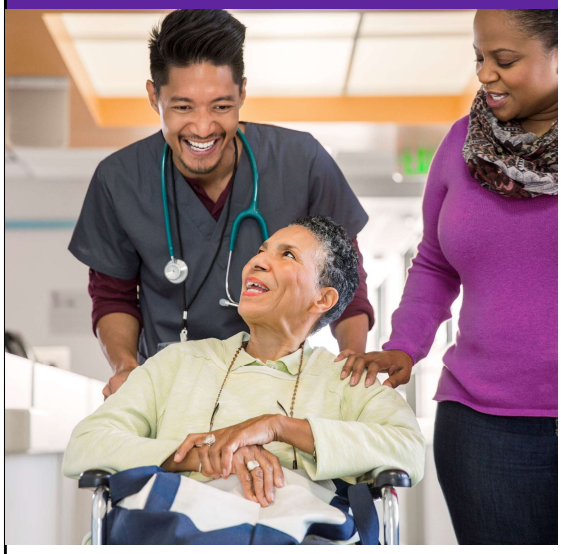

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Transitions of Care (TRC)

Measurement year 2025

This slide deck will provide you with information on the HEDIS measure Transitions of Care, also known as TRC.

Review of

- TRC and its four components
- Each component, its requirements
- Clear date of receipt with examples and tips
- Examples of what meets compliance and what does not
- Provider awareness with examples
- Transition care calls with med review: the right provider
- Applicable codes for TRC
- Available resources

Specifically, the slide deck will provide a review of TRC and its four components, including a detailed overview of each component's requirements.

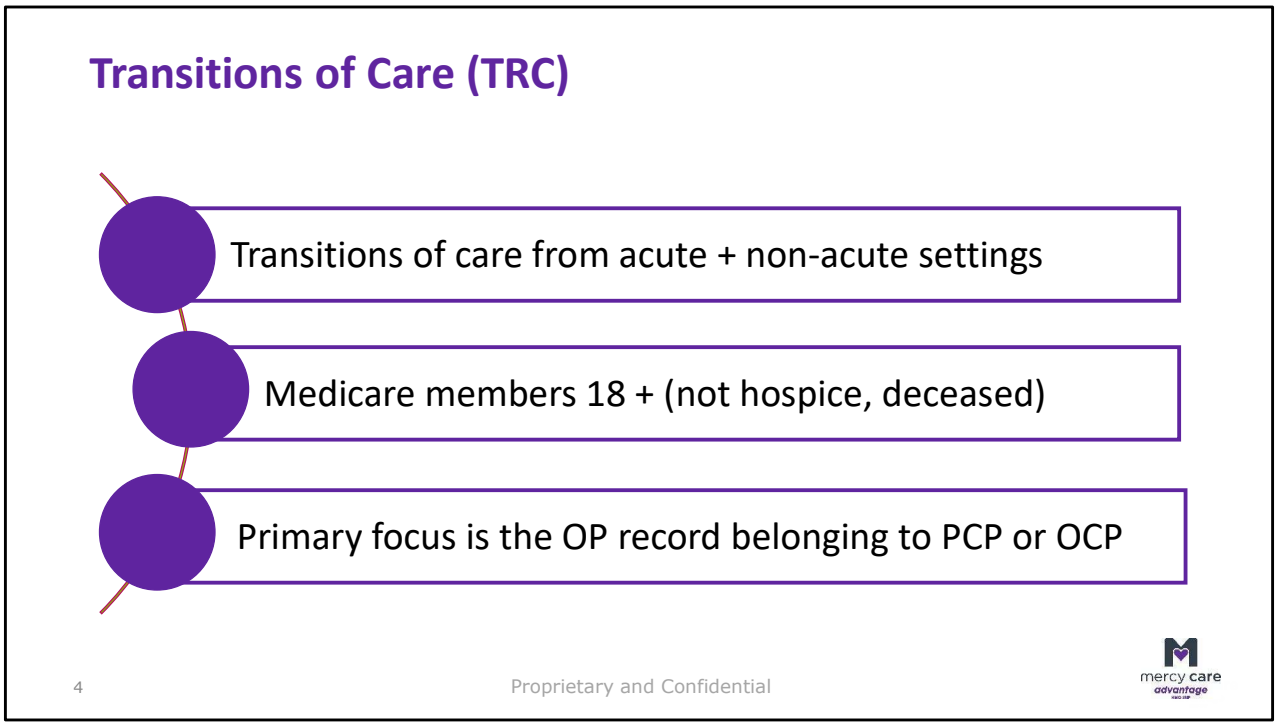
Also found in this slide deck are:
- Examples and tips of how to show clear date of receipt (notification of admission, discharge summaries)
- Examples of what meets compliance and what does not
- A review of provider awareness and the right provider (medication reconciliation)

And last, a review of applicable codes to help capture compliance for TRC and other available resources.

Acronyms

ADT = Admission Discharge Transfer
BH = Behavioral Health
BHT = Behavioral Health Technician
CM = Case Management
DC = Discharge
HIE = Health Information Exchange
IP = Inpatient
MRP = Medication reconciliation post-discharge
OCP = Ongoing care provider
OP = Outpatient

List of acronyms used within slide deck.



