



2024 COA-Med Review Care for Older Adults, Med Review

Care for Older Adults, Med Review (COA-Med Rev)

Care for Older Adults



Appropriate screening, reviews and evaluation can keep the patient out of the Emergency Room.



As the population ages, physical and cognitive function can decline and medication management can suffer.



Screening of elderly patients regularly is effective in identifying functional decline.



This measure ensures that older adults receive the care they need to optimize quality of life.

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Measure Description

Percentage of adults ages 66 and older who had a medication review by a **clinical pharmacist or prescribing practitioner** and the presence of a medication list in the medical record (signed and dated) or transitional care management services any time during the current performance period



Patients 66 years of age and older



Had an appropriate medication review during the current performance period

X1

Single Weighted Star Measure (subset measure of COA)

Measure Steward: National Committee for Quality Assurance (NCQA)

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Required Exclusions

These exclusions can be verified via claims **or** supplemental data submissions.

- Patients in **hospice** or using hospice services any time during the current performance period
- Patients who **pass away** any time during the current performance period



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COA Med Review Documentation and Submission



Medication list must be included in the medical record and the medication review must be completed by a prescribing provider or clinical pharmacist



A medication list signed and dated, in the current performance period, by the appropriate provider (prescribing provider or clinical pharmacist) meets numerator compliance



Notation within the medical record that the medications were reviewed with a medication list present



Notation that the patient is not taking medications meets compliance



A Registered Nurse can collect the medications during the visit, but the appropriate provider must review and sign



An outpatient visit is not required to meet criteria.

Compliant Chart Snippet Example

This is a compliant example. We are to assume this snippet is from the patient's outpatient visit note. Patient identifiers are present, the visit was within the current performance period, a medication list is found within the visit note, and the appropriate provider's signature is found.

Patient Name: Barbara Brown DOB: 07/25/1952

Date of Visit: 11/01/2024

Medication List

Date	Medication	Sig	#	Refill	Status
01/12/2023	Paxlovid 300 mg (150 mg x 2)-100 mg tablets in a dose pack (EUA)	3 tablet by mouth twice a day	30	0	Active
12/07/2022	lisinopril 20 mg tablet	1 tablet by mouth daily	90	1	Active
12/07/2022	Nexium 40 mg capsule, delayed release	1 capsule by mouth daily	90	1	Active
12/02/2021	Eliquis 5 mg tablet	1 tablet by mouth twice a day		0	Active

Allergies

Allergen	Severity	Adverse Reactions	Onset Date	Type	Source	Status
Penicillins	Mild	Throat Swelling Facial Swelling Rash	12/07/2022 12/07/2022 12/07/2022	Allergy to Substance	Patient	Active

Medications Reviewed.

Dr. Smith

11/1/2024

*Patient identifiers and provider name have been altered for HIPAA confidentiality reasons.

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Non-compliant Documentation Hints

Documentation that the medications aren't tolerated does not meet numerator compliance.

A review of side effects for a single medication does not meet numerator compliance.

Medication review conducted in an acute inpatient setting will not meet numerator compliance.

NON-Compliant Chart Snippet Example

Patient Name: Jackie Wood **DOB:** 03/29/1948
Type of Visit: Inpatient **Visit Date:** 05/22/2024
DX: Shortness of Breath

Current Medications

Taking

- Montelukast Sodium 10 MG Tablet 1 tablet Orally Once a day
- Proventil HFA 108 (90 Base) MCG/ACT Aerosol Solution 2 puffs as needed Inhalation every 4 hrs prn
- Flonase 50 MCG/ACT Suspension 2 puff in each nostril Nasally Q D (DAILY) seasonally prn
- PriLOSEC 20 MG Capsule Delayed Release 1 capsule Orally Once a day
- Symbicort 160-4.5 MCG/ACT Aerosol 2 puffs Inhalation Twice a day
- Niacin ER (Antihyperlipidemic) 1000MG Extended Release Tablet TAKE 1 TABLET DAILY Orally Once a day
- Spiriva Respimat 2.5 MCG/ACT Aerosol Solution 1 puffs Inhalation Once a day
- hydroCHLORothiazide 25 mg Tablet 1 tablet Orally Once a day
- Ezetimibe 10 MG Tablet 1 tablet Orally Once a day
- amLODIPine Besylate 10MG Tablet 1 tablet Orally Once a day
- Atorvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day
- Sildenafil Citrate 100 MG Tablet 1/2 to 1 tablet as needed Orally Once a day
- Testosterone 12.5 MG/ACT (1%) Gel 3 pumps to skin in the morning to shoulder, upper arms or abdomen Transdermal Once a day

Medications Reviewed.
Dr. Jones
05/22/2024

This is a non-compliant example.

If reviewing the outpatient medical record and this progress note is found within the record, it cannot be used to close the gap for COA: Medication Review.

This is an inpatient progress note.

Acute inpatient medication reviews cannot be used to close this gap in care.

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Common Codes

Code these to
reduce the need
for chart review!



1159F and 1160F- medication list documented **and** review of all medications by a prescribing practitioner or clinical pharmacist documented

These codes must be on the same date of service





Thank You!