Transitions of Care (TRC)
HEDIS Tip Sheet MY 2024

WellSense HEALTH PLAN

Measure definition

The percentage of discharges for members 18 years of age and older who had each of the following:

Plans(s)	Quality Program(s)	Collection and Reporting
Medicare	CMS Star Rating	1. IP Admission: Hybrid only 2. Receipt of DC Info: Hybrid only 3. Pt engagement after IP DC: Claim/Encounter data 4. Med Rec: Claim/Encounter data

1. Notification of Inpatient Admission.
2. Receipt of Discharge Information.
3. Patient Engagement After Inpatient Discharge.
4. Medication Reconciliation Post-Discharge.

Best practices for quality care

- Notification of inpatient admission must be completed on the day of or two days after the admission (maximum is three days total).
- Receipt of discharge information must be completed on the day of or two days after the admission (maximum is three days total).
- Patient engagement must be complete within 30 after discharge. This can be an office visit, home visit, outpatient visit, telephone visit, e-visit, virtual check or telehealth visit.
- Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse and documented on the date of discharge through 30 days after discharge.

Quality score improvement tips

- Record the date and time stamp of electronic notifications for admissions and of discharge summaries in the member's medical record.
- Document the dates and times the PCP was notified of the member's in-patient hospital admission and of the member's in-patient hospital discharge.
- Reconciliation, scheduling, and reminders:
  - Reconcile the patient discharge medications to his or her outpatient medications.
  - Schedule appointments with primary care provider within seven days post-discharge from an inpatient setting.
  - Remind patients of their appointment with outreach calls or letters.
- Documentation tips:
  - Discharge medications and outpatient medications must be reconciled and documented in the outpatient medical record.
  - Medication reconciliation can be completed without member present.

Exclusions

- Members who used hospice services or elected to use a hospice benefit anytime during the measurement year.

- Members who died any time during the measurement year.

Numerator codes

There is a large list of approved NCQA codes used to identify services included in this measure. The following are the approved codes. For more information, please refer to the American Academy of Professional Coders (AAPC). CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season.

CODES		DESCRIPTIONS
CPT	99495	Moderate medical complexity requiring a face-to-face visit within 14 days of discharge (transitional care management services)
CPT	99496	High medical complexity requiring a face-to-face visit within 7 days of discharge (transitional care management services)
CPT II	1111F	Discharge medications reconciled with the current medication list in outpatient medical record

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.