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NEW Requirements in MDS Section N: Drug Regimen Review

Effective October 1, 2018

CMS announced in 2016, that over the next three years they would be rolling out more key points to the MDS 3.0 program and relate many of the functionalities to the IMPACT Act of 2014. The new MDS Section N reporting requirements on Drug Regimen Review are scheduled to go into effect on October 1, 2018, and final details were released in May of this year. These represent a change in the reporting requirements and the prompt performance and follow up on Drug Regimen Review findings for newly admitted and readmitted Medicare Part A residents.

Overview:

The questions in Section N2001, N2003 and N2005 appear as follow:

N2001. Drug Regimen Review - Complete only if A0310B = 01	
Enter Code ☐	**Did a complete drug regimen review identify potential clinically significant medication issues?** 0. **No** - No issues found during review → Skip to O0100, Special Treatments, Procedures, and Programs 1. **Yes** - Issues found during review → Continue to N2003, Medication Follow-up 9. **NA** - Resident is not taking any medications → Skip to O0100, Special Treatments, Procedures, and Programs
N2003. Medication Follow-up	
Enter Code ☐	**Did the facility 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?** 0. **No** 1. **Yes**
N2005. Medication Intervention - Complete only if A0310H = 1	
Enter Code ☐	**Did the facility 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 admission?** 0. **No** 1. **Yes** 9. **NA** - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

Look carefully at the language in the very first line of the N2001, which reads: “

Complete only if A0310B = 01”. Section A0310B reads as follows:

A0310. Type of Assessment	
Enter Code ☐☐	**A. Federal OBRA Reason for Assessment** 01. **Admission** assessment (required by day 14) 02. **Quarterly** review assessment 03. **Annual** assessment 04. **Significant change in status** assessment 05. **Significant correction** to **prior comprehensive** assessme 06. **Significant correction** to **prior quarterly** assessment 99. **None of the above**
Enter Code ☐☐	**B. PPS Assessment** **PPS Scheduled Assessments for a Medicare Part A Stay** 01. **5-day** scheduled assessment 02. **14-day** scheduled assessment 03. **30-day** scheduled assessment

Section **A0310, B. 01** indicates that the new sections N2001 and N2003 are to be completed as part of the “5-day scheduled assessment” of newly admitted

and readmitted Medicare Part A residents, requiring that Drug Regimen Review be completed as close to the time of admission as reasonably possible. This review begins with the medication reconciliation performed by the nurse when doing admission orders and continues throughout the residents stay under Medicare Part A.

Further, section N2003 requires that any **"clinically significant"** finding be promptly communicated to the prescriber, to facilitate obtaining an answer by midnight of the next day. Section N2005, to be completed on discharge assessment, essentially requires the same.

Action Plan:
To assist with compliance, Pharma-Care, Inc./Creative Care Consulting provides electronic pharmacy consultants in addition to the monthly visit.

For **EPIC** reviews:

1. **EPIC** reviews for all newly admitted and re-admitted residents will be completed by our Consultant Pharmacists within 48 hours of receipt.
2. All recommendations deemed ***"clinically significant"*** will be marked as such on the review, and will be sent to the Prescriber, Director of Nursing, or Designee.
3. A ***"Clinically Significant"*** medication issue is any potential or actual issue that, in the consultant pharmacist professional judgment, warrants physician (or physician-designee) communication and completion of prescribed/recommended actions by "midnight of the next calendar day ("at the latest").
4. Clinically significant medication issues may include but are not limited to;
    - Medications prescribed despite documented medication allergy or prior adverse reaction
    - Excessive dose
    - Significant drug interactions
    - Wrong drug, dose, frequency and route errors
5. Section N2005 requires clinically significant medication issues be identified and addressed throughout the Medicare Part A stay. To meet the requirements of this section, any Change of Status requests received from the facility will be addressed within 48 hours of receipt.

