Transitions of Care: A vulnerable point in care

Measurement year 2023

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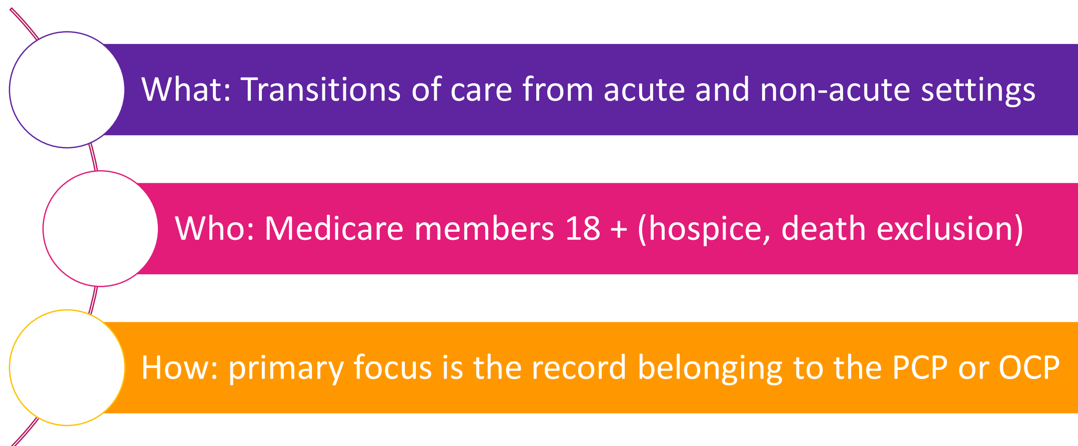
Welcome to Transitions of Care, also known as TRC.

This presentation will provide an overview of:

- TRC and its four components or sub-measures
- The when and what: a review of specific time frames and types of OP record documentation that help bridge and capture a safe transition
- Tips and applicable codes
- Mercy Care's role and available resources

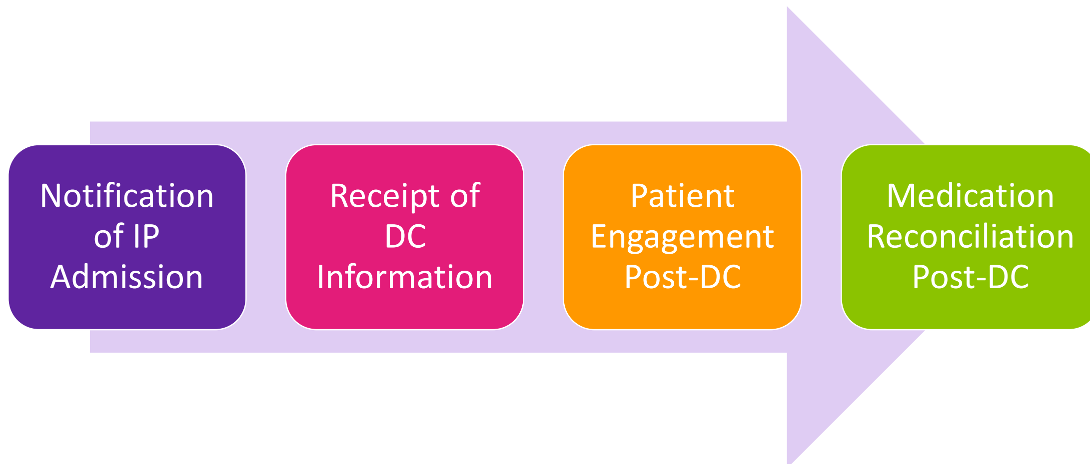


What: The focus of TRC are transitions from settings such as hospitals and SNFs. These types of transitions present as vulnerable points in patient care and the risk for potential readmission is high, especially for the older population. Transitions often involve medication changes, new diagnoses, and extensive discharge instructions. The goal of TRC is to help promote engagement and medication reconciliation post-discharge supported by receipt of admit notification and discharge information. The overall aim is for a safe transition of care which in turn helps reduce the risk of readmission.

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.

How: The primary source for documentation is the OP record belonging to the PCP or ongoing care provider (OCP). Documentation within the OP medical record accessible to the provider is eligible for use: this includes records retrieved via portals or HIE, received via fax (consults, hospital records), and records filed within a shared EMR.

The four components of TRC



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The **four components** or sub-measures of TRC

- Notification of Inpatient Admission
- Receipt of Discharge Information
- Patient Engagement Post-discharge
- Medication Reconciliation Post-discharge

Each is an integral part of the measure.

Effective communication aided by notification and discharge information with post-discharge follow-up is **KEY** for safe transitions of care.

