

Behavioral Health Discharge Note

This communication applies to Medicaid under Anthem Blue Cross and Blue Shield Healthcare Solutions and Medicare Advantage under Anthem Blue Cross and Blue Shield (Anthem).

Please submit this form electronically using our preferred method via <https://www.availity.com>* within one business day of discharge. If you prefer to fax, you may send it to:

- Medicaid: **1-844-442-8009**
- Medicare Advantage: **1-844-430-1702**

Today's date:				
Contact information				
Member name:			Member date of birth:	
Member ID /reference number:		Member phone number:		
Member address:				
Name of facility:				
Facility NPI/Anthem provider number:			Date of discharge:	
Discharge address:			Discharge phone:	
Other contact information (for example, mobile phone, family member or guardian)?				
Was this discharge against medical advice?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was discharge information sent to the PCP?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was discharge plan discussed with member?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If required for a minor, was informed consent for psychotherapeutic medication completed and given to parent/guardian?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were any of the following included in the discharge plan? (Check all that apply.)	Yes	No	Accepted	Refused
Skilled nursing facility				
Assisted living facility				
Targeted case management				
Intensive case management				
Therapeutic behavioral onsite services				
Day treatment				
Other (specify)				

* Availity, LLC is an independent company providing administrative support services on behalf of Anthem.

Discharge diagnosis (All five axes)	
Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V (Global assessment of functioning):	
Discharge medications (Include medications and doses for all conditions.)	
Are these medications on the formulary, or do they require precertification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has precertification been received if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk assessment (If yes, explain.)	
Was the member stable at discharge? (No risk for suicide/homicide/psychosis)	
Discharge appointment (Must be within seven days)	
Provider name:	Provider contract number:
Tax ID number:	Is this an in-network provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of appointment:	Time of appointment:
Describe any barriers to attending this appointment:	
Submitted by:	Phone number: