

For med team patients discharged to home with any SHMG hospital follow-up

Transitional Care Management (TCM) Resident Workflow

Part 1: Inpatient Workflow on Day of Hospital Discharge

Creating telephone encounter documenting the "Notification of Hospital Discharge" - route to appropriate SHMG clinical coordinator



After the office staff receives the "Notification of Hospital Discharge" note, they will call the patient within 2 days of discharge, discuss barriers to care, and office staff will sign this documentation.



Part 2: Outpatient Workflow on Day of Hospital Follow Up Office Visit

Navigating the TCM Note Template and Billing

Day of Hospital Discharge

TCM Resident Workflow

Updated 4/2/2026

Only for patients who meet all of the following criteria:

1. Patient **was admitted** (including "Obs") (**Not ED discharges**)
2. Patient **discharged to home** (not SNF, LTAC, Hospice, etc)
3. Going to follow up outpatient **anywhere at Summa (IMC or SHMG OutPt)**

1 Epic

3/17/2021 visit with Joel Rayl, MD for Telephone

Mouse, Mickey T.
Male, 45 y.o., 5/5/1975
MRN: E7867460
Phone: 513-123-1234
Code: Not on file (no ACP docs)

Active Treatment/Therapy Plans

Next Appt: 03/18/2021

3/17 TELEPHONE

SINCE YOUR LAST VISIT

SOCIAL DETERMINANTS

CARE GAPS

PROBLEM LIST

Route as:	Priority:
Patient Calls	High
Resp	Routine
Recipient	Low

*** See below ***

IMC: Nathaniel J. Conway, RN
75 Arch SHMG (Chris Carmichael): Schae Painter, MA

4

5 Send and Close Workspace

The **IMC Hospital Followup Appointment** needs to be scheduled **PRIOR** to starting this process

Do NOT schedule appointment for patients that follow up in other SHMG Offices

Appointments should be **within 7 days** if at all possible

- Acceptable if made 8-14 days after discharge
- Appointments > 14 days after discharge do NOT qualify for TCM Visits.

2

Notification of Hospital Discharge

Mickey T Mouse was discharged today (3/16/21) from the hospital. Prior to patient's discharge, he was scheduled an IMC follow up appointment within 7 days of hospital discharge (preferred). Will route this note to Lisa Geer to initiate Transitional Care Management Process.

Future Appointments

Date	Time	Provider	Dep
3/18/2021	9:00 AM	Joel Rayl, MD	Sun

Electronically signed by Joel Rayl, MD on 3/16/2021 at 10:44 AM

MEDTEAMTCMNOTE

3 Accept

- Resident Workflow**
1. Create NEW Telephone Encounter
 2. Create a *Notification of Hospital Discharge* Note .MEDTEAMTCMNOTE
 3. Click "Accept"
 4. Route to appropriate clinical coordinator as directed in the above note
 5. Click Send and Close Workspace. (Do NOT Sign the Encounter)

IMC Hospital Follow Up Visit

TCM Resident Workflow

Updated 4/2/2026

Only for patients with "TOC completed" in visit notes

(All other visits, even if would otherwise qualify, should be completed like a normal office visit)

1 **.IMCTCMPROGRESSNOTE**

Subjective

Mickey T Mouse is a 45 y.o. male presenting today for a Transitional Care Management Visit related to his recent hospital stay.

HPI

2 Date of Hospital discharge: ***
 Date of non face to face post-discharge phone call: 3/17/2021
 Call initiated 2 business days of discharge: Yes
 Complexity of Medical Decision making for this visit: Moderate vs high

3 **Detailed post-discharge medication reconciliation**
 Current medication and discharge medication lists were reviewed and reconciled during today's visit - see below
 Instructed patient to take all discharge medications as prescribed except where otherwise noted in assessment & plan.

Medications listed as ordered at the time of discharge from hospital:

Outpatient Medications Prior to Visit

Medication	Sig	Dispense	Refill
• aspirin EC 81 MG EC tablet	Take 1 tablet by mouth daily	30 tablet	3
• metoprolol tartrate (LOPRESSOR) 25 MG tablet	Take 1 tablet by mouth 2 times daily	2 tablet	0
• budesonide-formoterol (SYMBICORT) 160-4.5 MCG/ACT AERO	Inhale 2 puffs into the lungs 2 times daily		

Reconciled medication list reflecting any changes from today's visit:

Current Outpatient Medications:

- aspirin EC 81 MG EC tablet, Take 1 tablet by mouth daily, Disp: 30 tablet, Rfl: 3
- metoprolol tartrate (LOPRESSOR) 25 MG tablet, Take 1 tablet by mouth 2

1. Use Dot Phrase to document TCM Visit:

.IMCTCMPROGRESSNOTE

2. 4 Mandatory Fields of Documentation:

- A. Type in date of recent hospital discharge
- B. Type in date of **1st documented attempt** of post-hospital phone call
(find date in recent telephone encounter)
- C. Was the **1st attempt** of calling the patient made within 2 business days *(Typically Yes)*
- D. Medical Decision Making Level - Usually Moderate High **only** if level 5 (e.g. sending to the ED)

3. Auto-filled mandatory documentation stating that the provider completed a **Medication Reconciliation** with discharge med list.

4. Sign **Express Lane - Leave the [111F] charge checked**

Post discharge medication reconciliation must occur in order to file this charge.

PR DISCHRG MEDS RECONCILED W/CURRENT MED LIST [111F]

5. Select Appropriate Level of Service: **Usually 99495**

99496 only if sending to ED (level 5) **AND** IMC visit ≤ 7 days since discharge

*** Consider Making Speed Buttons for Future Use ***

4 **Level of Service**
99495 [CPT(R)]

Est 2 Est 3 Est 4 Est 5
 New 2 New 3 New 4 New 5
Do NOT Click

TCM high TCM mod