

Supporting the HEDIS Transitions of Care Measure

To continue our commitment to exceptional patient care, we are highlighting the importance of the Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) Transitions of Care (TRC) measure. This quality care measure evaluates the effectiveness of care transitions from inpatient to outpatient settings, aiming to optimize health outcomes, reduce hospital readmissions, and improve the patient experience.

Supporting this effort is our newly launched Primary Care Provider (PCP) Notification tool in Availity Essentials[™], available to all Florida Blue providers starting in October 2025. This tool allows primary care providers (PCPs) to access Admission, Discharge, and Transfer (ADT) hospital event updates for their members.

The table below includes the primary requirements for achieving compliance for the TRC measure.

Key Requirements for TRC Compliance	
1) Notification of Inpatient Admission	Document receipt of admission notification with a date stamp within three days of admission (day of admission through two days after admission). Ensure this information is integrated into the outpatient medical record and accessible to the PCP or ongoing care provider on the day of admission through two days after admission.
2) Receipt of Discharge Information	Document receipt of discharge notification with evidence of a date stamp within three days of discharge (day of discharge through two days after discharge). Ensure this information is integrated into the outpatient medical record and accessible to the PCP or ongoing care provider within three days of discharge. The discharge information must include: • The provider responsible for the member's care and diagnosis at discharge • Procedures or treatment provided and current medication list • Testing results or documentation of pending tests/no pending tests • Instructions for post-discharge patient care
3) Patient Engagement After Inpatient Discharge	Document all patient engagement activities completed through office, home, or telehealth visits within 30 days of discharge. Note that patient engagement on the day of discharge does not qualify.
4) Medication Reconciliation Post-Discharge	Medication reconciliation must be documented within 30 days of discharge. It must be completed by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse. Ensure that evidence and the date of the medication reconciliation are included in the outpatient medical record.

For more information on the TRC measure and the Availity PCP Notification, please refer to our [HEDIS TRC tip sheet](#) and the [PCP ADT Notification Tool bulletin](#).

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