Transitions of Care Management Worksheet

Patient name: Member ID: Patient date of birth:

Discharge facility: Admit date: Discharge date:

PCP or ongoing care provider name:

Transitions of care - notification of inpatient admission (TRCRA)

Date of Admission Notification: Method of Notification:
(2 days after admission) TRCRA
                                                    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: Method of Notification:
(2 days post discharge) TRCRD
                                                    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   Current Medication list attached, including changes/adjustments.
notation that current and discharge medications If NO, please complete list of medications on form on last page.
were reconciled. If no, please complete MRP
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:

TCM code billed:

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

Do you need help?

**If Other, Please Explain:

Transitions of care - patient engagement (TRCPE)

TRC Patient Engagement After Discharge

Outpatient Visits CPT®/CPT II:

HCPCS:

UBREV:

Telephone Visits CPT®/CPT II:

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

If YES, date:

***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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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) Healthcare Effectiveness Data and Information Set (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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