Notification of Inpatient Admission

Documentation of notification in OP record

Timeframe = day of admission through the following 2 days (total 3 days)

Need clear evidence of the date of receipt

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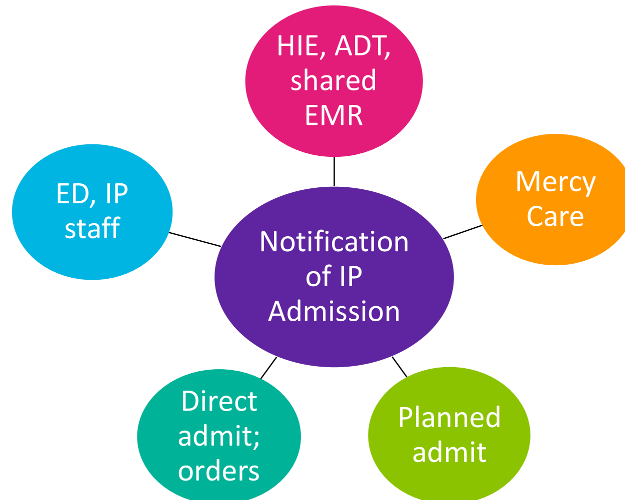
Notification of Inpatient Admission requires documentation in the OP record to reflect receipt of notification on the day of admission through 2 days after the admission for a total of 3 days.

Of note

- This includes admissions occurring over weekends and holidays as well
- The date accessible, the date received, needs to be clearly indicated
- A member or member's family calling to say member is admitted? That is considered hearsay and does NOT meet.

Sources of inpatient notification



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OP record documentation that helps capture Notification of Inpatient Admission if accessible in time frame specified

- From hospital: ED reports, H&Ps, or Inpatient Consults
- From Mercy Care Inpatient Services: Admission notifications
- Integrated/BH Clinics: BHT or CM notes/emails with hospital staff or health plan re inpatient admission
- Pre-op clearance exams or discussions of a planned admission
    - ❑ the time frame for either would not be restricted to the 3-day time frame: however, the documentation must clearly pertain to the inpatient stay

What also meets

- Documentation of notifications in the OP record received via a health information exchange (HIE e.g., Health Current); an automated alert system; or a shared electronic medical record system
- Documentation the member's PCP/OCP admitted the member, or a specialist admitted the member and notified the 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

Receipt of Discharge Information

Documentation of discharge information in OP record

Timeframe = day of discharge through the following 2 days (total 3 days)

Need clear evidence of date of receipt (or retrieval)

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Receipt of Discharge Information requires documentation in the OP record to reflect receipt of information on the day of discharge through 2 days after the discharge for a total of 3 days.

Of note

- This includes discharges that occur over weekends and holidays
- 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

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For this component discharge INFORMATION is what is required, and at minimum, the above 6 items need to be included. Regarding testing results: these can either be a listing of results or results pending, or a notation that none are pending; and instructions for patient care often include items such as follow up, activity levels, and services such as home health care.

A timely accessible discharge summary most commonly helps capture **all the required items** for **discharge information.**

Of note

- A 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.
- **Continuity of Care** documents are not considered legal health records (not direct clinical records), so these also do NOT meet criteria for TRC.

Patient Engagement Post-Discharge

Documentation of patient engagement in OP record

Timeframe = 30 days after discharge (not on the day of discharge)

In the form of an OP visit in office or home or via telehealth, video, or virtual check in

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Patient Engagement Post-Discharge requirements

- In the form of an outpatient visit in the office, home or via telehealth/video, or via virtual check in
- Needs to occur within 30 days *after* discharge; engagement that occurs on the *actual* 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

OP record documentation that helps capture Patient Engagement as long as completed within the 30-day time frame

- Office Visits (office/home/telehealth), Consults

Medication Reconciliation Post-Discharge

Documentation of medication reconciliation in OP record

Timeframe = from day of discharge through 30 days (total of 31 days)

Completed by prescribing provider, clinical pharmacist, or registered nurse (not LPN or MA)

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Medication Reconciliation Post-Discharge (also known as MRP) requirements

- 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
- Medication reconciliation completed on the same day as discharge does meet criteria

Of note

- Med reconciliation completed by an LPN or MA does NOT meet unless signed off – for more see slide 17

What meets for Medication Reconciliation

Documentation of current medications with:

Evidence member was seen for post-discharge follow-up with evidence of MRP

A chart notation provider reconciled current meds and discharge meds

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What meets for Medication Reconciliation

Documentation of current meds with:

- evidence of a med reconciliation or review at the time of patient engagement post-discharge
- 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

