Hospital measures highlights and helpful tips

Follow-Up After Emergency Department Visit for People With High-Risk Multiple Chronic Conditions (FMC)

- Members with 2 or more chronic conditions who have an emergency department discharge are included in the measure
- Conditions are identified by 2 outpatient or 1 inpatient discharge in the past year
- Conditions included in the measure are COPD/asthma, Alzheimer's disease and related disorders, chronic kidney disease, depression, heart failure, acute myocardial infarction, atrial fibrillation, stroke and transient ischemic attack
- Schedule patients within 7 days post-discharge for face-to-face visit
- Keep open appointments for post-discharge patients
- Initiate engagement with an outbound telephone call and submit a claim within 7 days

Transitions of Care Notification of Inpatient Admission and Receipt of Discharge Information (TRCNIA/TRCRDI)

- Include **Notification of Inpatient Admission and Receipt of Discharge Information** in the outpatient medical record
- Upload to patient chart within 3 days of admit and discharge (a total of 3 days for both sub-measures)
- Include date you received the documentation by phone, fax or email
- At a minimum, the discharge information must include the following:
  - The practitioner responsible for the member's care during the inpatient stay
  - Procedures or treatment provided
  - Diagnoses at discharge
  - Current medication list
  - Testing results, documentation of pending tests or no tests pending
  - Instructions for patient care post-discharge

Transitions of Care Patient Engagement After Inpatient Discharge and Medication Reconciliation Post-Discharge (TRCPE/TRCMRP)

- **Patient Engagement** and **Medication Reconciliation** have a 30-day compliance window
- Patient engagement can include any of the following visits:
  - Outpatient (office or home)
  - Telephone outreach
  - E-visit or virtual check-in
  - Telehealth
- Use transitional care management CPT® codes (e.g., 99495 and 99496)
- A prescribing practitioner, clinical pharmacist or registered nurse must conduct medication reconciliation
- Medication reconciliation can be performed without member being present
- Add CPT II coding to your claim using **UHCprovider.com**

Plan All-Cause Readmissions (PCR)

- Formula-based measure driven by observed rate (admits/readmits) and expected rate (clinical comorbidities)
- Following up with member within 7–15 days after their inpatient or observation stay and complete a medication reconciliation
- Create an After-Hours Care Plan to ensure patient knows how to manage symptoms
- Ensure all conditions are appropriately identified in the patient's medical record and claims

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