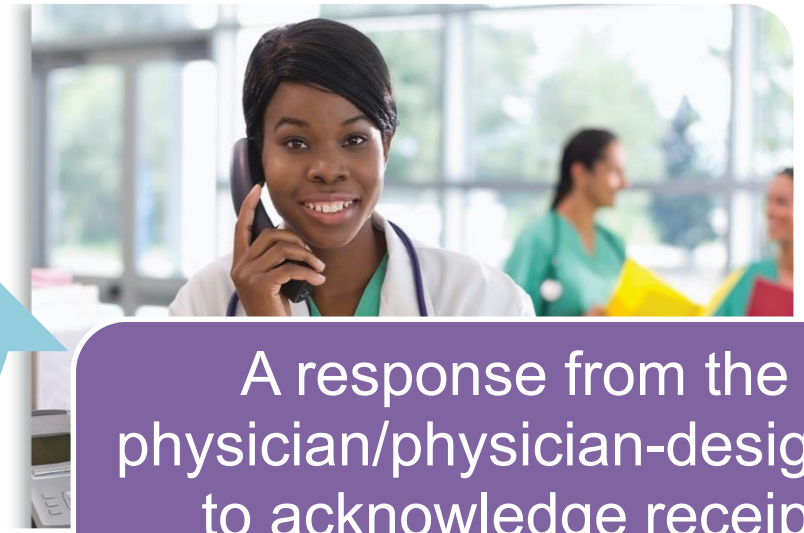
Contact With Physician (or Physician-Designee)

Communication to the physician/physician-designee to convey an identified potential or actual clinically significant medication issue

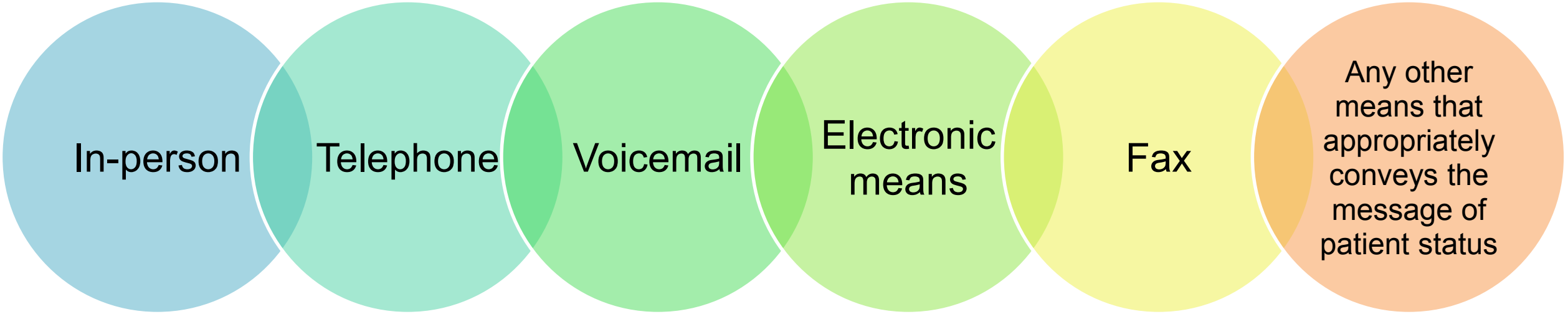




A response from the physician/physician-designee to acknowledge receipt and/or convey prescribed/recommended actions in response to the medication issue

Contact With Physician (or Physician-Designee) (cont. 1)

Examples of communication methods



Contact With Physician (or Physician-Designee) (cont. 2)

Directly

to/from the physician or physician-designee; **OR**

Indirectly

through the physician's office staff on behalf of the physician or physician-designee, in accordance with the legal scope of practice

Medication Follow-Up

Medication Follow-Up

- The process of contacting a physician/physician-designee to communicate the identified medication issue and, to the extent possible, completing all physician/physician-designee prescribed/recommended actions by midnight of the next calendar day (at the latest)

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Item-Specific Guidance and Practice Coding Scenarios

Who Can Code DRR Items?

- No specific discipline is identified as exclusively able to perform this assessment.
- According to Federal guidelines, only registered nurses (RNs), physical therapists (PTs), occupational therapists (OTs), and speech language pathologists are qualified to perform comprehensive assessments and collect OASIS Data.
- States may have more stringent guidance, and State-specific queries should be addressed to the appropriate State agency.