Of note

- A current med list needs to be present in the OP record along with documented reference to the hospital or SNF stay – for more see slide 14

The following also meets

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

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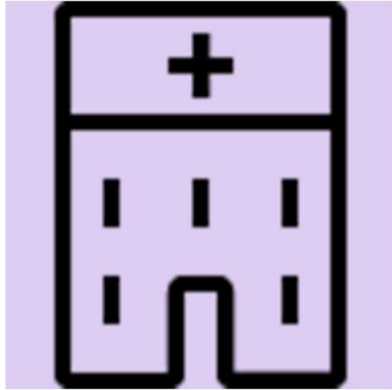
What also meets

- A current med list and a discharge med list with 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 completed med reconciliation without the member present; an outpatient visit is not required

OP record documentation that helps capture MRP as long as completed within the 31-day time frame

- Office Visits, Consults
- Transition Care Calls - for more see slide 17
- Discharge Summaries

Tips



- Documentation
- Timing
- Provider

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Some suggestions or tips to help positively affect outcomes for Transitions of Care. Taking a closer look at **documentation, timing, and provider type.**

Document provider awareness, current medications

- Provider awareness post-discharge
- Presence of current medications: Embedded or stand-alone

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Provider Awareness

Need evidence of provider awareness of an inpatient stay to meet criteria for Medication Reconciliation such as mention of "hospitalization", "recent inpatient stay" or "hospital follow up"

- Notations such as "ED FU" or "post-op/post-surgery FU" do NOT meet as these lack reference to an inpatient stay

Current Med List

Need documentation of current meds which helps meet criteria for Medication Reconciliation and is often found embedded with engagement notes

- A med list referred to and visible as a stand-alone list within the record also helps meet criteria

Document when notification/information is accessible

- Date received, retrieved, accessible: Need clear evidence of the date notification or information is available in the record
- Records received via the HIE: Indicate date of receipt

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When accessible

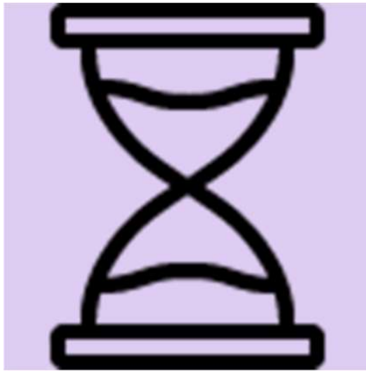
Especially important when it comes to the Notification of Inpatient Admission and Receipt of Discharge Information

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

Of note

- HIE records received or retrieved tend to be without a clear date of receipt (or retrieval)
  - ❑ attaching a scan or upload date helps provide clear evidence of date of receipt
- If part of 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

Timing



Follow up

- Provider sends member to the ER
- Receive only a discharge *notification*
- Member outreach to set up post-discharge engagement

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Ways to aid **timeliness** of receipt of admit notifications and discharge information

Follow up on ER referrals

- Referring a member to the ER that results in an admission does NOT count as notification; official notification is required.

Follow up on receipt of discharge notification

- An opportune time to retrieve *information* via access to portals or HIE or to send a request to the discharging facility for *information.*
- Also, a good time to reach out to the member (if member has not already reached out) to schedule for post-discharge engagement and med reconciliation; especially those considered at higher risk for adverse events or poor transitions.

Of note

- Some discharge summaries do not list meds but refer to other documents e.g., Inpatient Depart Doc, for meds
- Provider Progress notes, even when dated on the day of discharge, generally do NOT meet criteria for discharge information.

Provider

- Who can complete Post-Discharge Engagement?
- Who can complete Medication Reconciliation Post-Discharge?
- What about MRP completed during Transition Care Calls?

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Who is the right provider?

Patient Engagement

- a PCP or a routine ongoing care provider meets criteria: a prescribing provider

Medication Reconciliation

Again, a prescribing provider, a registered nurse, or a clinical pharmacist may complete or sign off on a med reconciliation

Transition Care Calls including MRP

Completed and signed by an RN meets criteria; completed by staff without credentials or MA or LPN, do NOT meet, unless signed off by an RN

TRC applicable codes

Outpatient	
CPT	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483
HCPCS	G0402, G0438, G0439, G0463, T1015
UBREV	0510-0517, 0519-0523, 0526-0529, 0982, 0983
Telephone Visits	
CPT	98966-98968, 99441-99443

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Applicable codes for TRC: these are per NCQA approved HEDIS codes.

Codes for Outpatient and Telephone Visits.