For **Consultant Pharmacist** Monthly DRR:

1. Medicare Part A charts will be reviewed Monthly as part of the regular monthly visit.
2. Any ***"Clinically Significant"*** medication issues identified will be brought to the attention of nursing and needed action discussed while the consultant pharmacist is in the facility.
3. The consultant will document the medication issue in the medical record

and include the issue and actions taken in the monthly report which is sent to the Director of Nursing, the physician (or physician-designee), the Administrator and the Medical Director.

4. A ***"Clinically Significant"*** medication issue is any potential or actual issue that, in the consultant pharmacist professional judgment, warrants physician (or physician-designee) communication and completion of prescribed/recommended actions by "midnight of the next calendar day ("at the latest").
5. Clinically significant medication issues may include but are not limited to,
    - Medications prescribed despite documented medication allergy or prior adverse reaction
    - Excessive dose
    - Significant drug interactions
    - Wrong drug, dose, frequency and route errors
    - Omissions (medications missing from a prescribed regimen)

Please see attached recommended Policy and Procedures.

Title: EPIC Reviews – New Admissions and Readmissions

EPIC reviews will be provided within 48 hours after receipt from the facility. The Consultant Pharmacist shall identify, document and report actual and potential irregularities for review and action by the attending Physician, where appropriate. These reports shall be communicated to the Director of Nursing and/or Designee for distribution and action by the attending physician via email, fax (or both). The attending Physician or licensed designee shall respond to the **EPIC** reviews in a timely manner, per facility policy. The **EPIC** review recommendations along with the prescriber response shall be considered a permanent part of each resident's medical record.

"Clinically Significant" irregularities shall be marked as such and included within the physician recommendations section of each **EPIC** review. Recommendations marked as "**clinically significant**" should be promptly communicated to the prescriber to facilitate obtaining an answer by midnight of the next day as required by Section N2003 of the MDS.

Potentially ***"clinically significant"*** irregularities shall be defined as any finding that, in the clinical judgement of the Consultant Pharmacist reviewer, must be acted upon on or before midnight of the next day for the immediate safety and wellbeing of the resident. Any physician comment that does not require immediate attention (within 24 hours) will not be considered a potential or actual clinically significant medication issue for purposes of MDS Section N coding. These comments will be addressed by the physician according to the facilities policy.

Any change of status requests received by EPIC will be responded to within 48 hours of receipt to assist facilities with compliance of MDS N2005.

Title: Consultant Pharmacist during regular monthly visits

Policy: The Consultant Pharmacist shall review and perform a Drug Regimen Review for all residents monthly as defined in 42 CFR 483.45.

EPIC will be utilized to meet the requirement of review occurring as close to the time of admission/readmission as reasonably possible.

The **Consultant Pharmacist** will review all resident's medical records, including any new admissions and readmissions present in the facility, during the regular monthly visit.

The **Consultant Pharmacist** shall identify, document and report actual and potential irregularities for review and action to the Director of Nursing and/or Designee, Administrator, Medical Director and physicians (where appropriate). The physician's recommendations will be communicated to the Director of Nursing and/or Designee for distribution and action by the attending physician via email, fax (or both).

The nursing and attending Physician (or licensed designee) shall respond to the recommendations in a timely manner, per facility policy for non-urgent recommendations. The physician recommendations along with the prescriber response shall be considered a permanent part of each resident's medical record.

"Clinically Significant" irregularities shall be included within the physician recommendations of each resident's monthly review. These irregularities will be brought to the attention of nursing and addressed while the Consultant is in the facility, as well as included in the monthly report. Nurses should promptly communicate with the prescriber to facilitate obtaining an answer by midnight of the next day as required by Section N2003 and/or N2005 of the MDS.

Potentially ***"clinically significant"*** irregularities shall be defined as any finding that, in the clinical judgement of the Consultant Pharmacist reviewer, must be acted upon on or before midnight of the next day for the immediate safety and wellbeing of the resident. Any physician comment that does not require immediate attention (within 24 hours) will not be considered a potential or actual clinically significant medication issue for purposes of MDS Section N coding. These comments will be addressed by the physician according to the facilities policy.