M2001: Drug Regimen Review

Complete only at SOC/ROC

0	No – No issues found during review **[*Go to M2010*]**
1	Yes – Issues found during review
9	NA – Patient is not taking any medications **[*Go to M2102*]**

(M2001)	**Drug Regimen Review:** Did a complete drug regimen review identify potential clinically significant medication issues?
Enter Code ☐	0 No – No issues found during review **[*Go to M2010*]** 1 Yes – Issues found during review 9 NA – Patient is not taking any medications **[*Go to M2102*]**

Item Intent: Identifies if review of the patient's medications indicated any potential or actual clinically significant medication issues

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M2001 Coding Instructions

Code 0, No – No issues found during review	If, based on assessing clinician's professional judgment, no potential or actual clinically significant issues are identified.
Code 1, Yes – Issues found during review	If a drug regimen review is conducted upon SOC/ROC and based on assessing clinician's professional judgment, potential or actual clinically significant medication issues are identified.
Code 9, NA – Patient is not taking any medications	If a drug regimen review indicates there are no medications prescribed for the patient and the patient is not taking any medications, by any route, at the time of the assessment.

A dash is a valid response for this item. CMS expects dash use to be a rare occurrence.

If elements of the drug regimen review were skipped (for example drug-to-drug interactions were not completed), a dash (–) should be reported, indicating the drug regimen review was not completed.

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M2001 Skip Patterns

Code 0, No – No issues found during review

↓

Go to M2010. Patient/Caregiver High-Risk Drug Education

Code 1, Yes – Issues found during review

↓

Continue to M2003. Medication Follow-up

Code 9, NA – Patient is not taking any medications

↓

Go to M2102. Types and Sources of Assistance

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M2001 Data Sources/Resources

- Patient assessment
- Home health Conditions of Participation
- Clinical record including communication notes and medication list
- Collaboration with other agency staff as allowed, including review of documentation
- CMS OASIS Q&As related to the DRR

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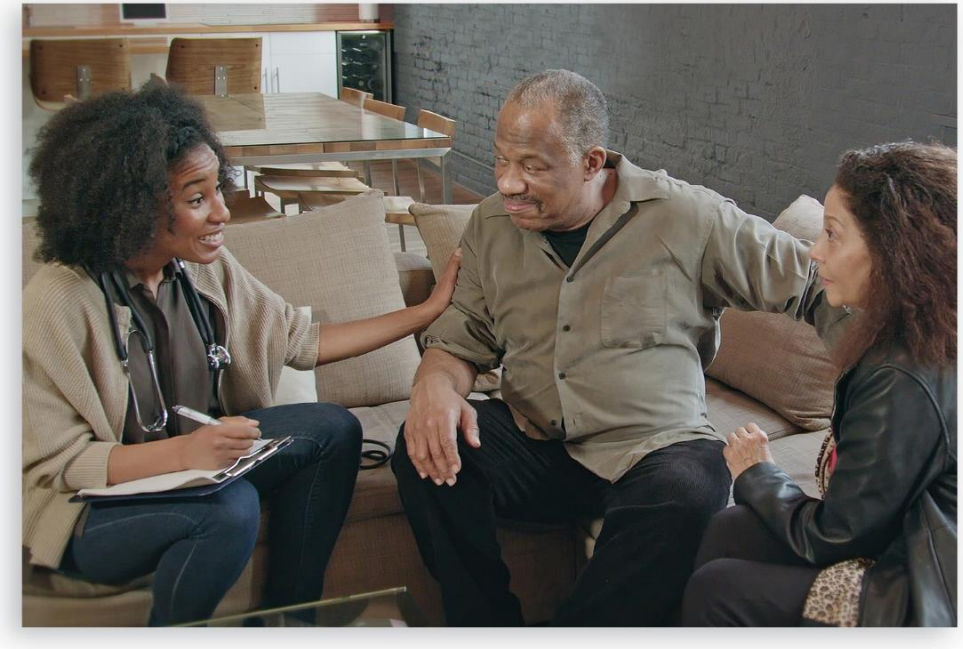
M2001 Practice Coding Scenario 1

- During the comprehensive assessment visit to Mr. K, the PT reviews all the patient's medications and identifies no problems except that the patient's newly prescribed pain medication is not in the home
- The wife, Nancy, states they were only going to pick it up from the pharmacy if "the pain got bad enough"



M2001 Practice Coding Scenario 1 (cont. 1)

- The PT reviews the physician's instructions for the new medication with Mr. K and Nancy; they agree the medication should be on hand and to follow physician's instructions for administration
- Prior to the PT leaving the home, the wife has gone to the drugstore and returned with the medication

How would you code M2001 on the SOC Assessment?

Did a complete drug regimen review identify potential clinically significant medication issues?

A. **0, No** – No issues found during review

B. **1, Yes** – Issues found during review

C. **9, NA** – Patient is not taking any medications

D. Enter a **dash (–)**

How would you code M2001 on the SOC Assessment? (cont.)

Did a complete drug regimen review identify potential clinically significant medication issues?

