



Transitions of Care-Receipt of Discharge Information Tip Sheet

What is the CMS Star Rating Program?

CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and healthcare system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at medicare.gov to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily.

Measure Description

The percent of plan members whose primary care physician or ongoing care provider received discharge information on the day of discharge through two days after discharge.

Measure Source

- Chart Review.
- Discharge must occur between 1/1 and 12/1 of measurement year.

Stars/Quality Specifications

The percent of plan members whose primary care physician or ongoing care provider received discharge information on the day of discharge through two days after discharge.

Strategies for Success

- Discharge summary must be filed within the medical record accessible to the member’s primary care physician or ongoing care provider within two days of the member’s discharge.
- Discharge summary must include responsible practitioner, treatment/procedures, discharge diagnosis, current medication list, test results/pending tests or no tests pending and discharge instructions for patient care.

Coding and Documentation Tips

Members who are deceased or were in hospice care any time during the measurement year are excluded.

If you have any questions, please contact your Provider Relations Specialist.