What

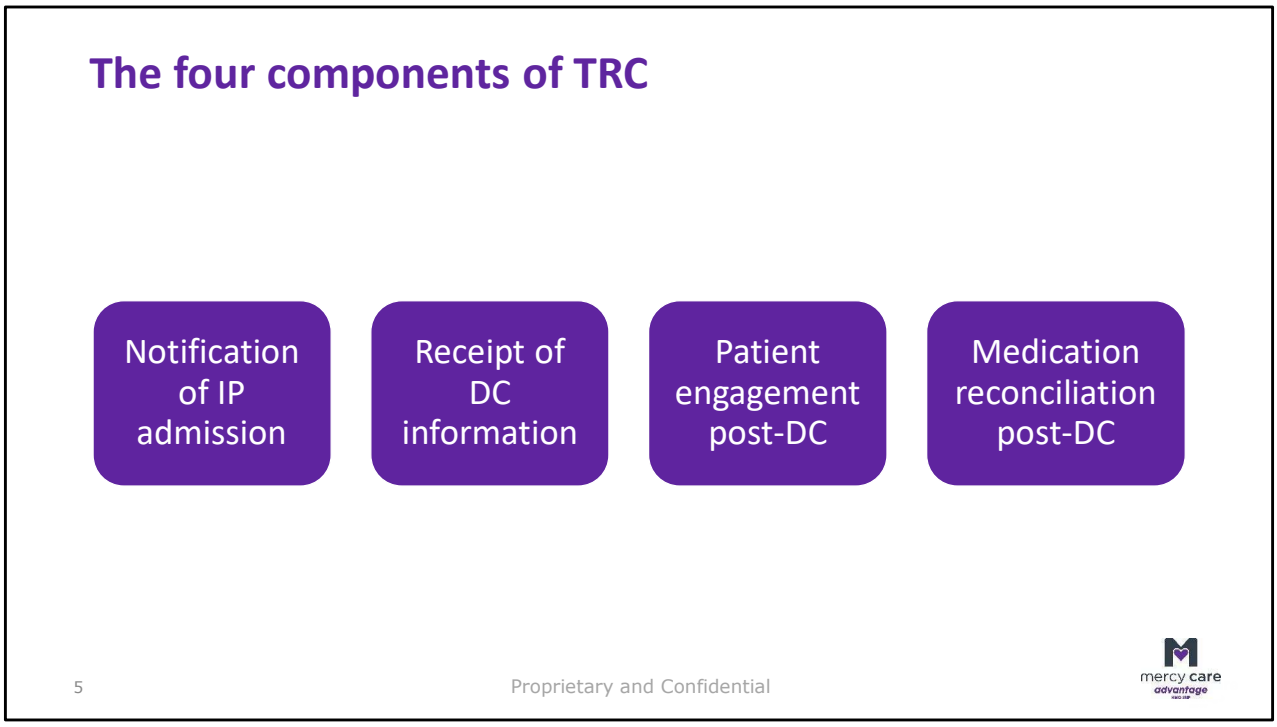
The aim of TRC is a safe transition of care from inpatient settings such as hospitals and SNFs. These transitions pose as vulnerable points in care and the risk for potential readmission is high, especially for the older population, as they commonly bring medication changes and extensive discharge instructions. The goal of TRC is to enhance post-discharge follow up and medication reconciliation supported by timely information received regarding admission and discharge.

Who

The eligible population for TRC includes Medicare members 18 and older. Required exclusions: Members in hospice, receiving hospice services, or who died anytime during the measurement year.

Where

Documentation for all 4 components must be found in the outpatient (OP) record belonging to the PCP or ongoing care provider (OCP): included are records accessible in shared EMRs or obtained/retrieved via portals and HIE (Health Information Exchange).



There are four components for the TRC measure

- Notification of inpatient admission
- Receipt of discharge information (discharge summaries)
- Patient engagement post-discharge
- Medication reconciliation post-discharge

Each component is an integral part of the measure and helps promote a safe transition of care.

Clear date of receipt required for two components

Notifications of admission

and

Receipt of discharge information

Both need to have evidence of a **clear date of receipt** to help determine when accessible to the provider.

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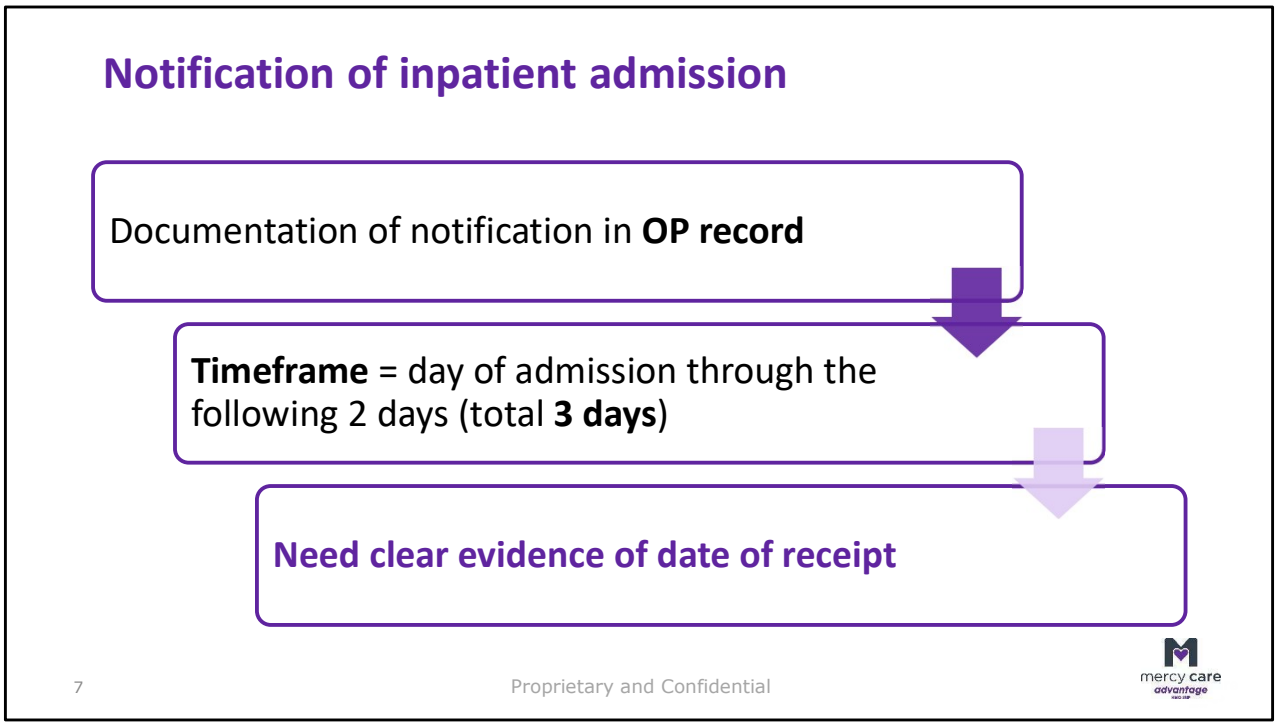
When accessible