✓ A. **0, No** – No issues found during review

B. **1, Yes** – Issues found during review

C. **9, NA** – Patient is not taking any medications

D. Enter a **dash (–)**

M2001 Practice Coding Scenario 1 (cont. 2)

- **Coding: 0, No** – No issues found during review

- **Rationale:** Because the issue, in the PT's professional judgment, did not require physician (or physician-designee) contact by midnight of the next calendar day, at the latest to resolve, it does not meet the criteria for a potential or actual clinically significant medication issue

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M2001 Practice Coding Scenario 2

- During the SOC comprehensive assessment, Nurse Richard completes all elements of the DRR except for checking for drug–drug interactions

How would you code M2001 on the SOC Assessment?

Did a complete drug regimen review identify potential clinically significant medication issues?

A. **0, No** – No issues found during review

B. **1, Yes** – Issues found during review

C. **9, NA** – Patient is not taking any medications

D. Enter a **dash (–)**

How would you code M2001 on the SOC Assessment? (cont.)

Did a complete drug regimen review identify potential clinically significant medication issues?

A. **0, No** – No issues found during review

B. **1, Yes** – Issues found during review

C. **9, NA** – Patient is not taking any medications

✓ D. Enter a **dash (–)**

M2001 Practice Coding Scenario 2 (cont.)

- **Coding:** Enter a **dash (–)**
- **Rationale:** When any element is not assessed, the DRR is considered incomplete

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M2003: Medication Follow-Up

Complete only at SOC/ROC

0	No
1	Yes

(M2003)	**Medication Follow-up:** Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?
Enter Code ☐	0 No 1 Yes

Item Intent: Identifies if potential or actual clinically significant medication issues identified through the drug regimen review were communicated to the physician (or physician-designee) and to the extent possible, prescribed/recommended actions were completed by midnight of the next calendar day following their identification

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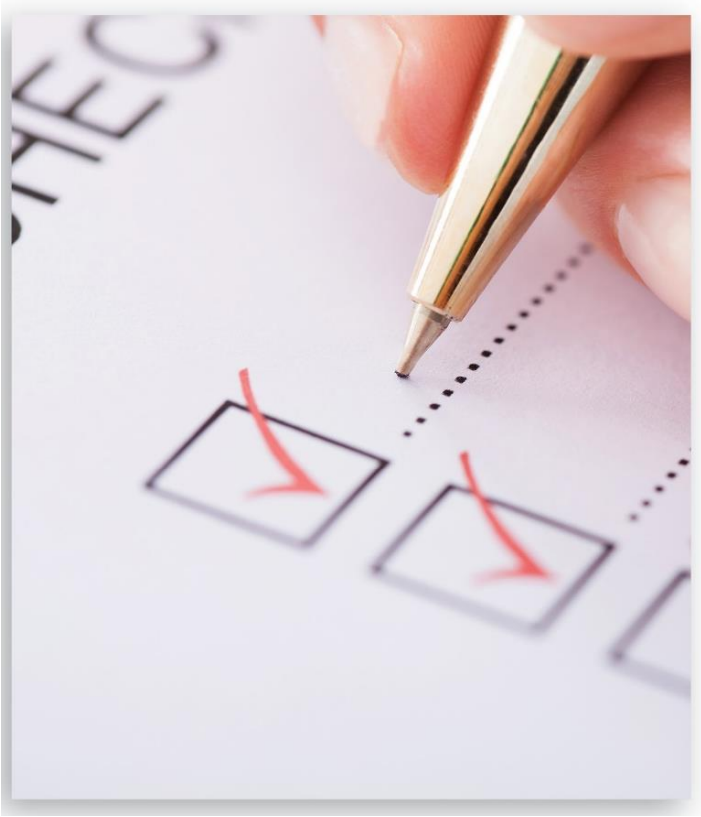
M2003 Response-Specific Instructions

- For each potential or actual clinically significant medication issue identified during the SOC/ROC comprehensive assessment, identify if:
  - The physician/physician-designee was contacted, and
  - Prescribed/recommended actions were completed by midnight of the next calendar day (at the latest)



Examples of "By Midnight of the Next Calendar Day"

Example 1

- A clinically significant medication issue is identified at 10:00 a.m. on February 12th
- The physician's (or physician-designee's) prescribed/ recommended action is completed on or before 11:59 p.m. on February 13th

Example 2

- A clinically significant medication issue is identified at 10:00 p.m. on February 12th
- The physician's (or physician-designee's) prescribed/ recommended action is completed on or before 11:59 p.m. on February 13th

M2003 Coding Instructions

Code **0, No**	If **all** identified potential or actual clinically significant medication issues **were not** communicated to the physician/physician designee, with prescribed/recommended actions completed to the extent possible by midnight of the next calendar day.
Code **1, Yes**	If the two-way communication **AND** completion of the prescribed/recommended actions to the extent possible occurred by midnight of the next calendar day after the potential clinically significant medication issue was identified.

