

Provider Bulletin

HEDIS® News You Can Use

Transitions of Care (TRC)



Importance of Transitions of Care

Effective care transitions from hospital or rehab help reduce the risk for adverse events (e.g., med errors) and readmissions, especially among older populations.

This bulletin offers information on any measure changes, best practice suggestions, links to codes, and free resources.



Measure requirements

Notification of admission and discharge information must be received on the day of the event or within 2 days after; outpatient follow-up and medication reconciliation must be completed within 30 days after discharge.

For more detailed measure info, go to [MC Gap Closure Reference Guide](#)



Coding information

The outpatient record must include all 4 components and be accessible to the PCP or managing specialist. Accurate coding helps capture post-discharge follow-up and medication reconciliation (MRP).

For up-to-date, measure specific codes, go to [MC Gap Closure Reference Guide](#)



Common reasons for Gaps in Care

- Missing MRP coding within 31 days of discharge.
- Unqualified provider: MRP completed by non-accepted provider type. Only RN, prescribing provider, or pharmacist are approved providers.

For members assigned, but choosing not to establish care, go to [MC PCP Change Request Form](#)



Ways members can help with safe transitions of care

Taking Care of Your Health After Leaving the Hospital (i.e., member flyer)

1. Share Your Doctor Information

Make sure the hospital knows who your regular doctors are. This helps everyone work together to take care of you.

2. Plan a Check-Up

Set up a visit with your doctor 1 to 2 weeks after you leave the hospital. Bring a list of all your medicines so your doctor can check if anything has changed.

3. Don't Forget Your Appointment

If you miss your check-up, call your doctor's office and make a new one right away. This helps you stay healthy and avoid problems.



Great resources

Capturing transitions for Transitions of Care. June 4, 2025.

[mercy care provider newsletters](#)

Transitions of Care: All 4 components in OP medical record. May 30, 2024.

[mercy care provider communication](#)

**Thank you for the care you provide
to our members**



Best Practices

Tips to improve results

1. **Track admissions:** Record or file admission notifications in the outpatient (OP) medical record.
2. **Track discharges:** Request or retrieve hospital discharge summaries and file these also in the OP medical record.
3. **Awareness:** Ensure provider acknowledgment of hospital or rehab stays is documented during post-discharge visits in the OP medical record.
4. **Staff training:** Train staff to room members discharged from hospital or SNFs with the visit reason documented as "Hospital follow-up (HFU)" or "SNF follow-up".
5. **MRP:** Include medication reconciliation in Transition Care Calls and ensure completion or co-signature by approved providers.

[mercycareaz.org](https://www.mercycareaz.org)