



Discharge Planning Guide

www.amerihealthcaritaspa.com


AmeriHealth Caritas[™]
Pennsylvania

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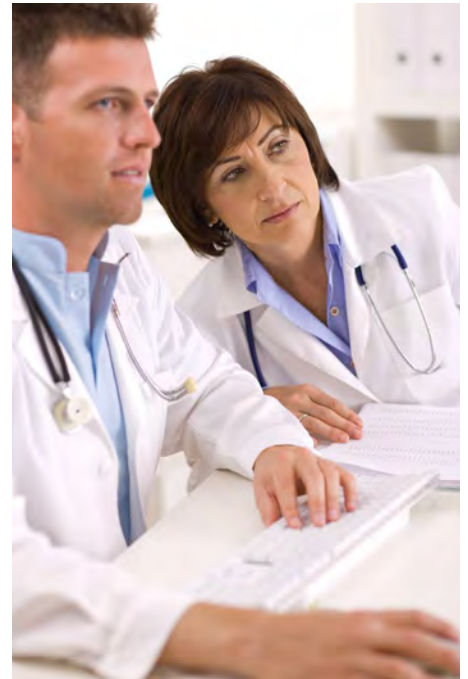
How to use this guide

This guide is a collection of resources for our hospital and provider partners to help you provide the best care to our members — your patients. It is intended to be used as a reference when referring AmeriHealth Caritas Pennsylvania members for services.

Included are procedural steps and documents needed to request discharge planning services for patients who need durable medical equipment (DME), home care services, and placement into facilities for rehabilitation services, such as skilled nursing, acute care, sub-acute care, and long-term acute care.

You will find the following resources:

- Discharge planning steps.
- Discharge planning checklists.
- Discharge planning form.
- Links to search for participating providers.



For more information about AmeriHealth Caritas Pennsylvania, please visit our website at www.amerihealthcaritaspa.com.

Authorization request fax numbers

Authorization requests, including all applicable information, can be submitted via fax to the numbers below.

AmeriHealth Caritas Pennsylvania

DME fax	1-866-755-9841
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Home Care Services fax	1-866-755-9949
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Inpatient Services fax	Unit 1:	1-866-755-9936
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Unit 2:	1-855-332-0989
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Unit 3:	1-855-332-0990
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For additional assistance, contact the AmeriHealth Caritas Pennsylvania Utilization Management department at **1-800-521-6622**. Detailed information is available on our website at **www.amerhealthcaritaspa.com**.



Discharge planning steps

Step 1.

Obtain a signed provider's order.

A signed provider's order or treatment plan must be included with a request to initiate a referral for patient placement into a facility for rehabilitation services and to request home care services or DME. Without the signed provider's order, the processing of these requests will be delayed.

Step 2.

Create a treatment plan that includes the following information.

- Specific measurable long- and short-term goals.
- A reasonable estimate of when the goals will be reached.
- The specific modalities and/or therapeutic procedures to be used during the treatment.
- The frequency and duration of treatment.

Step 3.

Complete the clinical review process.

Upon receiving all requested information, the Clinical Care Reviewer will review the request for medical necessity and determine whether to approve the request within 24 to 48 hours. We will notify requesters if required information is missing. Requesters will then have 24 hours after receiving notification to provide the requested clinical information. Processing of requests will be delayed if the plan does not receive all requested information.

Step 4:

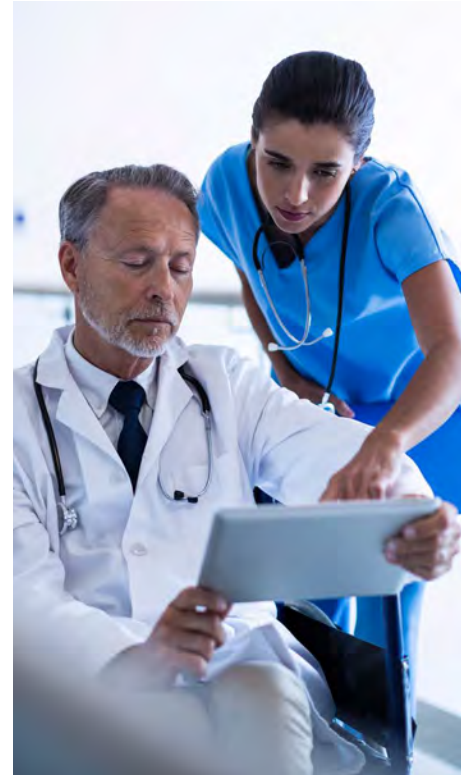
Await notification.

The Clinical Care Reviewer notifies providers by fax and phone of the approval or denial of transfer requests and the reasons for denials, advises providers of information missing from requests, and documents provider notifications into our systems. When the Clinical Care Reviewer approves requests, the plan will notify requesters by phone or fax. We will also notify requesters if we do not approve requests, and requesters will have the right to request peer-to-peer reviews at **1-800-521-6622**.