A **dash (–)** is a valid response for this item. CMS expects dash use to be a rare occurrence.

M2003 Coding Instructions (cont. 1)

Code **0, No**	If **all** identified potential or actual clinically significant medication issues **were not** communicated to the physician/physician designee, with prescribed/recommended actions completed to the extent possible by midnight of the next calendar day

Examples:

- Clinician did not communicate all clinically significant medication issues to the physician/physician-designee until after midnight of the next calendar day
- Clinician communicated all issues to the physician/physician-designee, but did not receive a response until after midnight of the next calendar day
- Clinician did not complete all physician/physician-designee prescribed/recommended actions until after midnight of the next calendar day

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M2003 Coding Instructions (cont. 2)

Code 1, Yes

If the two-way communication **AND** completion of the prescribed/recommended actions to the extent possible occurred by midnight of the next calendar day after the potential clinically significant medication issue was identified.

Examples:

- Clinician communicated all identified issues to the physician/physician-designee, and all prescribed/recommended actions for all identified medication issues were completed by midnight of the next calendar day.
- Clinician contacted the physician/physician-designee regarding all identified medication issues, and the physician/physician-designee communicated that no actions were necessary. All communications took place before midnight of the next calendar day.

M2003 Coding Instructions (cont. 3)

Code 1, Yes

If the two-way communication **AND** completion of the prescribed/recommended actions to the extent possible occurred by midnight of the next calendar day after the potential clinically significant medication issue was identified

Examples (continued):

- The physician/physician-designee recommends an action that will take longer than the allowed time to complete, and the agency has taken whatever actions possible to comply by midnight of the next calendar day
  - Physician order(s) for intervention followed by monitoring the issue over the weekend and call if problem persists
  - Physician instructs the patient to address the concern with his primary care physician on a visit that is scheduled in 2 days

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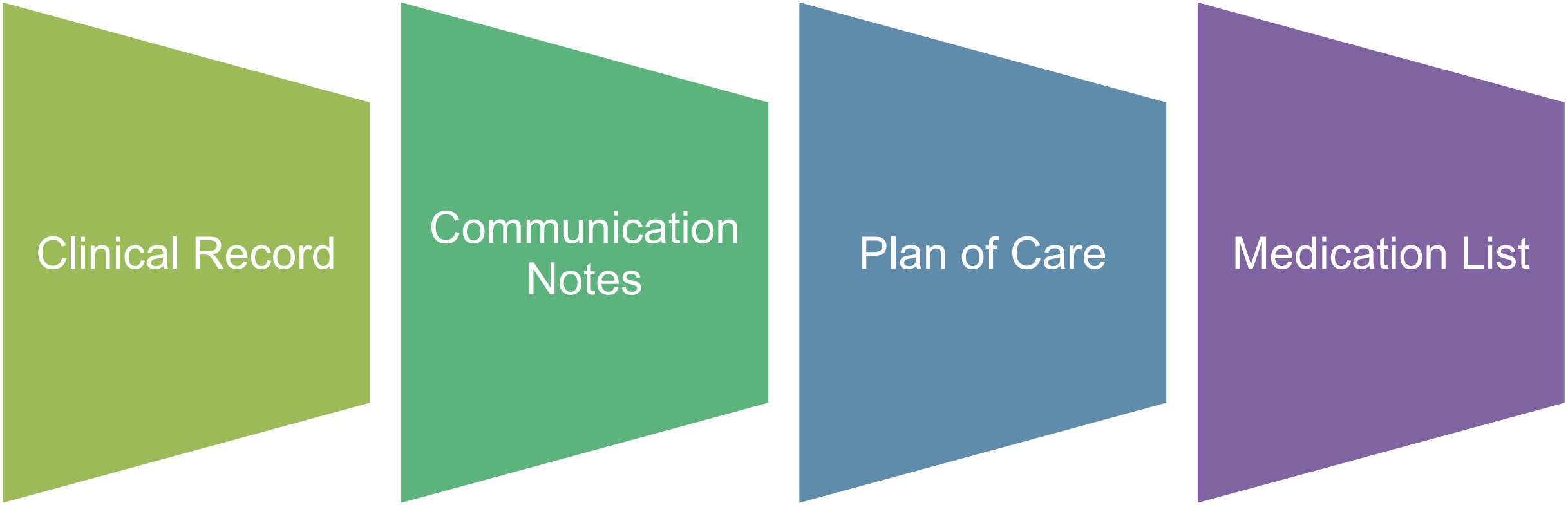
M2003 Data Sources/Resources

