

CMIT ID

00219-01-C-MIPS

Title

Documentation of Current Medications in the Medical Record

Steward Organization Group

Centers for Medicare & Medicaid Services (CMS)

Committee

MSR Recommendation Group

Current Program Use

Merit-Based Incentive Payment System (MIPS)

CMS Program History

- Finalized through rulemaking for inclusion in the Merit-based Incentive Payment System (MIPS) in 2016.
- Implemented in MIPS starting with Performance Year (PY) 2017.

Description

Percentage of visits for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.

Numerator

Eligible clinician attests to documenting, updating, or reviewing the patient's current medications using all immediate resources available on the date of the encounter.

Numerator Exceptions

N/A

Numerator Exclusions

N/A

Denominator

All visits occurring during the 12-month performance period.

Denominator Exceptions

N/A

Denominator Exclusions

None

Cascade of Meaningful Measures Priority

Safety

Level of Analysis

Clinician: Group/Practice, Clinician: Individual

Care Setting

Ambulatory Care: Clinician Office, Behavioral Health: Inpatient (e.g., Inpatient Psychiatric Facility), Dialysis Facility, Home Health, Hospital: Outpatient, Inpatient Rehabilitation Facility, Nursing Home/Skilled Nursing Facility

CBE Endorsement History

While this clinical quality measure (CQM) has not undergone consensus-based entity (CBE) endorsement, the electronic clinical quality measure (eCQM) collection type for this measure has gone through the CBE process and is outlined below.

- Initial endorsement, 2008
- Measure retired and endorsement removed, Patient Safety, Spring Cycle 2020

Link to endorsement measure record: [Documentation of Current Medications in the Medical Record](#)

CBE Endorsement Status

Not Endorsed

About this Analysis (Measure Score by PY)

Impact Summary: This measure supports the Merit-based Incentive Payment System (MIPS) goals of improving the quality and safety of care for patients and promoting higher-value care by ensuring clinicians document a current and complete medication list at each visit, which supports accurate clinical decision-making and helps reduce preventable medication errors and adverse drug events.

Clinician performance has consistently increased from 2021 to 2024, but highlighted improvement is needed among lower-performing clinicians. The analysis showed that a medication documentation rate of 100% is achievable. Based on the PY 2024 data, only 7.7% of the assessed

visits lacked documentation of medications. While performance for this measure in MIPS continues to be high, there continues to be instances of poor performance as seen by Decile 1: 3.65 - 78.37.

For this measure, Battelle reviewed the following publicly available datasets at [Benchmarks - QPP](#):

- 2026 MIPS Quality Benchmarks.csv (which is referred to as year 2024 in this assessment)
- 2025 MIPS Quality Benchmarks.csv (which is referred to as year 2023 in this assessment)
- 2024 MIPS Quality Benchmarks.csv (which is referred to as year 2022 in this assessment)
- 2023 MIPS Quality Benchmarks.csv (which is referred to as year 2021 in this assessment)

Battelle analyzed benchmark values for “Measure_ID”=130 and “CMS eCQM ID”=N/A to generate CQM benchmark data.

About Figure 1: Figure 1 is a boxplot that shows how rates have changed based on the most recent 4 years of data available. For each year, the boxplot displays a box with lines and dots to help visualize the range and distribution of rates. The dots represent the minimum and maximum rates, and the line connecting them shows the range of the rates. The box itself covers the middle 60% of the rates, from the 20th to the 80th percentile. A “+” sign shows the average rate. This type of graph makes overall trends in rates over time as well as the consistency and spread of the results easier to visualize.

Figure 1 (Measure Score by PY)

