Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

Behavioral Health Initial Review Form for Mental Health Inpatient

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc.

Please submit your request electronically via our preferred method via Availity Essentials* at **availity.com**. If you choose to fax this form instead, you may send it to **844-445-6646**.

Today's date:		
Contact information		
Level of care: ☐ Inpatient psych		
Member name:	Member ID or reference #:	Member DOB:
Member address:		Member phone #:
Hospital account #:	For child/adolescent, name of parent/guardian:	Primary spoken language:
Name of utilization review (UR) contact:		UR phone number:
Admit date:	UR fax number:	
☐ Voluntary ☐ Involuntary If involuntary, date of commitment:		
Admitting facility name:	Facility provider # or NPI:	
Attending physician (first and last names):		Attending physician phone #:
Provider # or NPI:	Facility unit:	Facility phone #:
Discharge planner name:		Discharge planner phone #:
Diagnosis (Psychiatric, chemical dependency, and medical)		
Precipitant to admission (Be specific. Why is the treatment needed now?)		

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

https://providers.anthem.com/va

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Risk of harm to self
If present, describe:
If prior attempt, note date and description of attempt:
Risk rating (Select all that apply.): ☐ Not present ☐ Ideation ☐ Plan ☐ Means ☐ Prior attempt
Risk of harm to others
If present, describe:
If prior attempt, note date and description of attempt:
Risk rating (Select all that apply.): ☐ Not present ☐ Ideation ☐ Plan ☐ Means ☐ Prior attempt
Psychosis
Risk rating (0 = None, 1 = Mild or mildly incapacitating, 2 = Moderate or moderately incapacitating, 3 = Severe or severely incapacitating, N/A = Not assessed): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ N/A
If present, describe:
Symptoms (Select all that apply.): ☐ Auditory/visual hallucinations ☐ Paranoia ☐ Delusions ☐ Command hallucinations
Substance use
Risk rating (0 = None, 1 = Mild or mildly incapacitating, 2 = Moderate or moderately incapacitating, 3 = Severe or severely incapacitating, N/A = Not assessed): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ N/A
Substance (Select all that apply.): ☐ Alcohol ☐ Marijuana ☐ Cocaine ☐ Methamphetamines ☐ PCP ☐ Opioids ☐ Barbiturates ☐ Benzodiazepines ☐ Other (Describe.):

Previous treatment (Include provider name, facility name, medications, specific treatment/levels of care, and adherence.)	
Current treatment plan	
Standing medications:	
As-needed medications administered (not ordered):	
Other treatment and/or interventions planned (including when family therapy is planned):	
Support system (Include coordination activities with case managers, family, community agencies, and so on. If case is open with another agency, provide the agency name, phone number, and case number.)	
Results of depressions screening	
Initial discharge plan (List name and number of discharge planner and include whether the member can return to current residence.)	
Planned discharge level of care:	
Describe any barriers to discharge:	
Expected discharge date:	
Submitted by:	Date:

If you have any questions about this communication, call Anthem HealthKeepers Plus Provider Services at [**800 901 0020**].