- Ensure notifications of admission and discharge summaries are documented/filed in the member's OP record within the required timeframe
- Ensure clear dates of receipt: print dates, generation dates, fax dates, scan, upload, import and file dates all help determine when communications were retrieved or received by or accessible to the provider

Shared EMR

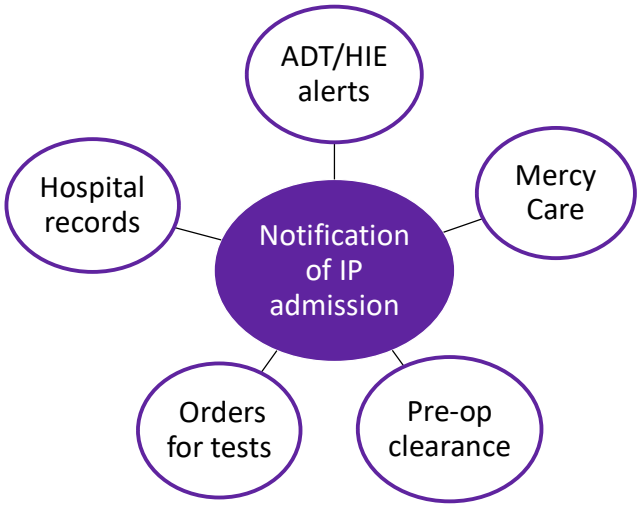
- For records accessible via a shared EMR system, documentation of a *received date* is not required; the date information is *filed* is considered the date accessible to the provider



Notification of inpatient admission
Documentation of admission must be filed or documented in the OP medical record within a 3-day time timeframe, including the day of admission

Of note
- This includes admissions occurring over weekends and holidays as well
- The date accessible, the date of receipt, needs to be clearly indicated

Inpatient admission notification sources



Types of documents found in the OP record that help capture compliance

- ADT/HIE (Health Information Exchange) admission alerts documented in the OP medical record
- BHT, CM notes re admission: calls/emails (Integrated/BH Clinics)
- Hospital records: ED reports, H&Ps, Inpatient Consults (fax or via HIE)
- Mercy Care notifications of admission (fax)
- Pre-op clearance exams or discussions of planned admission; the time frame for either is not restricted to the 3-day time frame: however, the documentation must clearly pertain to the inpatient stay

What also meets

- Direct admission by member's PCP/OCP
- Documentation in the OP record that shows the member's PCP/OCP was involved in the inpatient stay and placed orders for tests or treatments *at any time* during that stay

Examples: ADT/HIE alerts, pre-op evaluations

ADT/HIE alert documented in the member's OP medical record:

Admitted on 07/04/24

Admission Type: Inpatient

Notified Date: 07/05/24

Notified By: HIE

Pre-op exam found in the OP medical record:

Patient presents today for pre-op clearance. Has L hip replacement scheduled in 2 weeks. Patient cleared for surgery with low risk. Patient was also seen by cardiology.

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ADT/HIE admission alerts, pre-op exams, evaluations or clearance.

Examples: BHT/CM contact notes (Integrated/BH Clinics)

BHT contact note: Email received from Mercy Care case management

Member is on an IMD Unit.

This email is to confirm with you that member was admitted to Oasis Hospital on 6/7/24. The assigned SW and attending physician are…

CM contact note: Blue dot call received from hospital staff

Staff from Scottsdale Banner called and spoke with CM on blue dot. Staff said client was admitted today. Contact SW for discharge planning...

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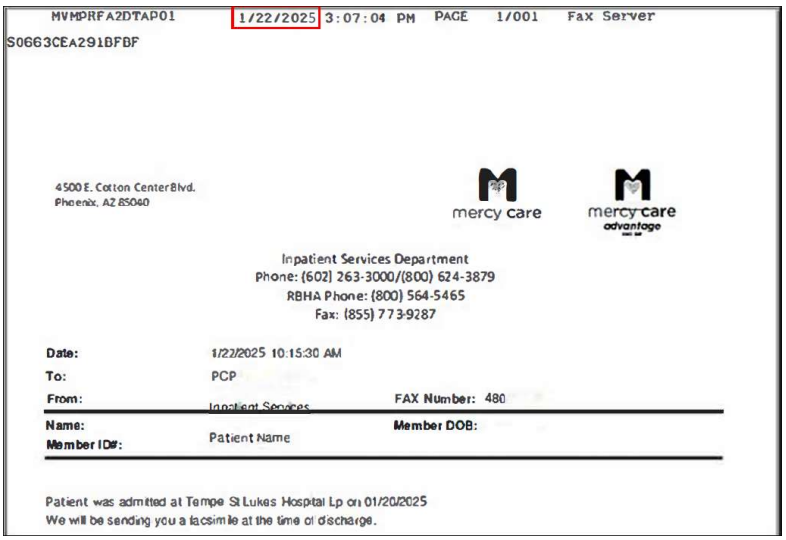
BHT or CM contact notes commonly depict notification of admission via telephone or email from hospital staff or Mercy Care case management.