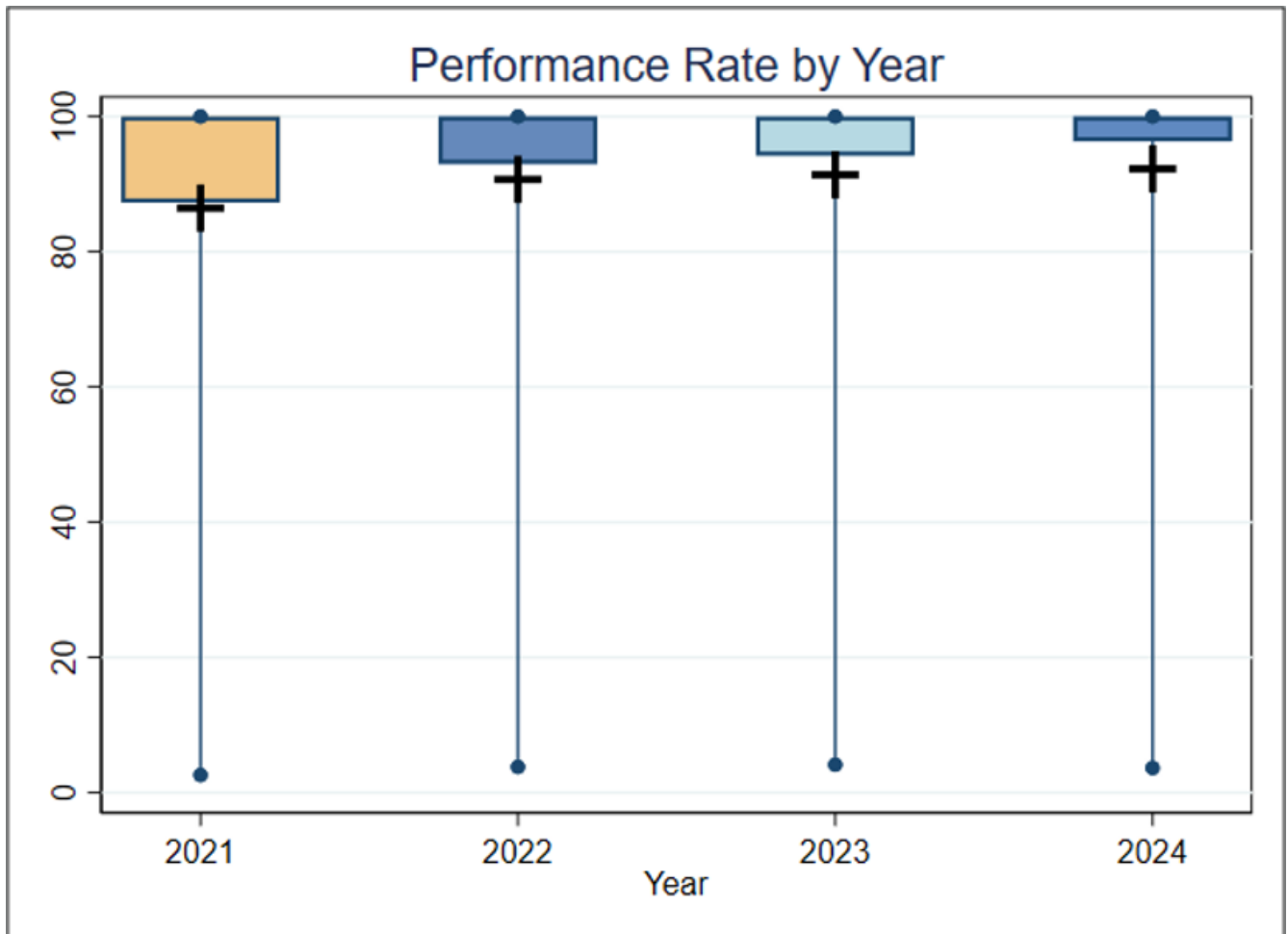


Figure 1. Boxplot of Performance Rate by Year

Interpretation (Measure Score by PY)

Figure 1 Interpretation: Although each year there are some clinicians with very low performance, the 20th percentile has consistently increased from 87.26% in 2021 to 96.34% in 2024. For this measure, a higher rate indicates better quality of care.

About this Analysis (Score Distro)

About Table 1: Table 1 illustrates the distribution of rates across deciles for the most recent year with data available.

Interpretation (Score Distro)

Table 1 Interpretation: More than 80% of clinicians have a performance rate greater than 95%,

and more than 60% of clinicians have a rate of 100%. If Decile 8 performance (100%) is used as a plausible, achievable benchmark, and clinicians in Deciles 1 through 4 improved to that level, the estimated percentage of visits with current medications documented in the medical record would increase by about 7.7% (from 92.3% to 100%), potentially leading to better health outcomes for patients.

Table 1 (Score Distro)

Table 1. Importance (Decile by Performance Rate, 2024)

	Mean	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Performance Rate	92.3	3.7-78.4	78.4-96.3	96.3-99.5	99.5-100	100	100	100	100	100	100

Importance Criterion Definition

The Meaningfulness criterion will be evaluated as part of the full Preliminary Assessment available in September.

Criterion Definition

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