Medication Reconciliation Post-Discharge and Transitional Care Management

Complete to meet quality care standards and promote better health outcomes.

UnitedHealthcare encourages you to help address open care opportunities for your patients who are Medicare Advantage plan members so you can meet performance goals and receive payment for your efforts. When you provide transitional care management (TCM) services for your patients, you can:

• Complete the important Healthcare Effectiveness Data and Information Set (HEDIS®) medication reconciliation post-discharge (MRP) measure
• Help prevent a health condition from getting worse and resulting in a hospital readmission

Defining MRP and TCM

Medication Reconciliation Post-Discharge (MRP)
This is a review of the medication your patient was prescribed at the hospital and comparing it against what they were taking prior to admission. The review can take place on the discharge date through 30 days after discharge. Medication reconciliation can help:
• Address medication errors or duplications
• Educate your patients on their new medications and side effects
• Lower the risk for adverse interactions or readmissions

If you need help accessing UHCareConnect or your PCOR, please contact your UnitedHealthcare representative.

Transitional Care Management (TCM)
TCM is the follow-up services you provide to your patients after they’ve been discharged from a hospital stay to help prevent readmission. TCM outreach to your patients must happen within certain time periods.

The 4 ways to close the measures
We appreciate your help in making sure data for TCM and MRP is submitted correctly and in a timely manner. Completion of this measure can be captured by using the following:
• TCM CPT® II Code 99495 – Moderate complexity within 14 days post-discharge
• TCM CPT® II Code 99496 – High complexity within 7 days post-discharge
• MRP CPT® II Code 1111F – On the discharge date through 30 days after discharge
• Upload correct documentation showing medications were reconciled by approved practitioner, and a copy of the current medications list to UHCareConnect™

We encourage you to verify that all requirements for furnishing the TCM services have been met, completed within the appropriate timeframes as outlined and that the service began with a qualified discharge from a facility with the appropriate date of service reported on the claim.
Managing the TCM and MRP care opportunities

To start addressing TCM and MRP, first identify which UnitedHealthcare Medicare Advantage plan members were recently discharged from a hospital or have an open care opportunity. You can do this through:

- Your normal process of identifying members recently discharged from hospital
- The Census Dashboard in UHCCareConnect through Link
- Your monthly Patient Care Opportunity Report (PCOR)

If you need help accessing UHCCareConnect or your PCOR, please contact your UnitedHealthcare representative.

Next, consider what level of TCM services your patient needs. CMS has assigned two CPT codes for TCM. The primary difference between the codes is the level of medical decision making involved — moderate complexity or high complexity. CMS offers this useful chart to help you understand the different levels.

<table>
<thead>
<tr>
<th>Type of decision making</th>
<th>Number of possible diagnoses and/or management options</th>
<th>Amount and/or complexity of data to be reviewed</th>
<th>Risk of significant complications, morbidity and/or mortality</th>
<th>TCM billable activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straightforward</td>
<td>Minimal</td>
<td>Minimal or none</td>
<td>Minimal</td>
<td>No</td>
</tr>
<tr>
<td>Low complexity</td>
<td>Limited</td>
<td>Limited</td>
<td>Low</td>
<td>No</td>
</tr>
<tr>
<td>Moderate complexity</td>
<td>Multiple</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Yes</td>
</tr>
<tr>
<td>High complexity</td>
<td>Extensive</td>
<td>Extensive</td>
<td>High</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Both CPT codes generally have these same requirements to meet the CMS TCM guidelines — the exception is how soon you need to see your patient after discharge:

1. Contact your patient and/or their caregiver **within two business days** after being discharged from the hospital to make sure they understand their treatment plan and medication instructions. If you’re unable to reach your patient after two or more attempts, you may report this as complete so long as you document your outreach and meet all other requirements.

2. See your patient **within seven days** of discharge for cases requiring high-complexity decision making, or **within 14 days** of discharge for those needing moderate complexity decision making.

If you’re unable to see member within 7 or 14 days for the TCM visit, arrange for your patient to have their medications reviewed **within 30 days** of discharge, in person or by phone to perform necessary follow-up for the MRP measure.

**For MRP:** If you’re unable to provide TCM services, contact your patient to complete a medication reconciliation review within 30 days of discharge.
Also, consider the following when providing follow-up from a hospital discharge:

- Reconcile their hospital discharge medications to current medication list to address the **MRP HEDIS® measure**
- Connect them with appropriate community and health resources
- Remind them about when to use walk-in or urgent care, and when to call their PCP as appropriate
- Review pending lab tests and treatments, and schedule additional services, preventive care and follow-up care as needed
- Talk with caregivers or the home health agencies caring for them
- Answer questions the patient may have regarding their hospital stay and discharge instructions

**Medical Record Documentation**

For TCM, the plan member's medical record must include the following information:

- Date your patient was discharged from the hospital
- Date you made contact with your patient and/or their caregiver
- Date you saw your patient
- Level of medical decision making complexity — high or moderate

For the MRP HEDIS® measure, medical record from outpatient record must include:

- Date medication reconciliation was performed
- List of current medications
- Notation stating that current medication and discharge medication lists were reviewed
- Signature of prescribing care provider, clinical pharmacist or registered nurse who performed medication reconciliation, or notation of current medications with evidence the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review
- If medications were provided at discharge, please include your patient’s next steps such as:
  - Take new medications as prescribed
  - Discontinue all discharge medications
- Notation if no medications were prescribed at discharge

**Contact us to learn more.** For more information about how our programs can help support your patients who are UnitedHealthcare Medicare Advantage plan members, please contact your UnitedHealthcare representative. Thank you.