TRC applicable codes - continued

Online Assessments	
CPT	96969-98972, 98980-98981, 99421-99423, 99444, 99457, 99458
HCPCS	G0071, G2010, G2012, G2061-G2063, G2250-G2252
Transitional Care Management Services	
CPT	99495, 99496
Medication Reconciliation Encounter	
CPT	99483, 99495, 99496
Medication Reconciliation Intervention	
CPT-CAT-II	1111F

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Applicable codes - continued

Codes for Online Assessments, TCM, Med Reconciliation Encounter, and Medication Reconciliation Intervention.

These are also listed in the 2023 Provider Outreach Manual - see slide 22 for link and details.

TRC applicable codes – for more information

Complete list of NCQA approved codes, visit

NCQA | HEDIS Measures

HEDIS Technical Resources MY2023

Specific questions re codes or billing, reach out to

Network Management

602-263-3000 or

1-800-624-3879

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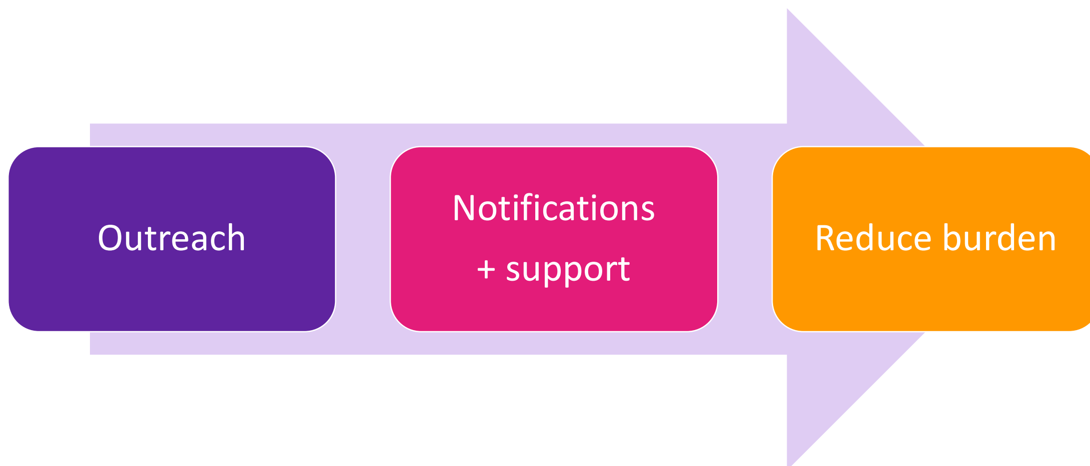
For more information on approved NCQA codes visit the above link for NCQA HEDIS Measures and search under HEDIS Technical Resources for MY2023.

For specific questions regarding coding or billing practices, please reach out the Network Management department or your Network Mgt Provider rep.

Mercy Care’s role



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Outreach
Outreach is ongoing. Inherent to TRC is the challenge of capturing documentation of timely receipt of admit notification and discharge information. Electronic data transfer and retrieval has shown to positively make an impact, however, there is still room for improvement. Mercy Care recently partnered with Healthmine with the goal to provide outreach to members and promote post-discharge follow-up and med reconciliation.

Notifications and Support
Mercy Care faxes out inpatient admission and discharge notifications and continually works to make improvements in this process. As a provider, keeping Network Management updated of any changes such as fax numbers, aids their timely arrival.

Mercy Care also helps to promote safe care transitions through offerings such as meal delivery, post-discharge assistance with appointments, getting meds or DME, and referrals for review or reconciliation of discharge medications by a pharmacist.

Reduce Burden
Last, Mercy Care continues to explore ways to make improvements in record

collection and lessen provider burden.

TRC resources

For more information go to:
Mercy Care Advantage for Providers website
https://www.mercycareaz.org/providers/advantage-forproviders

Provider Outreach Manuals -

In order to assist you further, Mercy Care offers the following Provider Outreach Manuals for your convenience:

- Mercy Care Provider Outreach Manual: Select HEDIS, CMS Core and CMS Start Measures - 2023

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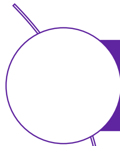
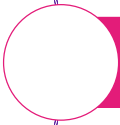
TRC Resources

1. Use the link listed to go to the Provider Manual tab on the website and select the drop down for Provider Outreach Manuals
2. Click to open the Mercy Care Provider Outreach Manual: Select HEDIS, CMS Core and CMS Star Measures – 2023
3. Information on TRC is found on pages 45-49

Contact information



Anne-Marie Van Maanen, Healthcare Quality HEDIS PM



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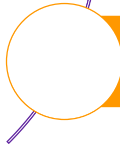

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Thank you! Here is my contact information. For any follow-up questions regarding TRC, please feel free to reach out.

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Thank you

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