Anthem Blue Cross and Blue Shield Healthcare Solutions
Medicaid Managed Care

Behavioral Health Discharge Note

Please fax this form to 1-877-434-7578 within one business day of discharge.

Today's date:		
Contact information		
Member name:	Member ID /reference number:	Member date of birth:
Member address:		Member phone number:
Name of facility:		Facility NPI/Anthem Blue Cross and Blue Shield Healthcare Solutions provider number:
Date of discharge:	Discharge address:	
Discharge phone number:	Other contact information (for example, mobile phone, family member or guardian)?	

Was this discharge against medical advice?	Yes ☐ No ☐
Was discharge information sent to the PCP?	Yes ☐ No ☐
Was discharge plan discussed with member?	Yes ☐ No ☐
If required for a minor, was informed consent for psychotherapeutic medication completed and given to parent/guardian?	Yes ☐ 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)				

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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? Yes ☐ No ☐	
Has precertification been received if needed? Yes ☐ 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? Yes ☐ No ☐
Date of appointment:	Time of appointment:
Describe any barriers to attending this appointment:	
Submitted by:	**Phone number:**

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.