Mercy Care notification of admission via fax



MVMPRFA2DTAP01 1/22/2025 3:07:04 PM PAGE 1/001 Fax Server
S0663CEA291BFBF

4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

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Inpatient Services Department
Phone: (602) 263-3000/(800) 624-3879
RBHA Phone: (800) 564-5465
Fax: (855) 773-9287

Date: 1/22/2025 10:15:30 AM
To: PCP
From: Inpatient Services **FAX Number:** 480
Name: Patient Name **Member DOB:**
Member ID#:

Patient was admitted at Tempe St Lukes Hospital Lp on 01/20/2025
We will be sending you a facsimile at the time of discharge.

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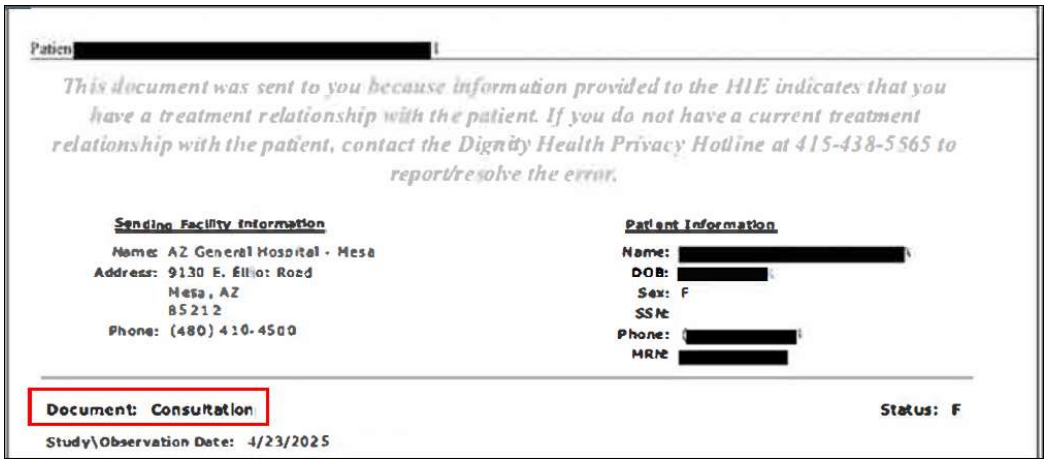
Mercy Care notification of admission
Faxed to the OP provider offices. As a provider, keeping Network Management updated of changes such as fax numbers aids their timely arrival.

What does not meet for notification of admission

1. Notification received from the member or member's family does not meet criteria - considered hearsay
2. Referral to the ER does not meet criteria
3. Documentation of notification without a clear date of receipt. Need an alert date, call date, contact note date, fax or print date, scan or upload date, or filed date.

Informal notification via member or member's family does not meet compliance; neither does sending a member to the ER.

Inpatient consult via HIE with no clear date of receipt



Patien[redacted]

This document was sent to you because information provided to the HIE indicates that you have a treatment relationship with the patient. If you do not have a current treatment relationship with the patient, contact the Dignity Health Privacy Hotline at 415-438-5565 to report/resolve the error.

Sending Facility Information

Name: AZ General Hospital - Mesa
Address: 9130 E. Elliot Road
Mesa, AZ
85212
Phone: (480) 410-4500

Patient Information

Name: [redacted]
DOB: [redacted]
Sex: F
SSN:
Phone: [redacted]
MRN: [redacted]

Document: Consultation

Status: F

Study\Observation Date: 4/23/2025

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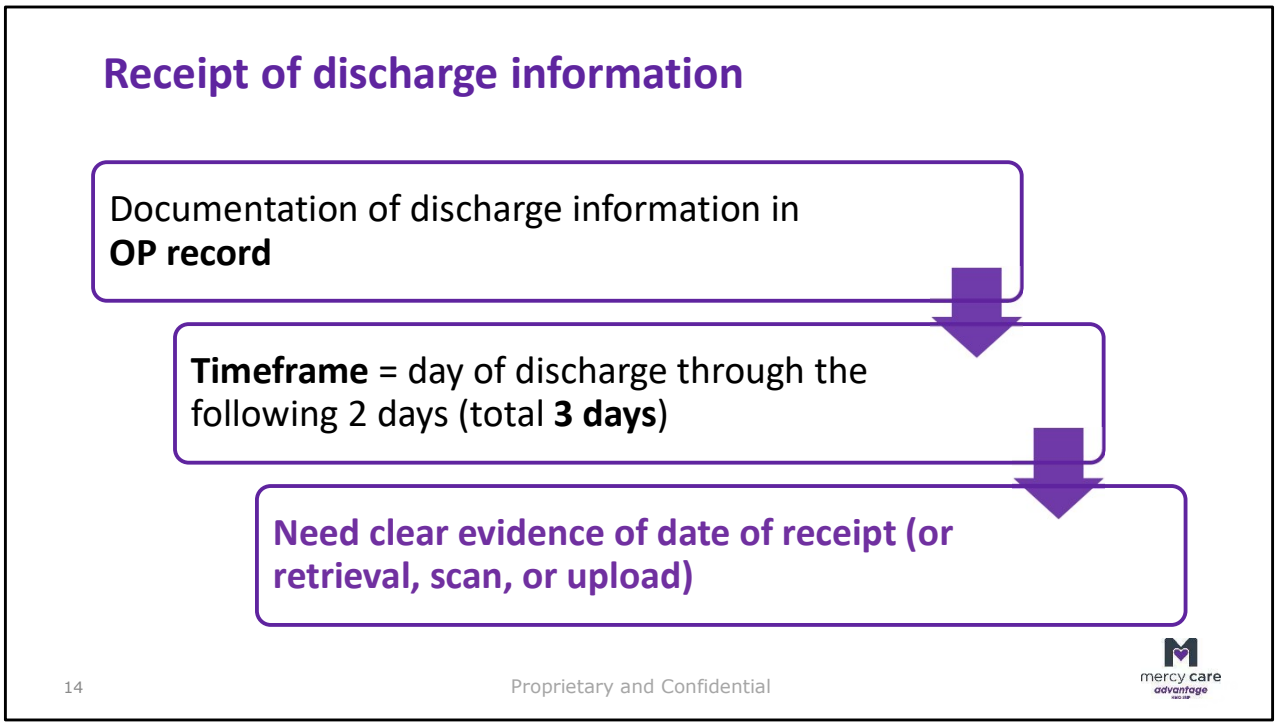
No clear date of receipt

