UnitedHealthcare Community Plan
Instructions for Completing the Inpatient Discharge Summary

The Discharge Summary must be faxed to UnitedHealthcare Community Plan within 24 hours of the patient's discharge. Fax the summary to the number designated for your region, as indicated at the top of the form.

Demographic and Contact Information: Complete the demographic information which includes the patient's date of birth, name, SSN, JD#, discharge address and discharge phone number. Please verify the accuracy of this information with the patient or authorized representative.

Inpatient Provider Information: Provide the name and phone number of the discharging facility.

Admission/Discharge Dates and Level of Care: Provide the admission date, discharge date, and check the box describing the type of discharge. Provide the level of care from which the patient is discharging and check the appropriate box describing the discharge destination.

Medication at Discharge and Diagnosis: Please fill out completely. Use an additional sheet if necessary. Ensure that any required prior authorizations (PAs) have been completed prior to discharge.

Reminders:
- Arrange transportation for patient's aftercare appointments
- Fax discharge summary to the outpatient psychiatrist/nurse practitioner, as well as to the primary care physician
- Schedule at least one *HEDIS qualified appointment within seven days post member inpatient or residential discharge
- Contact assigned Discharge Specialist if unable to secure requested appointments from outpatient provider

Evaluate the patient and schedule all necessary aftercare appointments, as clinically indicated, for the following:

Mental Health Intake (*HEDIS qualified appointment)**:** If the patient is not receiving outpatient services and agrees to participate in intake, check "Yes" and schedule the appointment. If the patient is already receiving outpatient services and an intake appointment is not needed, check "Services Already Established." If the patient is not receiving outpatient services and refuses an intake appointment, check "Member Refused."

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

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

Mental Health Case Management: Evaluate the patient for clinical necessity of case management services prior to discharge. If clinically indicated, check "Yes" and schedule the appointment. Check "Not Clinically Indicated" or "Member Refused" as appropriate.

Alcohol and Drug (A&D) Services: If A&D services are clinically indicated, offer these services to the patient. If the patient accepts treatment, check "Yes" and schedule an appointment. Check "Not Clinically Indicated" or "Member Refused" as appropriate.

Primary Care Physician (PCP): If the patient is not currently assigned a Primary Care Physician, please call UnitedHealthcare Community Plan Customer Service at 800-690-1606 to facilitate this process. If the patient has no current medical issues, check "Not Clinically Indicated." If the patient does not wish to be scheduled for a Primary Care Physician appointment, check "Member Refused."

Please enter the name, credentials and phone number of the person who scheduled the patient's aftercare appointments. The discharge summary form must be signed and dated.