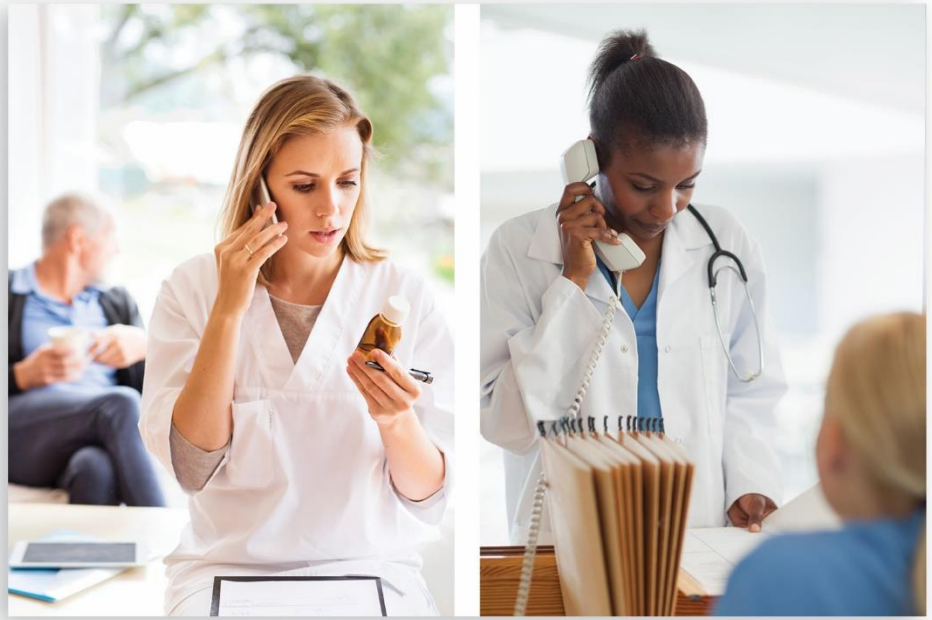


M2003 Practice Coding Scenario 3

- During the SOC comprehensive assessment visit, the RN completes a drug regimen review and identifies that the patient is taking two antihypertensives: one which was newly prescribed during his recent hospital stay, and another that he was taking prior to his hospitalization
- During the home visit, the RN contacts the physician's office and leaves a message with office staff providing notification of the potential duplicative drug therapy and a request for clarification

M2003 Practice Coding Scenario 3 (cont. 1)

- The next day, the RN returns to the home to complete the comprehensive assessment and again contacts the physician from the patient's home
- The physician's office nurse reports to the agency and patient that the physician would like the patient to continue with only the newly prescribed antihypertensive and discontinue the previous medication



How would you code M2001 on the SOC Assessment?

Did a complete drug regimen review identify potential clinically significant medication issues?

A. **0, No** – No issues found during review

B. **1, Yes** – Issues found during review

C. **9, NA** – Patient is not taking any medications

D. Enter a **dash (–)**

How would you code M2001 on the SOC Assessment? (cont.)

Did a complete drug regimen review identify potential clinically significant medication issues?

A. **0, No** – No issues found during review

✓ B. **1, Yes** – Issues found during review

C. **9, NA** – Patient is not taking any medications

D. Enter a **dash (–)**

How would you code M2003 on the SOC Assessment?

Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

A. **0, No**

B. **1, Yes**

C. Enter a **dash (–)**

How would you code M2003 on the SOC Assessment? (cont.)

Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

A. **0, No**

✓ B. **1, Yes**

C. Enter a **dash (–)**

M2003 Practice Coding Scenario 3 (cont. 2)

- **Coding:**
  - M2001 would be coded **1, Yes**, Issues found during review
  - M2003 would be coded **1, Yes**
- **Rationale:**
  - Because the issue identified was determined by the clinician to be clinically significant, requiring physician contact by midnight of the next calendar day, it meets the criteria for a potential clinically significant medication issue (M2001)
  - As the clinically significant issue was communicated to the physician and the prescribed/recommended action was completed by midnight of the next calendar day, M2003 would be coded 1 – Yes

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M2005: Medication Intervention

0	No
1	Yes
9	NA –

Complete only at:
- Transfer to inpatient facility
- Death at home
- Discharge from agency – not to an inpatient facility

(M2005)	**Medication Intervention:** Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?
Enter Code ☐	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

Item Intent: Identifies if potential or actual clinically significant medication issues identified at the time of or at any time since the most recent SOC/ROC were communicated to the physician (or physician-designee) and to the extent possible, prescribed/recommended actions were completed by midnight of the next calendar day following their identification

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M2005 Look-Back Time Period

- M2005 includes looking from the time of the patient's transfer, discharge, or death back to and including the most recent SOC/ROC

M2005 Response-Specific Instructions

- The assessing clinician (alone or in collaboration with other agency staff) reviews the patient's clinical record back to and including the most recent SOC/ROC to determine if for each clinically significant medication issue identified, communication occurred ***and***, to the extent possible, physician (or physician-designee) prescribed or recommended actions were completed by midnight of the next calendar day