When in receipt of inpatient records without a clear date of receipt e.g., a fax date, **attach** a scan or import date to show a clear date of receipt within the OP record.



Receipt of discharge information
Documentation of discharge must be filed or documented in the OP medical record within a 3-day time timeframe, including the day of discharge

Of note
- This includes discharges that occur over weekends and holidays
- Again, the date accessible, the date received or retrieved, needs to be clearly indicated

Receipt of discharge information

Required items at minimum:

- Provider responsible for care
- Procedures or treatment provided
- Diagnoses at discharge
- Current med list
- Testing results (or pending)
- Instructions for patient care

Need discharge INFORMATION and require, at minimum, the above 6 items. Usually found in the form of a discharge summary.

Test results
Can either be a list of results or results pending, or a notation that none are pending.

Instructions for patient care
Usually are items such as provider follow up, activity levels, and services such as home health care.

Of note

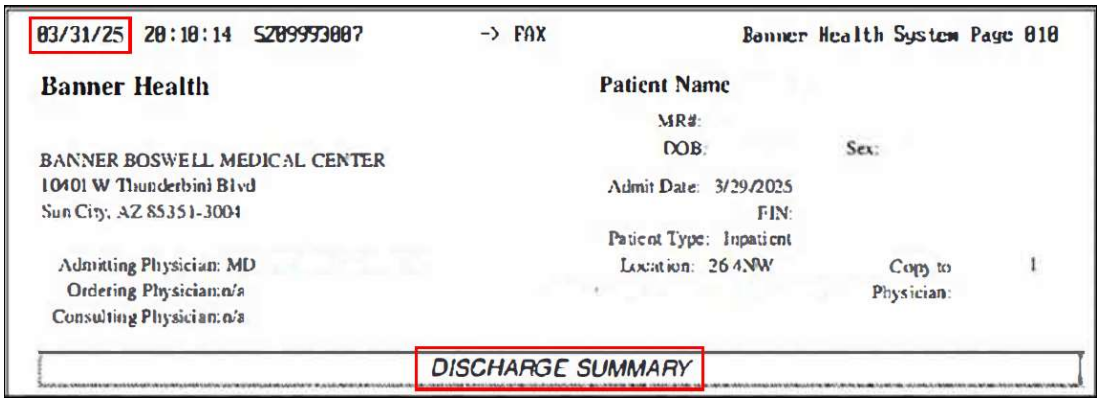
- Discharge notification does NOT meet but provides an opportune time to request or retrieve discharge information
- Scanning in a copy of discharge instructions brought in by the member? Does NOT meet.

Discharge summaries vs Continuity of Care documents

- A discharge summary most commonly helps capture **all the required items** for **discharge information**
- **Continuity of Care** documents are NOT considered legal health records (not direct clinical records), so these are **NOT** accepted for receipt of discharge information

Continuity of Care documents
Do NOT meet criteria for TRC

Discharge summary with clear date of receipt



03/31/25 20:10:14 SZ09993007 -> FAX Banner Health System Page 010

Banner Health

BANNER BOSWELL MEDICAL CENTER
10401 W Thunderbird Blvd
Sun City, AZ 85351-3004

Admitting Physician: MD
Ordering Physician: n/a
Consulting Physician: n/a

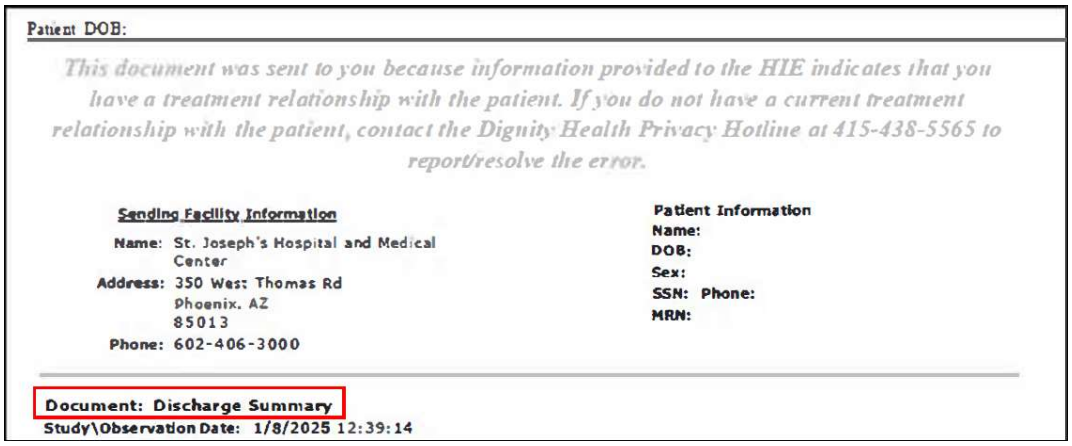
Patient Name
MR#:
DOB: Sex:
Admit Date: 3/29/2025
FIN:
Patient Type: Inpatient
Location: 264NW
Copy to Physician: 1

