



Completing the Inpatient Discharge Summary Form

After you discharge a UnitedHealthcare Community Plan member who is your patient, the Inpatient Discharge Summary Form must be faxed to us within 24 hours. This will help us coordinate the continuity of care for the member. The following instructions can help you include all of the required information.

You can find the form at UHCommunityPlan.com > For Health Care Professionals > Tennessee > Provider Information > Behavioral Health.

Fax the completed form to the number for your region listed at the top of the form:

- West TN: **866-359-3770**
- Middle TN: **888-785-1434**
- East TN: **877-614-7141**

Please also fax the completed form to the outpatient psychiatrist/nurse practitioner, as well as to the member's primary care provider (PCP).

Inpatient Care Provider and Member Information:

Provide the name and phone number of the discharging facility. Include the member's date of birth, name, member ID number, discharge address and discharge phone number. The member or their authorized representative can help you verify this information.

Admission/Discharge Dates and Level of Care

Please provide the admission date, discharge date, and check the box describing the type of discharge. Provide the level of care from which the member is discharging and check the appropriate type of discharge destination.

Tennessee Health Link

Care providers participating in Tennessee Health Link help coordinate care for TennCare members with behavioral health needs. You'll find more information on Health Link at tn.gov/hcfa > Strategic Planning and Innovation Group > Primary Care Transformation > Tennessee Health Link.

If the member is enrolled in Tennessee Health Link, please fill out the name of their care provider. Refer the member to a Health Link care provider and list the care provider's name if the member is:

- Not attributed to a Health Link provider
- Attributed, but not enrolled

Medication and Diagnoses at Discharge

Please fill out completely. **Be sure to complete all required prior authorization requests for discharge medications before discharge.** You can find the list of medications requiring prior authorization at UHCommunityPlan.com > For Health Care Providers > Tennessee > Pharmacy Program.

After-Care Appointments

When you're scheduling the member's after-care appointments, please help arrange transportation if the member needs assistance. If you can't schedule outpatient appointments, please call the member's assigned Wellness Coordinator at **800-690-1606**.

Required After-Care Appointments

Please schedule at least one of the following types of appointments for the member. These after-care appointments should take place within seven calendar days after discharge:

- **Mental Health Intake**
 - If the member isn't receiving outpatient services and agrees to participate in intake, check "Yes" and schedule the appointment. If the member is already receiving outpatient services and an intake appointment is not needed, check "Services Already Established." If the member isn't receiving outpatient services and refuses an intake appointment, check "Member Refused."

- **Mental Health Therapy**
 - If therapy services are clinically indicated, please check "OP" for outpatient therapy, "IOP" for intensive outpatient program or "PHP" for partial hospitalization program. If the member agrees to these services, check "Yes" and schedule the appointment. Check "Not Clinically Indicated" or "Member Refused" as appropriate.

- **Medication Management**
 - If the member will be discharged on psychotropic medication, check "Yes" and schedule an appointment. Check "Not Clinically Indicated" if the member will not be discharged on psychotropic medication. Check "Member Refused" if medication management services are declined.

Other After-Care Appointments

Examples of these types of care are on the discharge summary form.

- **Behavioral Health Intensive Community-Based Treatment**
 - Evaluate the member for clinical necessity of community-based services before discharge. If clinically indicated, check "Yes" and schedule the appointment. Check "Not Clinically Indicated" or "Member Refused" as appropriate.

- **Alcohol and Drug Services**
 - If alcohol and drug services are clinically indicated, offer these services to the member. If the member accepts treatment, check "Yes" and schedule an appointment. Check "Not Clinically Indicated" or "Member Refused" as appropriate.

- **PCP**
 - If the member doesn't have an assigned a PCP, please call us at **800-690-1606** so we can help assign a PCP. If they have no current medical issues, check "Not Clinically Indicated." If the member doesn't wish to be scheduled for a PCP appointment, check "Member Refused."

Sign and Date

Please enter the name, credentials and phone number of the person who scheduled the member's after-care appointments. That person should sign and date the form.

We're Here to Help

If you have questions, please call us at **800-690-1606**. Thank you.