Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

Behavioral Health Initial Review Form for Mental Health Inpatient, PHP and IOP

HealthKeepers, Inc. recommends that you submit your request electronically for our Anthem HealthKeepers Plus members using our preferred method at https:/www.availity.com.* Otherwise, you may fax this form to 1-877-434-7578.

Today's date:		
Contact information		
Level of care: ☐ Inpatient psych ☐ PHP mental health ☐ IOP mental health		
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://mediproviders.anthem.com/va

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AVAPEC-2549-20 June 2020

Risk of harm to self

If present, describe:

If prior attempt, date and description:

Risk rating (Select all that apply.)

☐ Not present ☐ Ideation ☐ Plan ☐ Means ☐ Prior attempt

Risk of harm to others

If present, describe:

If prior attempt, date and description:

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

☐ PCP ☐ LSD ☐ Methamphetamines

☐ 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, name the agency, phone number and case number.)
Results of depression screening?
Readmission within last 30 days?
☐ Yes ☐ No If yes and readmission was to the discharging facility, what part of the discharge plan did not work and why?
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:	**Phone #:**

If you have any questions about this communication, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.