Transitions of Care Management (TRC) Worksheet

Patient Name: _____ DOB: ____/____/____ Member ID: _____

Discharge Facility: _____ Admit Date: ____/____/____ Discharge Date: ____/____/____

PCP or Ongoing Care Provider Name: _____

Transitions of Care – Notification of Inpatient Admission (TRC-NIA)

Date of Admission Notification: _____/_____/_____

Method of Notification:

☐ Phone ☐ Email/Fax ☐ Shared EMR ☐ ADT Feed ☐ HN Provider Portal ☐ HIE Portal

☐ Provider performed a preadmission exam (not pre-op exam) or received notification of a planned admission prior to the admit date.

☐ Other: _____

TRC - Notification of Inpatient Admission: No Administrative Codes available-documentation review required.

Transitions of Care – Receipt of Discharge Information (TRC-RDI)

Date of Receipt of Discharge: _____/_____/_____ (includes the day of discharge through 2 days post discharge) TRC-RDI

Method of Notification:

☐ Phone ☐ Email/Fax ☐ Shared EMR ☐ ADT Feed ☐ HN Provider Portal ☐ HIE Portal ☐ Other: _____

Discharge Summary Included: ☐ Yes ☐ No

If discharge summary is not included, complete all information below:

The practitioner responsible for the member's care during the inpatient stay: _____

Procedures of treatment provided: _____

Diagnosis at discharge: _____

Current medication list: _____

Testing results, or documentation of pending tests or no tests pending: _____

Instructions for patient care post-discharge: _____

TRC - Receipt of Discharge Information: No Administrative Codes available - documentation review required.

Transitions of Care – Patient Engagement (TRC-PE)
Please use this as a guide to submit the appropriate codes for services completed.

 TRC - Patient Engagement After Discharge

Outpatient Visits If YES, date: _____/_____/_____

CPT Codes Submitted (99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347-99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483): ☐ Yes ☐ No

HCPCS Codes Submitted (G0402, G0438, G0439, G0463, T1015): ☐ Yes ☐ No

Telephone Visits

CPT Codes Submitted (98966-98968, 99441-99443): ☐ Yes ☐ No

Online Assessment (e-visit/virtual check-in)

CPT Codes Submitted (98969-98972, 98980, 98981, 99421-99423, 99444, 99457, 99458: ☐ Yes ☐ No

HCPCS Codes Submitted (G0071, G2010, G2012, G2061-G2063, G2250-G2252): ☐ Yes ☐ No

(continued)

Administrative codes for MRP
Please use this as a guide to submit the appropriate codes for services completed.

CPT Codes Submitted (99483, 99495, 99496): ☐ Yes ☐ No
CPT CAT II Code Submitted (1111F): ☐ Yes ☐ No

**If Other, Please Explain: _____

Do you need help?

☐ No
☐ Submitting CPT/CPTII codes
☐ Member with frequent readmissions
☐ Documentation review
☐ Contacting members
☐ MPR completed and in member's file.

If unable to submit CPT or CPTII code: **Complete the MRP form on the last page.**

Medication Reconciliation Post-Discharge provider assessment (MRP)

Please use this assessment form to help provide correct documentation needed to close the Medication Reconciliation Post-Discharge (MRP) Healthcare Effectiveness Data and Information Set (HEDIS) measure. Medication reconciliation needs to be completed on the date of discharge through 30 days after discharge (31 days total). After completion, place a copy of the completed form in the patient's record.

Member information

Patient Name: _____ DOB: ____/____/____ Member ID: _____

Medication Reconciliation Date: ____/____/____ Post-Discharge Hospital Follow-Up Visit: ☐ Yes ☐ No

Discharge information

Discharge Date: ____/____/____

Admission Diagnosis: _____

Diagnosis Discharge: _____

Facility: _____ Hospitalist: _____

List of medications current and discharge

Document all prescriptions, over-the-counter and herbal supplements below.

Date Reviewed: ____/____/____

☐ Patient was not prescribed any medications upon discharge.
☐ Patient's discharge and current medication list is attached.

Drug name	Dose at discharge	Frequency

Provider Name (Print): _____

Credentials: ☐ RN ☐ MD ☐ DO ☐ NP/APRN ☐ PA ☐ PharmD ☐ Other: _____

Provider Signature: _____ Date: ____/____/____

If the form is filled out by an office or clinical support staff member, it must route back to the provider for follow-up and sign off.
If medications were reconciled during office visit, or if this form is completed, please submit Code 1111F to the health plan to capture compliance.