

Leveraging Notifications To Support Transitional Care Management

Primary care physicians often don't know when their patients are discharged from a hospital or ED. This lack of knowledge can lead to readmissions, deteriorating conditions, or even death—especially for patients with high-risk chronic conditions.



Medicare patients are readmitted to a hospital within 30 days of discharge¹



Annual cost of hospital readmissions²



Of eligible hospitals will receive readmission-related penalties in 2021³

Benefit of Transitional Care Management

With a transitional care management (TCM) approach that is informed by notifications and the full patient history, physician practices can improve patient care, satisfaction, and quality. Practices who deliver transitional care management experience the following benefits:

- **58% fewer readmissions⁴**
- **Revenue increased as TCM can be billed alongside Chronic Care Management**
- **Improved patient satisfaction⁵**

Code 99495 TCM services with the following required elements⁶:

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge
- Face-to-face visit, within 14 calendar days of discharge
- Medical decision-making of at least moderate complexity during the service period
- *Reimbursement is now \$175.76*

Code 99496 TCM services with the following required elements⁷:

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge
- Face-to-face visit, within seven calendar days of discharge
- Medical decision-making of high complexity during the service period
- *Reimbursement is now \$237.11*

CORHIO Notifications can help.

CORHIO Notifications provide:

- Clinical data matched to your specific patient file
- Alerts when a patient has been discharged from a hospital or ED
- Real-time notifications for more acute, high-risk patients
- Episodes with out-of-network providers to reduce gaps in care
- Batch notifications to support quality improvement and cost containment
- Clinical decision-making due to more accurate patient summaries

CORHIO's advanced health information exchange technology, data analytics tools and expert consulting help healthcare providers access information that saves lives, streamlines care coordination, reduces costs, keeps information more secure, and improves clinical outcomes for millions of people in Colorado. To learn more about CORHIO Notifications, visit www.CORHIO.org/Notifications.

¹ https://www.todaysgeriaticmedicine.com/news/102011_news.shtml

² <https://revcycleintelligence.com/news/3-strategies-to-reduce-hospital-readmission-rates-costs>

³ <https://khn.org/news/medicare-fines-half-of-hospitals-for-readmitting-too-many-patients/>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7186095/>

⁵ <https://www.aafp.org/news/opinion/20190107guested-tcm.html>

⁶ <https://revenuecycleadvisor.com/news-analysis/cms-increases-payment-and-removes-billing-restrictions-tcm-services>

⁷ <https://revenuecycleadvisor.com/news-analysis/cms-increases-payment-and-removes-billing-restrictions-tcm-services>