DISCHARGE SUMMARY

Inpatient facilities
Hospital records sent directly to the OP provider office from discharging facilities e.g., Banner or HonorHealth, usually have a fax date attached.

Physician portals
Hospital records retrieved by OP office staff via hospital physician portals commonly have staff name + print date (or sometimes generation date) attached.

Discharge summary via HIE: no clear date of receipt



Patient DOB:

This document was sent to you because information provided to the HIE indicates that you have a treatment relationship with the patient. If you do not have a current treatment relationship with the patient, contact the Dignity Health Privacy Hotline at 415-438-5565 to report/resolve the error.

Sending Facility Information

Name: St. Joseph's Hospital and Medical Center
Address: 350 West Thomas Rd
Phoenix, AZ
85013
Phone: 602-406-3000

Patient Information
Name:
DOB:
Sex:
SSN: **Phone:**
MRN:

Document: Discharge Summary
Study\Observation Date: 1/8/2025 12:39:14

HIE
Hospital records retrieved or received by the OP provider office via the HIE **often lack** a clear date of receipt

Scan, import, or upload date as date of receipt

02/03/2025 Hospital Discharge Summary

Scanned 02/04/2025.

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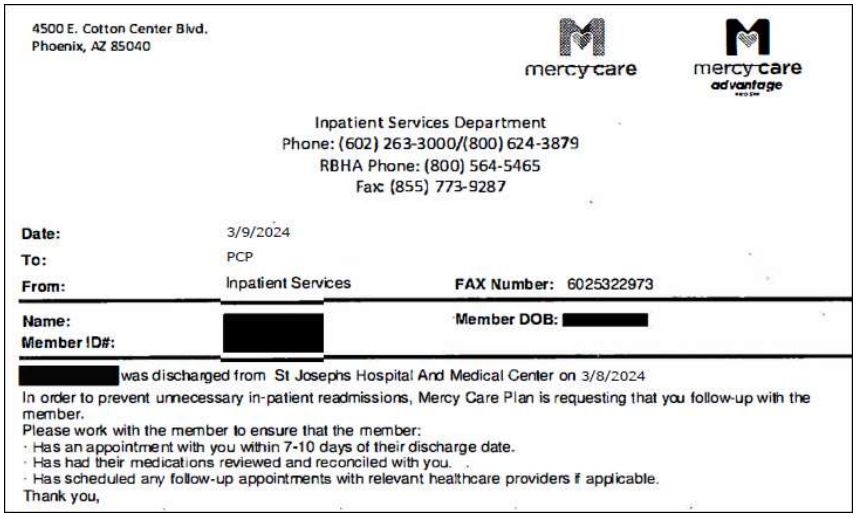
Again, for those hospital records received or retrieved without a clear date of receipt (e.g., fax date) it is important **to attach a date of receipt** e.g., a scan or upload date

During the HEDIS data collection season

- If faxing over records, having scan or import dates **directly** on the hospital records helps to show clear dates of receipt
- Screenshots of upload dates are mainly collected during on-site visits or via remote access to the EMR

Receive only discharge *notification?*



4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

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Inpatient Services Department
Phone: (602) 263-3000/(800) 624-3879
RBHA Phone: (800) 564-5465
Fax: (855) 773-9287

Date: 3/9/2024
To: PCP
From: Inpatient Services **FAX Number:** 6025322973

Name: [redacted] **Member DOB:** [redacted]
Member ID#:

[redacted] was discharged from St Josephs Hospital And Medical Center on 3/8/2024

In order to prevent unnecessary in-patient readmissions, Mercy Care Plan is requesting that you follow-up with the member.
Please work with the member to ensure that the member:
- Has an appointment with you within 7-10 days of their discharge date.
- Has had their medications reviewed and reconciled with you.
- Has scheduled any follow-up appointments with relevant healthcare providers if applicable.

