

PROVIDER MEMO

To: Santa Clara Family Health Plan Cal MediConnect Primary Care Providers
From: Laurie Nakahira, Chief Medical Officer
Date: 5/9/2022
Subject: Transitional care management with medication reconciliation for Cal MediConnect Members

Dear valued provider,

Centers for Medicare & Medicaid Services (CMS) recommends covered transitional care management (TCM) services for Medicare beneficiaries to address the hand-off period between the inpatient and community setting during those 30 days after discharge. Healthcare professionals who may furnish and bill TCM services include physician (any specialist), nurse practitioner (NP), and physician assistant (PA). Please see billing guidance below:

Payable TCM Codes used to report TCM services are:

99495	moderate medical complexity requiring a face-to-face visit within 14 days of discharge
99496	high medical complexity requiring a face-to-face visit within 7 days of discharge

Requirements & components for TCM billing:

- Within **2 business days following a discharge** schedule a face-to-face TCM visit.
- Conduct a face to face TCM visit **within 7 or 14 days of discharge depending on complexity** to include:
 - Review discharge information
 - Complete medication reconciliation
 - Follow up on tests/treatments/referrals as appropriate
 - Schedule follow-up visits with providers and services, as needed
- Reimbursable

If a TCM visit is not able to be conducted within the specified time frame, please ensure a follow up visit is conducted with all required components reviewed. Medication reconciliation within 30 days of patient transfer or discharge is an integral part of patient safety to decrease readmissions and limit adverse drug interactions.

How can SCFHP help?

SCFHP will continue notifying primary care providers with discharge information in an SBAR format upon the completion of conducting post-discharge follow up outreach.

The Medication Reconciliation Post-Discharge (MRP) form is attached and is also available at <https://bit.ly/3N36ZnG>.

A completed copy of this form should be kept in the Member's Record.

Patient Information		
MEMBER NAME	DATE OF BIRTH	MEMBER ID #
PRIMARY CARE PHYSICIAN	VISIT TYPE <input type="checkbox"/> Post-Discharge Hospital Follow Up	
MEDICATION RECONCILIATION DATE	RECONCILIATION PERFORMED DURING (select only one): <input type="checkbox"/> Office Visit <input type="checkbox"/> Telehealth Visit	

Discharge Information		
DISCHARGE DATE	ADMISSION DX	DISCHARGE DX
FACILITY	HOSPITALIST	

Check C for Continue or DC for Discontinue		Medications Prior to Admission-List all Medication prescribed to Patient prior to admission below		
C	DC	Drug Name and Dose	Route	Frequency
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

IF THE ABOVE SECTION IS NOT COMPLETED SELECT BELOW:

- Patient was not prescribed any medication prior to discharge.
- Patient's pre-admission medication list is attached with documentation to continue or discontinue medication.

Discharge Medications-List all Medication prescribed to Patient upon Discharge below		
Drug Name and Dose	Route	Frequency

IF THE ABOVE SECTION IS NOT COMPLETED SELECT BELOW:

- Patient was not prescribed any medication upon discharge.
- Patient's discharge medication list is attached.

Provider Attestation	
<i>I have reviewed the Patient's discharge medications and reconciled against their pre-admission medications.</i>	
PROVIDER NAME, TITLE	PROVIDER SIGNATURE