HEDIS® measure spotlight

Priority Health

Transitions of Care (TRC)
Medication Reconciliation Post-Discharge

Measure overview
The TRC Medication Reconciliation Post-Discharge measure evaluates whether patients age 18 and older have their medications reconciled within 30 days after an inpatient discharge. Timely medication reconciliation supports safe transitions of care and reduces medication-related errors.

Why it matters
Medication changes frequently occur during hospitalization. Reviewing and reconciling medications after discharge helps prevent adverse drug events, improves patient safety and reduces the risk of readmissions.

Tips for succeeding with this measure

- ✓ Review discharge medications against the current medication list.
- ✓ Document all additions, changes and discontinued medications.
- ✓ Complete reconciliation **within 30 days of discharge**.
- ✓ Bill **CPT II code 1111F** as soon as medication reconciliation is completed. (1111F can be billed alone OR with an associated visit.)

Provider takeaway
Medication reconciliation is a simple but critical patient safety practice. Accurate, timely documentation and the use of CPT II code 1111F helps improve care coordination, reduce medication errors and support TRC measure performance.

Inclusion criteria

Age: 18 and older

Qualifying event: An acute or nonacute inpatient hospital discharge in the measurement period

Eligible providers: Medication reconciliation can be conducted by:

- Prescribing practitioner
- Clinical pharmacist
- Physician assistant
- Registered nurse

Exclusion criteria

Patients who use hospice services during the measurement year

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