PROSPECT **QUALITY CORNER**

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TOMORROW

HEDIS: Transition of Care Measure

Description: **Percentage of discharges for members 18 years of age and older who had each of the**

Following:

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

Who Is Eligible? Members 18 years of age and older who had each of the 4 components listed above.

Service Required for Compliance:

- **TRC-NIA:** Member's outpatient medical record must include documentation by PCP's practice of receipt of notification of inpatient admission on the day of admission or within the two following days.
- **TRC-RDI:** Member's outpatient medical record must include documentation by PCP's practice that discharge information was received on the day of discharge or within the two following days. Discharge information must include the following:

1.The name of practitioner responsible for the members care during the inpatient stay	2.Procedure or treatment provided
3. Diagnosis at discharge	4. Current medication list
5. Testing results, or documentation of pending tests	6. Instructions for patient care post discharge

- **TRC–PED:** Member must be engaged within 30 days of discharge (the reason for the visit does not matter, as long as the member is engaged within 30 days).

Visit Type	CPT Code
Outpatient visit– in the office or patient's home	Via telehealth visit, use CPT modifier 95
Telehealth Visit	98966, 98967, 98968, 99441, 99442, 99443
Transitional care management service	99495 or 99496

- **TRC-MRP:** Discharge medications must be reconciled with the most recent medication list in the outpatient medical record by a prescribing practitioner, clinical pharmacist, or registered nurse.

KEYS TO SUCCESS:

- **Ensure providers are aware of Inpatient Admissions and Discharges.**
- **Providers need to add NIAs and RDIs to member medical records.**
- **Correct CPT codes are used for Patient Engagement after Inpatient Admission visits (see chart above).**
- **The final (post reconciliation) medication list is communicated to the member by PCP or clinical staff**

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HEDIS: Follow-Up After ED Visit for People with

High-Risk Multiple Chronic Conditions (FMC)

Description: Percentage of discharges for members 18 years of age or older who were seen in the emergency department for treatment and have high-risk multiple chronic conditions who received appropriate follow-up care **within 7 days of discharge**. Events are included for **members diagnosed with two or more these conditions** during the prior or current measurement year.

Chronic Conditions included in FMC:

• Alzheimer's disease and other dementia-related disorders	• Heart Failure
• Chronic Kidney Disease (CKD)	• Acute myocardial infarction
• Depression	• Atrial fibrillation
• Chronic respiratory conditions such as chronic obstructive pulmonary disease (COPD), asthma, and emphysema	• Stroke and transient ischemic attack

Who Is Eligible? Members 18 years of age and older diagnosed with two or more eligible chronic conditions

Exclusions: Members in hospice care, ED visit followed by an admission to acute/non-acute inpatient setting on the date of the ED visit within 7 days of the ED visit

Service Required for Compliance:

Any of the following visit types within 7 days of ED visit:

• Outpatient Visit	• Behavioral Health Visit
• Transitional Care Management Service	• Telephone Visit
• Case Management Visit	• Complex Case Management Services

Common Outpatient Visit Codes

Follow-up visit for 7 Days	
Follow-up visit for 14 Days	
Home, office, and interactive audio/video telehealth	99201-99205, 99211-99215, 99387, 99397, G0438, G0439
Home or interactive audio/video telehealth	99341-99350
Audio only telehealth	99441-99443
Virtual check-ins and e-visits	99421-99423
Transitional Care Management in all places of treatment	99495, 99496