

AmeriHealth Caritas DC has produced this Discharge Planning Guide to provide procedural steps and documents needed to request discharge planning services for patients who need durable medical equipment (DME), home care services, and placement into a facility for rehabilitation services, such as skilled nursing, subacute care, long-term acute care, and acute care. Authorization requests, including all applicable information, can be submitted via fax to **1-855-355-0700**. For additional assistance, contact the AmeriHealth Caritas DC Utilization Review department at **202-408-4823**. Detailed information is available by logging on to our website at www.amerihealthcaritasdc.com.

Follow these 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 with the information listed below.

1. Specific measurable long- and short-term goals
2. A reasonable estimate of when these goals will be reached
3. The specific modalities and/or therapeutic procedures to be used during the treatment
4. 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. AmeriHealth Caritas DC 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 AmeriHealth Caritas DC's system. When the Clinical Care Reviewer approves requests, the plan will notify requesters by phone or fax. AmeriHealth Caritas DC will also notify requesters if the plan does not approve requests, and requesters will have the right to request peer-to-peer reviews at **1-877-759-6274**.

Other important information:

1. 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
2. A physician must certify the prescribed treatment plan requires skilled care
3. The enrollee must require skilled nursing or skilled rehabilitation services, or both, on a daily basis
4. Skilled nursing and skilled rehabilitation services are those which 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.



Discharge Planning Checklists

Checklists

(The information included in the checklists is to be faxed.*)

Checklist for transfer requests to rehabilitation facilities

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

Checklist for transfer requests for services provided by a home care agency

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|---|---|
| <input type="checkbox"/> Signed provider's order | <input type="checkbox"/> Confirmation the AmeriHealth Caritas DC Discharge Planning Coordinator provided you or your organization with the name of the staffing agency, contact information, and tentative start of care date for transfer patients |
| <input type="checkbox"/> Enrollee demographic information or face sheet | |
| <input type="checkbox"/> Contact information for person who submitted the request (phone and fax numbers) | |
| <input type="checkbox"/> Address of the location where the patient will be staying upon discharge | <input type="checkbox"/> Names of facilities and points of contact where the request was faxed |
| <input type="checkbox"/> Contact the Discharge Planning Coordinator at AmeriHealth Caritas DC to request assistance | |

Checklist for Durable Medical Equipment (DME) requests

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|---|--|
| <input type="checkbox"/> Signed provider's order | <input type="checkbox"/> Notification to AmeriHealth Caritas DC of the DME company used or the name of the DME company you will be using for authorization of DME services |
| <input type="checkbox"/> Enrollee demographic information or face sheet | |
| <input type="checkbox"/> Contact information for person who submitted the request (phone and fax numbers) | <input type="checkbox"/> Names of facilities and points of contact where the request was faxed |
| <input type="checkbox"/> Address of the location where equipment is to be shipped | |

* Referrals are to be made to participating facilities, providers, or DME companies. If the provider is out of network, contact AmeriHealth Caritas DC at 202-408-4823 or by fax at 1-855-355-0700 for further assistance.