Reset form

Transitions of Care Management Worksheet

Patient name: Member ID: Patient date of birth:

Discharge facility: Admit date: Discharge date:

Primary or ongoing care provider name:

Transitions of care – notification of inpatient admission (TRCRA)

Date of admission notification:
(2 days after admission) TRCRA

Method of notification:

If other, please explain:

TRC notification of inpatient admission: No admin Codes-documentation required

Transitions of care – receipt of discharge (TRCRD)

Date of receipt of discharge:
(2 days post discharge) TRCRD

Method of notification:

If other, please explain:

Discharge summary included:

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

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

Procedures or 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:

Notification of inpatient admission: No administrative codes available, documentation review required.

Transitions of care – medication reconciliation post discharge (TRCMRP)

Documentation of current medications and notation that current and discharge medications were reconciled. If no, please complete MRP form on last page.

Current Medication list attached, including changes/adjustments. If no, please complete list of medications on form on last page.

Medication reconciliation due to post-discharge hospital follow-up.

Date of medication reconciliation:

Assessor of medication reconciliation and credentials:

Clinician name and credentials:

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Transitions of Care Worksheet

Administrative codes for MRP

CPT®/CPTII codes submitted:

Do you need help?

TCM code billed:

**If other, please explain:

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

Transitions of care – patient engagement (TRCPE)

TRC Patient Engagement After Discharge

Outpatient Visits CPT®/CPT II:

If YES, date:

HCPCS:

UBREV:

Telephone visits CPT®/CPT II:

Online assessment (e-visit/virtual check-in) CPT®/CPT II:

***Please file this form in member's outpatient record or submit to UnitedHealthcare via Practice Assist

Provider signature:

Date:

Provider printed name:

Date:

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Time sensitive

Medication Reconciliation Post-Discharge Provider Assessment form

Please use this assessment form to help provide correct documentation needed to close the Medication Reconciliation Post-Discharge (MRP) HEDIS® measure. After completion, place a copy of the completed form in the member's record.

Member information

Patient name | Date of birth | Member ID | Medication reconciliation date

Primary care provider

Post-discharge hospital follow-up visit
☐ Yes ☐ No

Discharge information

Discharge date | Admission diagnosis | Diagnosis discharge

Facility | Hospitalist

List of medications current and discharge

Drug name	Dose at discharge	Frequency

Check 1 if the medication list isn't completed:

☐ Member was not prescribed any medications upon discharge.

☐ Member's discharge and current medication list is attached.

☐ I have reviewed the patient's discharge medications and reconciled against his/her pre-admission medications.

Care provider name and credentials: | Care provider signature: | Date of review:

If medications were reconciled during office visit, or if this form is completed, please submit Code 1111F to the health plan to capture compliance.

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