Transitional Care Management
The case for incorporating automated patient communications

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Medicare's billing codes for Transitional Care Management (99495/99496) highlight the importance of timely post-discharge contact with patients by provider offices, and timely face-to-face follow up and evaluation by TCM providers. Incorporating automated patient communications can facilitate efficient and effective handoffs, and support a consistent track of care to help providers earn TCM reimbursements and avoid hospital readmission penalties.

LOWER COSTS

78% of hospitals were penalized in 2015 to the tune of **$428M** in total readmission penalties

Identified risk groups receiving transitional care experienced a reduction in readmission rates of **20%** and a cost savings per case of approximately **$500**

MEAN TOTAL COST SAVINGS PER MEDICARE BENEFICIARY

$3000* AT 6 MONTHS

$5000* AT 12 MONTHS

*Costs of hospital readmissions, ED visits, unscheduled physician visits, visiting nurses, and interventions.

HIGHER REIMBURSEMENTS

CMS estimates that primary care physicians will receive, on average, a **7%** increase in Medicare payments because of the new TCM code
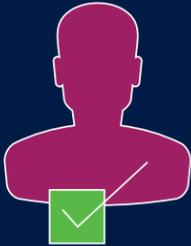
$217,600 total TCM revenue per year with 1,122 qualified patients

$193.94 average per patient

TCM CODE REIMBURSEMENTS AND COMMUNICATION CRITERIA

CPT 99495: 7 DAYS POST-DISCHARGE
$162.14

CPT 99496: 14 DAYS POST-DISCHARGE
$228.80

AUTOMATED PATIENT COMMUNICATIONS TO SUPPORT TCM AND BEYOND

CONNECT
- Automated outbound call connects patient to a live resource for discussion and scheduling.
- Automated, documented attempts continue throughout 30-day period.

REMIND
- Text message or outbound call reminds patient of upcoming face-to-face visit.
- Prompting patient to confirm or cancel triggers immediate follow up by scheduling when necessary.

SURVEY
- Simple automated survey assesses how patient is doing: heads off serious issues.
- Reminds patient to contact provider with any concerns: promotes proper care utilization.

ENGAGE
- Post TCM, continue to engage patients to close gaps in care and reduce patient churn.
- Personalized automated communications promote screenings, immunizations, and wellness visits when due.

Incorporating automated patient communications can help you overcome a key challenge of effective Transition Care Management: doing TCM at scale without having to hire the additional staff just to make manual follow-up calls.

The smart use of technology can help drive efficiency in patient outreach by adding scale and capacity, not cost.

To learn more about reducing readmissions and capturing TCM revenue, check out the Six Communication Best Practices for Transitional Care Management:

LISTEN to the webinar

DOWNLOAD the white paper

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About West Healthcare
West helps healthcare providers, payers, employers, pharmacy organizations, and ACOs optimize communications, drive better member activation, and lower the overall cost of delivering care. Whether you want to increase immunization and screening rates, reduce hospital re-admissions for members with chronic disease, or improve the member experience and operational efficiency in your access centers, the West Engagement Center™ is the communication linchpin for engaging and activating member populations across the entire care continuum.

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