

## Supporting the HEDIS Transitions of Care Measure

As we continue to strive for excellence in patient care, we want to highlight the importance of the Transitions of Care (TRC) Healthcare Effectiveness Data and Information Set (HEDIS<sup>®1</sup>) quality care measure. TRC assesses quality of care during transitions from inpatient to outpatient settings, aiming to improve health outcomes, reduce hospital readmissions, and enhance overall care.

To support your efforts, we are sharing key information and best practices to keep in mind for the TRC measure.

### Highlights of the TRC Measure:

#### Notification of Inpatient Admissions

- Documentation of receipt of admission notification with **evidence of a date (date stamp)** – whether by phone, email, fax or electronic means – is key. This must be documented on the **day of admission through two days after admission (three days total)**.

#### Receipt of Discharge Information

- Documentation of receipt of discharge notification with **evidence of a date (date stamp)** – whether by phone, email, fax or electronic means – is also essential. This must be documented on the **day of discharge through two days after discharge (three days total)**.
- Must include name of practitioner responsible for care during the inpatient stay, procedures provided, diagnoses at discharge, medication list, test results or pending tests, and post-discharge instructions.

#### Patient Engagement After Discharge

- Be sure to document all patient engagement completed through office, home, or telehealth visits within **30 days** of discharge.

Note: Patient engagement on the day of discharge does not qualify.

#### Medication Reconciliation Post-Discharge

- Medication reconciliation must be documented within **31 days** of discharge. It must be completed by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse.
- Remember to include evidence and the date of the medication reconciliation in the outpatient medical record.
- Evidence of medication reconciliation must include a documented comparison of the patient's current medication list with their discharge medications, noting any changes. At a **minimum**, the evidence should include documentation of the latest medication list with a note these and discharge medications were reconciled.
- Key Codes:  
**CPT:** 99483, 99495, 99496, 99605, 99606; **CPT II:** 1111F

### Medical Record Best Practices

- ✓ **Timely Receipt and Filing:** Ensure prompt receipt and filing of admission notifications and discharge summary.
- ✓ **Medication Reconciliation:** Document reconciliation of current and discharge medications in the outpatient medical record, including dates performed.
- ✓ **Follow-up Visit:** Call patient within seven days of discharge notification to schedule a follow-up visit.

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## Medical Record Best Practices (continued)

- ✓ **Current Medication List:** Document the patient's current medication list at each visit.
- ✓ **Standardized Terminology:** Use standardized terms (e.g. follow-up hospitalization, admission, discharge, inpatient stay) to document hospitalizations.
- ✓ **Dated Notes:** All notes and notifications should be included with a date in the outpatient medical record, including the electronic medical record (EMR).
- ✓ **Regular Audits and Training:** Conduct regular audits and staff training to maintain a high-quality medical record.

**Remember:** A high-quality medical record is Complete, Accurate, Relevant, Accessible, and Timely (CARAT).

By focusing on the areas above, you can help improve patient outcomes. TRC compliance also impacts your bonus scores if eligible for our [2025 Medicare Stars Annual Quality Provider Bonus Program](#). Learn more about the bonus program in **Provider Link**<sup>TM</sup> under the *Resource Links* section.

For more detail on the TRC measure, refer to our [HEDIS TRC tip sheet](#). Other [HEDIS tip sheets](#) are also available on our website ([floridablue.com/providers/programs/quality-hedis-pqa](http://floridablue.com/providers/programs/quality-hedis-pqa)).

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