M2005 Coding Instructions

Code **0, No**	If all clinically significant medication issues identified at the time of or at any time since the most recent SOC/ROC were not communicated to the physician/physician-designee and/or all prescribed/recommended actions were not completed, to the extent possible, by midnight of the next calendar day.
Code **1, Yes**	If all clinically significant medication issues identified at the time of or at any time since the most recent SOC/ROC were communicated to the physician/physician-designee and all prescribed/recommended actions were completed, to the extent possible, by midnight of the next calendar day each time a potential clinically significant issue was identified.
Code **9, NA – Not applicable**	If there were no potential or actual clinically significant medication issues identified at the time of or at any time since the most recent SOC/ROC, or if the patient is not taking any medications at the time of or at any time since the most recent SOC/ROC.

A dash (–) is a valid response for this item. CMS expects dash use to be a rare occurrence.

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M2005 Coding Instructions (cont. 1)

Code **0, No**	If all clinically significant medication issues identified at the time of or at any time since the most recent SOC/ROC were not communicated to the physician/physician-designee and/or all prescribed/recommended actions were not completed, to the extent possible, by midnight of the next calendar day

Examples:

At the time of or at any time since the most recent SOC/ROC, the clinician(s):

- Did not communicate all identified medication issues to the physician until after midnight of the next calendar day
- Communicated all issues to the physician/physician-designee, but did not receive a response until after midnight of the next calendar day
- Did not complete all physician/physician-designee prescribed/recommended actions for all medication issues by midnight of the next calendar day

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M2005 Coding Instructions (cont. 2)

Code **1, Yes**	If all clinically significant medication issues identified at the time of or at any time since the most recent SOC/ROC were communicated to the physician/physician-designee and all prescribed/recommended actions were completed, to the extent possible, by midnight of the next calendar day each time a potential clinically significant issue was identified.

Examples:

At the most recent SOC/ROC and throughout the quality episode:

- The clinician(s) communicated all identified issues to the physician/physician-designee, and all prescribed/recommended were completed by midnight of the next calendar day.
- The clinician(s) contacted the physician/physician-designee regarding all identified issues, and the physician/physician-designee communicated that no actions were necessary. All communications took place before midnight of the next calendar day.
- The physician/physician-designee recommends an action that will take longer than the allowed time to complete, and the agency has taken whatever actions possible to comply by midnight of the next calendar day.

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M2005 Coding Instructions (cont. 3)

Code **9, NA – Not applicable**	If there were no potential or actual clinically significant medication issues identified at the time of or at any time since the most recent SOC/ROC, or if the patient is not taking any medications at the time of or at any time since the most recent SOC/ROC

Examples:

- No potential clinically significant medication issues have been identified at any time during the entire episode of care, **including at the SOC/ROC** and/or
- The patient is not taking any medications, including:
  - Prescribed and over the counter
  - By any route
  - TPN and herbals

Use of the Dash

- A dash (–) value is a valid response for each of the DRR items (M2001, M2003, M2005)
- A dash indicates that no information is available
- Providers should complete transfer and discharge assessments to the best of their ability when a care episode ends unexpectedly
- **CMS expects dash use to be a rare occurrence**

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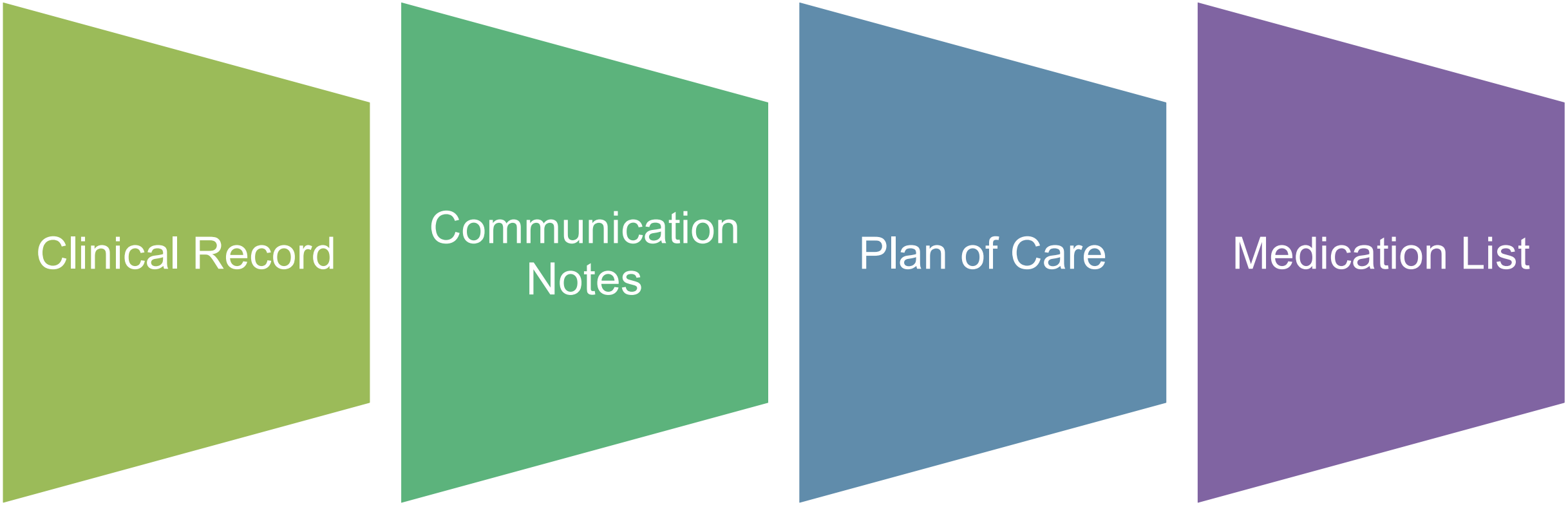
M2005 Data Sources/Resources