Thank you,

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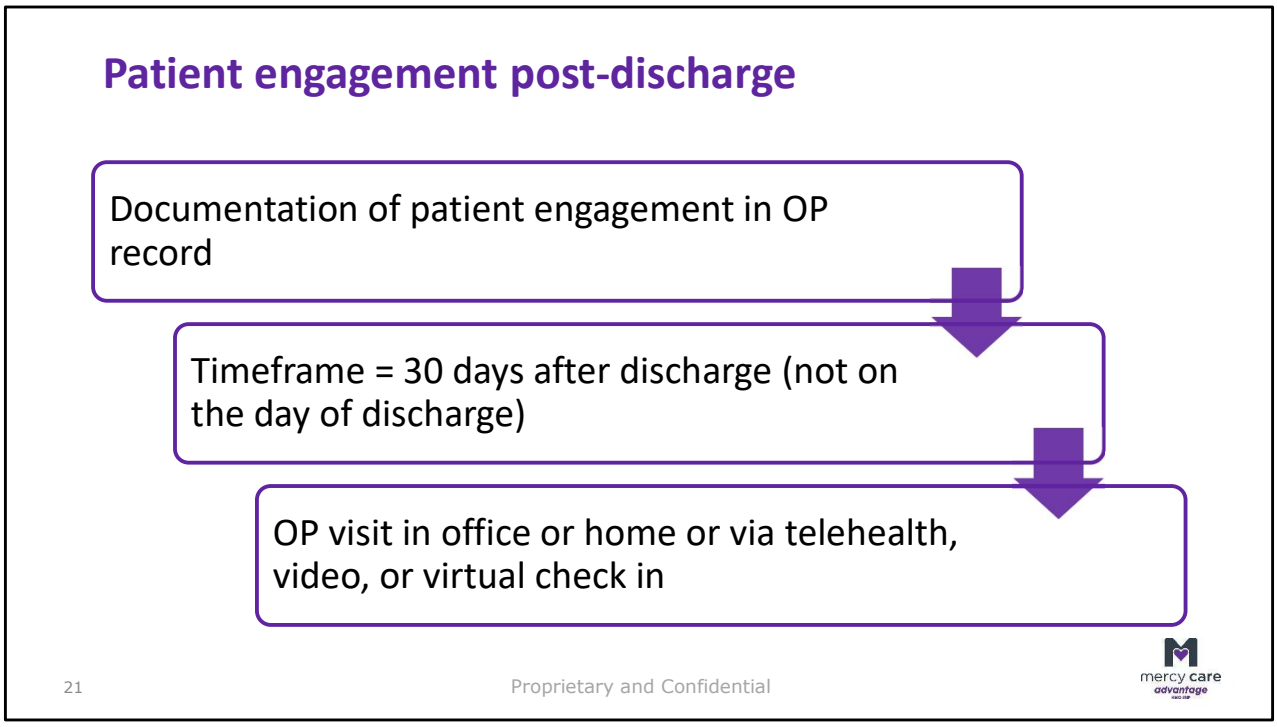
Follow up

- This is an opportune time to retrieve discharge **information*** via access to physician portals or HIE or request the **information** from the discharging facility
- Reach out to the member (if member has not already) to schedule post-discharge follow up/med reconciliation (especially those at higher risk for poor transitions)

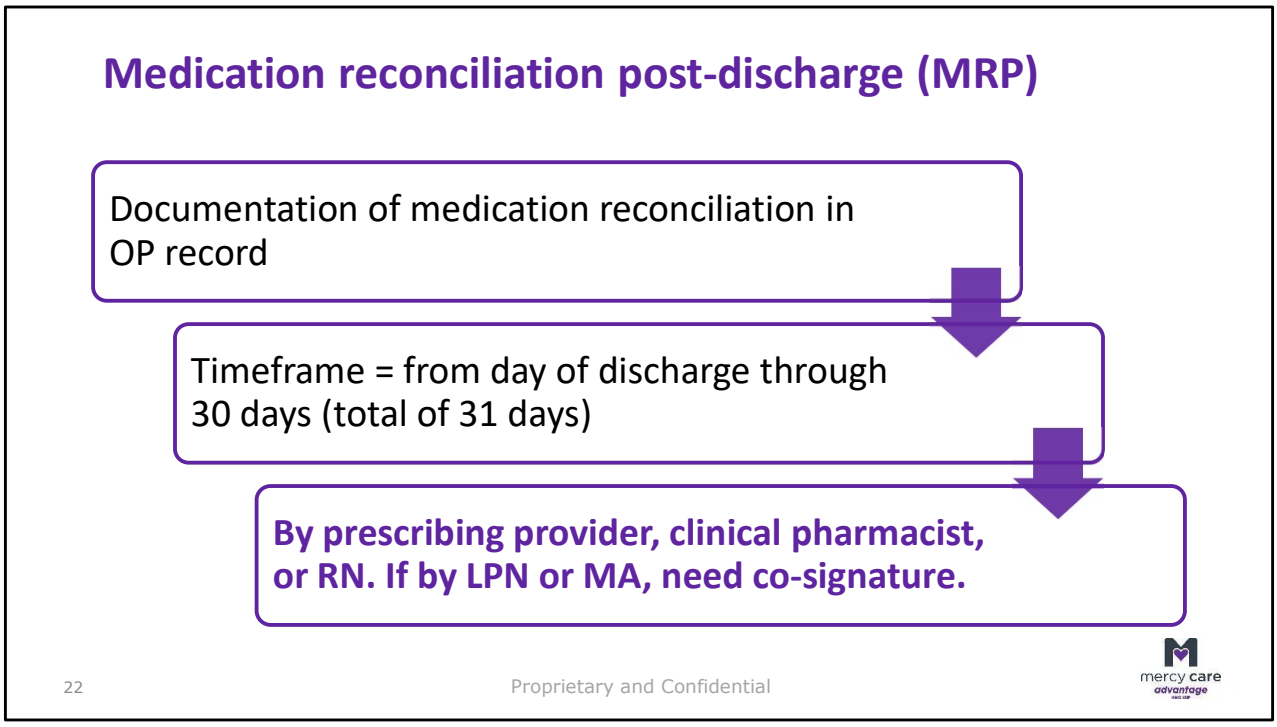
***At minimum, for discharge **information** the following items are required :

- Provider responsible for care
- Procedures or treatment provided
- Diagnoses at discharge
- Current med list
- Testing results (or pending)
- Instructions for patient care



OP record documentation that helps capture patient engagement post-discharge

- Office, home, or telehealth visits, consults
- Needs to occur within 30 days *after* discharge; engagement that occurs on the *same* day of discharge does NOT meet
- Does not necessarily have to be with the member; if the member is unable to communicate, communication with the member's caregiver also meets criteria



