



# Discharge Planning Guide

[www.amerihhealthcaritaspa.com](http://www.amerihhealthcaritaspa.com)  
[www.amerihhealthcaritasnortheast.com](http://www.amerihhealthcaritasnortheast.com)

  
**AmeriHealth Caritas**  
Pennsylvania

  
**AmeriHealth Caritas**  
Northeast

How to use this guide.....	3
Authorization requests fax numbers.....	4
Discharge planning steps.....	5
Important information.....	6
Links to participating network providers.....	6
Checklists.....	7
Discharge Planning Form .....	8 – 10

## 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 and AmeriHealth Caritas Northeast 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.



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**For more information about AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast, please visit our websites at [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) and [www.amerihealthcaritasnortheast.com](http://www.amerihealthcaritasnortheast.com).**

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## Authorization request fax numbers

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

### AmeriHealth Caritas Pennsylvania

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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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### AmeriHealth Caritas Northeast

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DME fax **1-888-208-2346**

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Home Care Services fax **1-888-743-5551**

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Inpatient Services fax **Unit 1: 1-866-755-9936**

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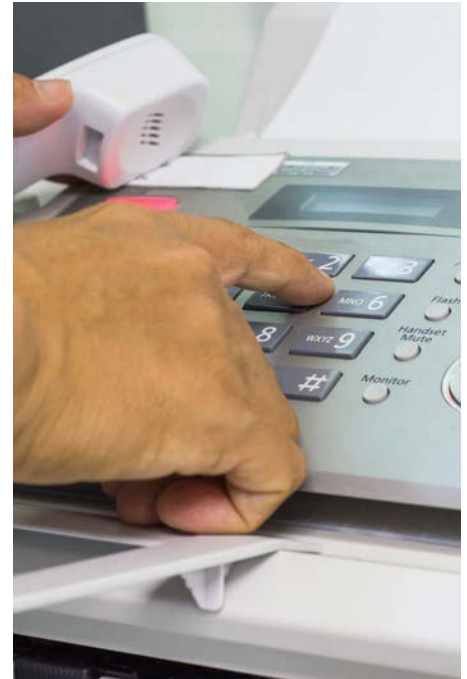
**Unit 2: 1-855-332-0989**

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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** or the AmeriHealth Caritas Northeast Utilization Management department at **1-888-498-0504**. Detailed information is available on our websites at: **[www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com)** or **[www.amerihealthcaritasnortheast.com](http://www.amerihealthcaritasnortheast.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:

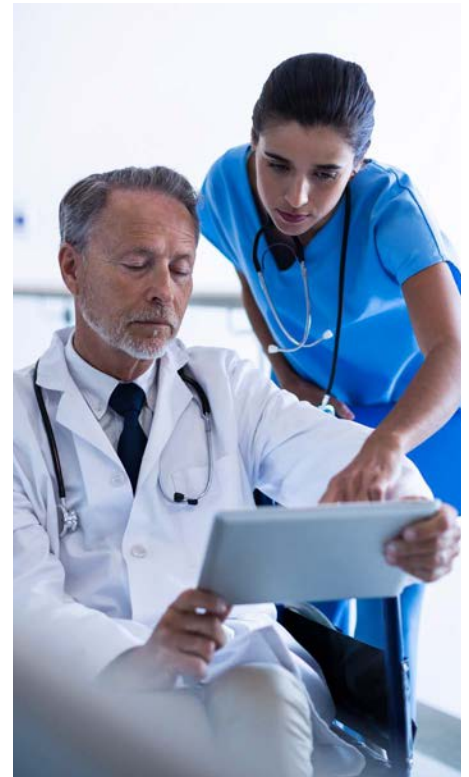
#### Await notification.

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](https://amerihealthcaritaspa.prismisp.com/AdvancedSearch)

AmeriHealth Caritas Northeast  
[amerihealthcaritaneast.prismisp.com/AdvancedSearch](https://amerihealthcaritaneast.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**

AmeriHealth Caritas Northeast  
Provider Services ..... **1-888-208-7370**

## 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	
<input type="checkbox"/> Purchase <input type="checkbox"/> Rental	
<input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedside commode <input type="checkbox"/> Walker <input type="checkbox"/> Shower chair <input type="checkbox"/> 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
AmeriHealth Caritas Northeast	1-888-208-2346	1-888-743-5551	Unit 1: 1-866-755-9936
			Unit 2: 1-855-332-0989
			Unit 3: 1-855-332-0990

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## 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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