M2005 Practice Coding Scenario 4

- During the Discharge Assessment visit, the RN reviews the patient's medication list and confirms that no potential clinically significant medication issues are present
- In reviewing the clinical record, there is documentation that a drug regimen review was conducted at SOC, and no potential clinically significant medication issues were identified
- There is no other documentation to indicate that potential or actual clinically significant medication issues occurred during the episode of care

How would you code M2005 on the Discharge Assessment?

Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?

A. **0, No**

B. **1, Yes**

C. **9, NA**

D. Enter a **dash (–)**

How would you code M2005 on the Discharge Assessment? (cont.)

Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?

A. **0, No**

B. **1, Yes**

✓ C. **9, NA**

D. Enter a **dash (–)**

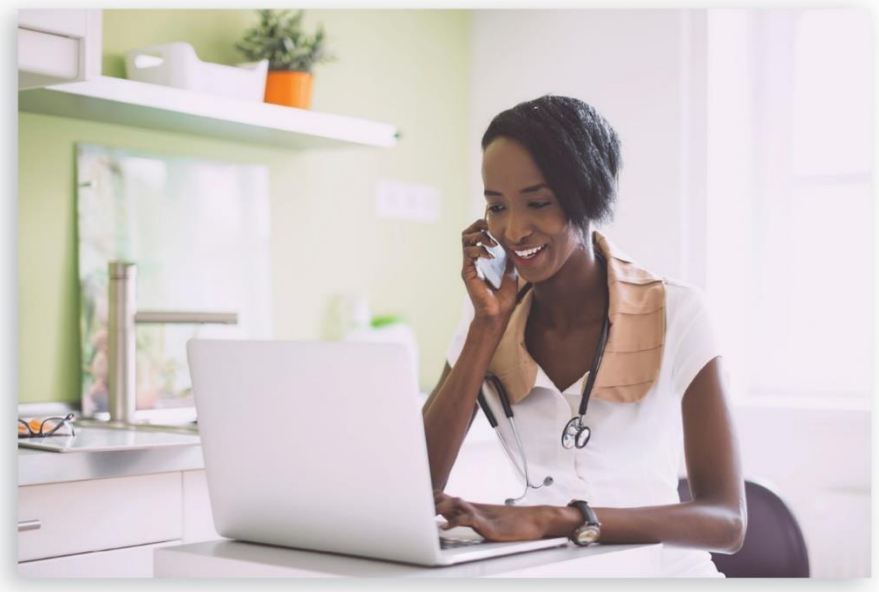
M2005 Practice Coding Scenario 4 (cont.)

- **Coding: 9, NA** – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

- **Rationale:** There is documentation that the agency looked for potential clinically significant medication issues via completion of a drug regimen review and that no potential or actual clinically significant medication issues were identified at any time during the episode, from SOC through Discharge

M2005 Practice Coding Scenario 5

- During the SOC comprehensive assessment, the RN completes the drug regimen review and identifies a potential clinically significant medication issue
- On that day of admission, the RN calls and leaves a message with the physician's office related to the medication issue
- The physician does not return her call until after midnight of the next calendar day
- No other medication issues arise during the episode, and the patient is discharged from home health



How would you code M2001 on the SOC Assessment?

Did a complete drug regimen review identify potential clinically significant medication issues?

A. **0, No** – No issues found during review

B. **1, Yes** – Issues found during review

C. **9, NA** – Patient is not taking any medications

D. Enter a **dash (–)**

How would you code M2001 on the SOC Assessment? (cont.)

Did a complete drug regimen review identify potential clinically significant medication issues?

