



2026 Measurement Year

## STAR MEASURE: CARE FOR OLDER ADULTS – MEDICATION REVIEW (COA-MED)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan Total Care Advantage’s (HMO D-SNP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) / Centers for Medicare & Medicaid (CMS) Star measure scores by providing guidance and resources. This tip sheet provides the key components to the Star measure, “Care for Older Adults - Medication Review (COA-Med).”

**Measure Description:** This measures the percentage of members 66 years of age and older who received at least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record.

**Measure Specification:** Either of the below meets measure criteria:

- ▶ Both of the following during the same visit during the measurement period where the provider type is a prescribing practitioner or clinical pharmacist:
  - At least one medication review
  - The presence of a medication list in the medical record
- ▶ Transitional care management services during the measurement period.

**Data Collection Method:** Hybrid<sup>1</sup>

**COA – Medication Review Clinical Code Set**

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

**Codes used to identify Medication Review:**

Description	CPT	CPT-II
Medication Review	90863, 99483, 99605, 99606	1160F

**Codes used to identify Medication List:**

Description	HCPCS	CPT-II
Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient’s current medications	G8427	
Definition Medication list documented in medical record		1159F

**Codes used to identify Transitional Care Management Services:**

Description	CPT
Transitional Care Management	99495, 99496

**Exclusion Criteria – Members with any of the following conditions are excluded from the COA – Medication Review measure:**

- ▶ Members in hospice or using hospice services anytime during the measurement year.
- ▶ Services provided in an acute inpatient setting.
- ▶ Members who died any time during the measurement year.



#### Medical Record Must Include:

- ▶ Medication list, including all medications.
  - Prescription, OTC, herbal, supplements
- ▶ Review of the medication list.
  - Conducted by a prescribing practitioner or clinical pharmacist
  - Documentation explicitly states the provider reviewed the list
- ▶ Signature and date.
  - Review must be signed and dated by the reviewer during the measurement year

#### Best Practices:

- ▶ Use the Inovalon® Provider Enablement Quality Gaps Insights to identify members with gaps in care.
- ▶ Ask members to bring all pill bottles (including OTCs, supplements, vitamins) to visits.
- ▶ Involve caregivers as appropriate (including for members with cognitive impairment)
- ▶ Incorporate the medication review into:
  - Annual Wellness Visits
  - Follow-ups
  - Transitions of Care encounters
- ▶ Keep the medication list current.
  - Document all medications, prescriptions, OTCs, vitamins, supplements, herbals a member is taking and update the list at EVERY visit.
- ▶ Always include a statement similar to: “Medication list reviewed with patient/caregiver,” with supporting documentation.
- ▶ Total Care Advantage’s Care Management Team is made up of registered nurses, care management coordinators, and social workers who are ready to help Total Care Advantage members manage their health. Total Care Advantage Care Management referrals can be made by submitting the referral form available on the GCHP website or by contacting the Care Management team by phone or email.
  - Care Management Contact: 1-805-437-5656
  - Care Management Email: [CareManagement@goldchp.org](mailto:CareManagement@goldchp.org)
  - English Referral Form: [Click Here](#)
  - Spanish Referral Form: [Click Here](#)
- ▶ Ensure your documentation is clear and concise.
- ▶ Use proper coding for conditions evaluated and services provided.

<sup>1</sup> Measures reported using the *hybrid* data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.