

# Transitions of Care (TRC)

## Measure Overview

This rating is based on the percent of plan members who got follow-up care after a hospital stay. Follow-up care includes: getting information about their health problem and what to do next, having a visit or call with a doctor, and having a doctor or pharmacist make sure the plan member's medication records are up to date.

## Measure Description

The percentage of discharges for persons 18 years of age and older who had each of the following. Four rates are reported:

1. Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission through **2 days after the admission** (3 total days).
2. Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge through **2 days after the discharge** (3 total days).
3. Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided **within 30 days after discharge**.
4. Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through **30 days after discharge** (31 total days).

## Measurement Period

January 1 - December 31

## Exclusions

- Death in the measurement period.
- Members in hospice or using hospice services during measurement year.

---

## Codes included in the Current HEDIS measure

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

**Transitional Care Management Services** CPT: 99495, 99496

**Outpatient Visits** CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347-99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015 UBREV: 0510, 0511, 0512, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0525, 0526, 0527, 0528, 0529, 0982, 0983

**Medication Reconciliation Encounter** CPT: 99483, 99495, 99496

**Medication Reconciliation Intervention** CPT II: 1111F

**Telephone Visit** CPT: 98966-98968, 99441-99443

**Online Assessments (*E-visits or Virtual check-in*)** CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063, G2063, G2250, G2251, G2252

---

## How to improve HEDIS Scores

- Schedule telephone, e-visit, or virtual check-in appointment to provide patient engagement after inpatient discharge.
  - Documentation must include evidence of receipt of notification of inpatient admission on the day of and two days after admission or discharge. Documentation must include date/time stamp. Communication about admission between inpatient provider, ED, health plan, to member's PCP is important to meet criteria.
  - Documentation of receipt of discharge information on the day of discharge or the day after and evidence of when discharge documentation was received.
  - An outpatient visit, such as office visits, home visits telephone visit, telehealth visit must occur within 30 days after discharge. A visit completed on the date of discharge will not meet compliance.
  - Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, or registered nurse, on the date of discharge through 30 days after discharge (total 31 days).
  - Schedule telephone, e-visit, or virtual check-in appointment to provide patient engagement after inpatient discharge.
- 