Important information

- Patients must have been hospitalized as inpatients for at least three days (not including day of discharge) and, in most cases, must be admitted to a skilled nursing facility (SNF) within 30 days after being discharged from a hospital.
- A physician must certify the prescribed treatment plan requires skilled care.
- The member must require skilled nursing or skilled rehabilitation services, or both, on a daily basis.
- Skilled nursing and skilled rehabilitation services are those that require the skills of technical or professional personnel such as registered nurses, licensed practical nurses, physical therapists, and occupational therapists. Services are deemed skilled when the service is of a complex nature that can only be safely and effectively performed by or under professional or technical supervision.



Links to participating network providers

(including DME, hospice, rehabilitation facilities, skilled nursing facilities, and home health agencies)

Use the following links to search for participating network providers. While searching, be sure to select **Hospital/Facility**, enter the member's **ZIP code**, and choose the **specialty** for which you are searching.

AmeriHealth Caritas Pennsylvania
amerihealthcaritaspa.prismisp.com/AdvancedSearch

If you need further assistance in locating a participating network provider, please contact Provider Services at the following numbers:

AmeriHealth Caritas Pennsylvania
Provider Services.....1-800-521-6007

☑ Checklists

Requests for transfer to rehabilitation facilities

- Signed provider's order with a prescribed treatment plan.
- Member demographic information or face sheet.
- Contact information for person who submitted the request (phone and fax numbers).
- Clinical therapy notes (from intravenous antibiotic, occupational, physical, or speech therapies).
- Discharge summary.
- Diagnostic test results.
- Laboratory results.
- Medicine lists.
- Patient history.
- Names of facilities and points of contact where the request was faxed.



Requests for transfer of services provided by a home care agency

- Signed provider's order.
- Member demographic information or face sheet.
- Contact information for person who submitted the request (phone and fax numbers).
- Address of the location where the patient will be staying upon discharge.
- Contact our plan's Utilization Management department to request authorization.
- Names of facilities and points of contact where the request was faxed.
- Notify our plan's concurrent review team of intention to use home care services.



Requests for DME

- Signed provider's order.
- Member demographic information or face sheet.
- Contact information for person who submitted the request (phone and fax numbers).
- Address where equipment is to be shipped.
- Names of facilities and points of contact where the request was faxed.
- Notify our plan's concurrent review team of intention to use DME.



Discharge Planning Form

Please print clearly in blue or black ink.



Provider information	
Primary care practitioner:	Phone number:
Admitting provider:	Phone number:
Other specialist (e.g., cardiologist):	Phone number:
Hospital name or Taxpayer Identification Number (TIN):	

Patient information		
Name:	Date of birth: (MM/DD/YYYY)	Age:
Date of admit:	Diagnosis or procedure:	
Date of most previous admit:	Provider:	
Provider's admission discharge plan: <input type="checkbox"/> Home <input type="checkbox"/> Skilled nursing facility (SNF) <input type="checkbox"/> Other (please specify):		
Comments:		

Health insurance information	
Primary:	ID number:
Secondary:	ID number:
Private or other:	



Significant medical history

Medications

Pharmacy:

Phone number:

Prescription given for the following medication(s):

- Narcotic
 Anticoagulant
 Insulin
 Digoxin
 Aspirin
 Other (please specify):

Comments:

Prior hospitalizations

Readmit within 30 days of emergency room (ER) visits:

Medical history:

- | | |
|---|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart failure |
| <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Deep vein thrombosis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: |

Comments:

Residence

Single-family
 Townhouse
 Apartment or condo
 Lives alone
 Needs assistance

Single-level
 Multiple levels
 Number of steps inside/outside home:

Lives with/relationship:



Services needed for discharge (include provider order and indicate frequency)

Physical therapy Occupational therapy Registered nurse Home health aide

Preferred home rehabilitation services	Preferred SNF
1.	1.
2.	2.
3.	3.

Other (e.g., hospice inpatient or home)	Transportation needs
1.	<input type="checkbox"/> Private <input type="checkbox"/> Ambulance <input type="checkbox"/> Wheelchair van
2.	Name of company or person:
3.	Contact phone number:

Durable medical equipment (DME) needs

Purchase Rental

Wheelchair Bedside commode
 Walker Shower chair
 Cane

Preferred purchase for DME

1.
2.
3.

Hospital contact personnel

Contact person name:

Title: Phone number:

	DME fax	Home Care Services fax	Inpatient Services fax
AmeriHealth Caritas Pennsylvania	1-866-755-9841	1-866-755-9949	Unit 1: 1-866-755-9936
			Unit 2: 1-855-332-0989
			Unit 3: 1-855-332-0990

Our mission

We help people get care, stay well, and build healthy communities.

We have a special concern for those who are poor.

Our values

Advocacy	Dignity
Care of the poor	Diversity
Compassion	Hospitality
Competence	Stewardship



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