A. **0, No** – No issues found during review

✓ B. **1, Yes** – Issues found during review

C. **9, NA** – Patient is not taking any medications

D. Enter a **dash (–)**

How would you code M2003 on the SOC Assessment?

Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/ recommended actions in response to the identified potential clinically significant medication issues?

A. **0, No**

B. **1, Yes**

C. Enter a **dash (–)**

How would you code M2003 on the SOC Assessment? (cont.)

Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/ recommended actions in response to the identified potential clinically significant medication issues?

✓ A. **0, No**

B. **1, Yes**

C. Enter a **dash (–)**

How would you code M2005 on the Discharge Assessment?

Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?

A. **0, No**

B. **1, Yes**

C. **9, NA**

D. Enter a **dash (–)**

How would you code M2005 on the Discharge Assessment? (cont.)

Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?

✓ A. **0, No**

B. **1, Yes**

C. **9, NA**

D. Enter a **dash (–)**

M2005 Practice Coding Scenario 5 (cont. 1)

- **Coding at SOC:**
  - M2001: **1, Yes – Issues found during review**
  - M2003: **0, No**
- **Coding at Discharge:**
  - M2005: **0, No**

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M2005 Practice Coding Scenario 5 (cont. 2)

- **Rationale:**
  - Because an issue identified was determined by the clinician to be clinically significant, warranting physician contact by midnight of the next calendar day, it meets the criteria for a clinically significant medication issue (1 – Yes for M2001)
  - While the clinician initiated communication with the physician, the required two-way communication did not occur until after midnight of the next calendar day, resulting in 0 – No responses for M2003 and M2005

Drug Regimen Review Conducted With Follow-Up for Identified Issues Quality Measure

DRR Quality Measure: Title and Description

- **Title:** Drug Regimen Review Conducted With Follow-Up for Identified Issues

- **Measure Description:** Percentage of patient care episodes in which a drug regimen review was conducted at the time of SOC/ROC, and timely follow-up with a physician occurred each time potential and actual clinically significant medication issues were identified throughout that care episode

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DRR Quality Measure: Numerator/Denominator

Numerator

Number of episodes in the denominator where the medical record contains documentation of a drug regimen review conducted at start of care or resumption of care with all potential clinically significant medication issues identified during the course of care and followed-up with a physician or physician designee

=

Denominator

Number of patient care episodes with a discharge, transfer or death at home assessment during the reporting period

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DRR Quality Measure: Exclusions and Risk Adjustment

Denominator Exclusions

- This measure has no denominator exclusions

Risk Adjustment

- This measure is not risk-adjusted or stratified

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DRR Quality Measure: Data Collection Items

Items Included in the Quality Measure:

M2001. Drug Regimen Review

M2003. Medication Follow-Up

M2005. Medication Intervention

- If a dash is entered for any of these three items:
  - The quality episode will not be included in the numerator count
  - The quality episode will be included in the denominator count

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DRR Quality Measure: Reporting Timeline

Summary

- The DRR measure was adopted to meet the requirements of the IMPACT Act domain of medication reconciliation
- The DRR items were first introduced to home health in 2010 and revised on January 1, 2017
  - These items are being implemented in IRFs, LTCHs, and SNFs during 2018
- DRR guidance was refined to promote cross-setting alignment

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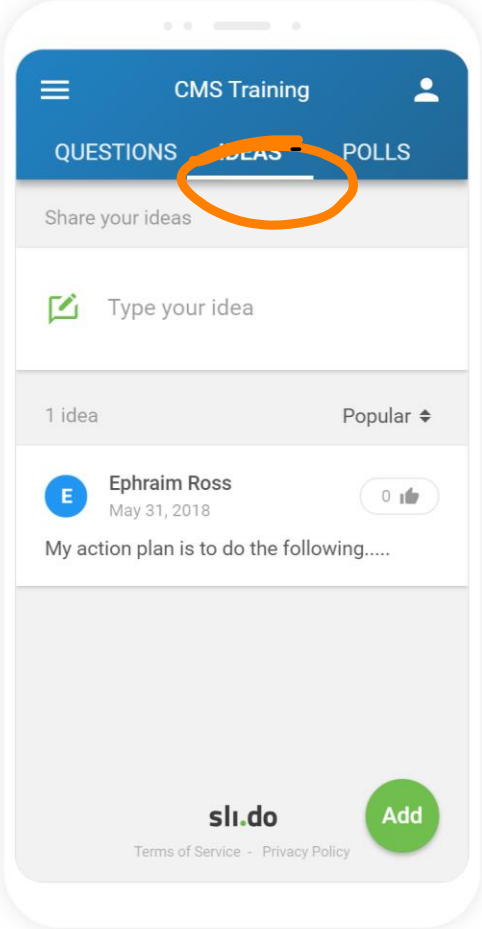

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