Medication reconciliation post-discharge (also known as MRP)

- Needs to occur anytime from the date of discharge through 30 days after discharge (for a total of 31 days)
- The accepted providers for completion of MRP are a prescribing provider, a clinical pharmacist, or a registered nurse
- MRP completed by LPN or MA is **not** accepted, **unless** co-signed by e.g., RN
- Medication reconciliation completed on the same day as discharge meets criteria

Criteria for medication reconciliation

Documentation of current medications with:

Evidence member was seen for post-discharge follow-up	**With documented provider awareness of inpatient or SNF stay**

What meets for medication reconciliation

The presence of a current med list in the OP medical record (embedded or stand-alone) **along with** documented provider awareness and medication reconciliation during a post-discharge engagement visit or transition care call

Criteria for medication reconciliation

Current med list and discharge med list with evidence both lists reviewed on same DOS

Discharge summary med list indicates reconciled with current meds (timely filed in OP record)

MRP performed without the member present

What also meets

- A current med list and a discharge med list with documented evidence that both lists were reviewed on the same date of service
- A discharge summary with evidence discharge meds were reconciled with current meds and filed in the OP record within the required time frame
- ***A chart notation that indicates the provider
  - reconciled the current meds with the discharge meds
  - reviewed or referenced the discharge meds
  - observed no meds were prescribed or that no changes in meds were made

  Note: Member does not have to be present; an outpatient visit is not required

Post-discharge visit must include provider awareness

Document **provider awareness** of an inpatient stay to meet criteria for medication reconciliation. **Document hospital or rehab follow up** as reason for visit or within progress note. For example:

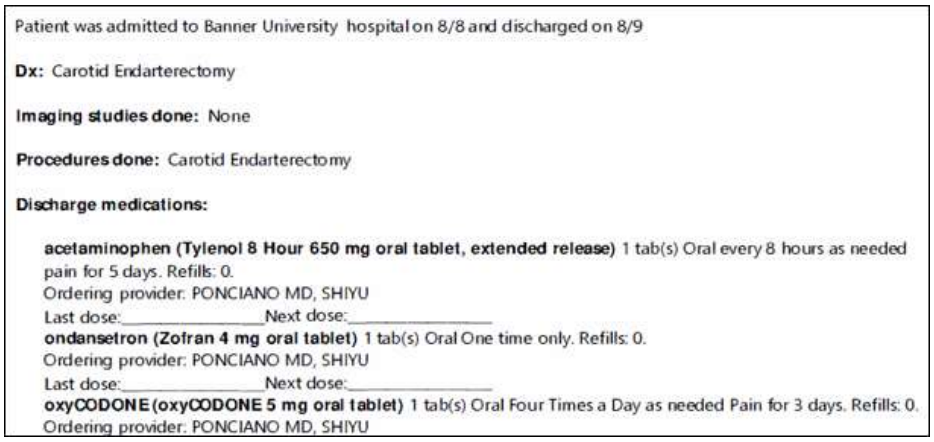
- **recent inpatient stay for pneumonia**
- **hospital follow up**
- **discharged from rehab last week**

Notations such as “ED follow up or post-surgery follow up” do **NOT** meet as considered insufficient evidence of a hospital stay

Provider Awareness
Document awareness of the hospital stay

TIP: When rooming member, office staff (MA) enter “hospital follow up” or “HFU” as reason for visit

Transition care call + MRP: need right provider



Patient was admitted to Banner University hospital on 8/8 and discharged on 8/9

Dx: Carotid Endarterectomy

Imaging studies done: None

Procedures done: Carotid Endarterectomy

Discharge medications:

acetaminophen (Tylenol 8 Hour 650 mg oral tablet, extended release) 1 tab(s) Oral every 8 hours as needed pain for 5 days. Refills: 0.
Ordering provider: PONCIANO MD, SHIYU
Last dose:_____Next dose:_____
ondansetron (Zofran 4 mg oral tablet) 1 tab(s) Oral One time only. Refills: 0.
Ordering provider: PONCIANO MD, SHIYU
Last dose:_____Next dose:_____
oxyCODONE (oxyCODONE 5 mg oral tablet) 1 tab(s) Oral Four Times a Day as needed Pain for 3 days. Refills: 0.
Ordering provider: PONCIANO MD, SHIYU

Transition Care Calls with medication reconciliation post discharge

- If completed and signed by an RN, it meets criteria for MRP; prescribing providers or pharmacists are also accepted providers
- It is okay for an MA or LPN to complete **but NEEDS to be signed off** by an RN or other accepted provider

TRC applicable codes

Outpatient and Telehealth	
CPT	98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483
HCPCS	G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015

Codes for Outpatient and Telehealth

TRC applicable codes (cont)

Transitional Management Services	
CPT	99495, 99496
Medication Reconciliation Encounter	
CPT	99483, 99495, 99496
Medication Reconciliation Intervention	
CPT-CAT-II	1111F

Codes for Transition Management Services, Medication Reconciliation Encounter, and Medication Reconciliation Intervention

These are also listed in the Mercy Care Gap Closure Reference Guide – see slide 29

Where to find resources

Go to https://www.mercycareaz.org/providers/hedis.html

and scroll down to HEDIS education: click on hyperlink for the **Mercy Care Gap Closure Reference Guide** for more information on TRC, applicable Codes, and ways to capture compliance

Resources

- See the Mercy Care website HEDIS education section and link to the Gap Closure Reference Guide
- For specific questions regarding coding or billing practices, please reach out to Network Management **Our Network | Mercy Care Providers** or your Network Mgt Provider rep.

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